FACIT-Fatigue Scale Found Valid for Psoriatic Arthritis

BY DIANA MAHONEY
New England Bureau

The Functional Assessment of Chronic Illness Therapy–Fatigue scale is a reliable and valid instrument for measuring fatigue in patients with psoriatic arthritis, a study has found.

One of a number of self-reported scales used to measure fatigue in patients with arthritis, the Functional Assessment of Chronic Illness Therapy (FACIT)–Fatigue scale has garnered interest in rheumatologic drug trials for its capacity to demonstrate decreases in fatigue associated with pharmacotherapy, according to Dr. Vinod Chandron of Toronto Western Hospital, and colleagues. Although the measure has demonstrated promise in clinical trials, it has not been validated in patients with psoriatic arthritis specifically, the authors wrote. Therefore, the investigators enrolled 135 consecutive patients from the University of Toronto psoriatic arthritis clinic in a study designed to determine the internal consistency, test-retest reliability, criterion, and construct validity of the FACIT-Fatigue scale in this population (Ann. Rheum. Dis. 2007 Feb. 26 [Epub doi:10.1136/ard.2006.065763]).

Scores on the FACIT-Fatigue scale that indicated extreme fatigue correlated with more actively inflamed and swollen joint counts but not with joint damage.

All study patients underwent a standardized clinical assessment including complete history, physical examination, and laboratory evaluation, Dr. Chandron and investigators reported. Laboratory testing included hemoglobin measurement and erythrocyte sedimentation rate (ESR).

The patients were asked to complete the FACIT-Fatigue questionnaire at the clinic and again 1 week later to assess test-retest reliability using the intraclass correlation coefficient (ICC). They also were asked to complete the Modified Fatigue Severity Scale (mFSS) to evaluate the construct validity of the FACIT-Fatigue measure.

Among the 80 men and 55 women (mean age 52 years) in the investigation, the mean disease duration was 17 years; the mean Psoriasis Area Severity Index score was 3.5, with the mean counts for actively inflamed, swollen, and clinically damaged joints being 4.5, 1.3, and 8.7, respectively. Of the 135 patients, 16 met the clinical criteria for fibromyalgia, 27 had anemia, 63 had elevated ESR levels, and 26 had overwhelming fatigue. The mean FACIT-Fatigue score in the study population was 35.8 out of a possible 52, according to the investigators.

More than half of the patients (54%) returned the repeat questionnaires. There was no difference in disease characteristics between those who did and did not return the questionnaires, the authors reported. The ICC between first and repeat scores was high, at 0.95. Additionally, the Cronbach's alpha of the 13 FACIT-Fatigue items was 0.96, indicating a high level of internal consistency.

The correlation between the FACIT-Fatigue and the mFSS was high, at –0.79. "The negative sign reflects the fact that higher scores in the FACIT-Fatigue indicate less fatigue whereas higher scores in the mFSS indicated more fatigue," the investigators explained. The FACIT-Fatigue scores also correlated with actively inflamed joint count and swollen joint count but not with clinically damaged joint count, the authors observed. There were no differences in the FACIT-Fatigue scores between patients with and without elevated ESR or anemia, and males and females scored similarly.

Among patients reporting overwhelming fatigue, the FACIT-Fatigue scores were lower, meaning more fatigue, compared with those who did not report overwhelming fatigue, the authors stated. ■

Not Every Joint Replacement Advance Improves Outcomes

BY KERRI WACHTER
Senior Writer

Snowmass, Colo. — Patients considering joint replacement are coming in to the office with some pretty specific questions these days. They want to know more about gender-specific knees, minimally invasive knee replacement, computer-assisted surgery, new indestructible materials, high-flexion designs, and rotating platforms, said Dr. Thomas S. Thornhill, chairman of the department of orthopedic surgery at Brigham and Women's Hospital in Boston.

Dr. Thornhill offered his thoughts on these issues at a symposium sponsored by the American College of Rheumatology.

Gender-Specific Knees

Approved in 2006, the Gender Solutions implant (made by Zimmer Inc.) was the first knee prosthesis to target the female knee. The company promotes the implant in part by stating that the implant better fits the size and shape of a woman's knee.

"There are really no significant clinical differences between male and female problems with the knee," said Dr. Thornhill. In fact, some studies suggest that survivorship in total knee replacement may even be better in women.

Men typically have knees that are broader in the medial-lateral dimension than in the anterior-posterior dimension. Women tend to have knees that are narrower in the medial-lateral dimension and a little longer in the anterior-posterior dimension.

While there clearly are differences between the aspect ratios of men and women, some research suggests that the differences among women and among men are greater than those between the sexes are.

Minimally Invasive Knee Replacement

Patients will come in asking for minimally invasive knee replacements but it's not clear what this means. What patients think of as minimally invasive surgery actually is combined with many other variables: patient education and selection, preemptive analgesia, better postoperative pain control, and more rapid mobilization.

Computer-Assisted Surgery

Computer-assisted surgery does have the advantage of eliminating some of the outliers of alignment.

Computer-assisted surgery has much potential as a teaching tool, partly because it can provide feedback to surgeons. "The trouble is it costs a lot of money and it increases the surgical time," said Dr. Thornhill.

New Materials, High-Flexion Designs

Patients are interested in new, longer-lasting materials, such as ceramic-on-ceramic joints. What patients don't generally know is that there is a 6% incidence of squeaking in patients with ceramic-on-ceramic replacement hip joints, said Dr. Thornhill. Other options, such as cartilage repair/regeneration techniques, primarily are performed on an experimental basis for osteochondral defects.

In terms of postoperative flexion, the most important factor actually is preoperative flexion, said Dr. Thornhill. High-flexion designs "add little functional value." These designs do increase the cost though.

Rotating Platforms

Rotating platforms allow rotation around a central axis, supposedly improving kinematics. However, the human knee does not rotate, Dr. Thornhill noted. These implants have unidirectional wear, which is a theoretical advantage, but studies have not shown that the range of motion is any better with rotating platforms.

Dr. Thornhill disclosed that he receives royalties from DePuy Inc. He also has received research grants from DePuy Inc., Biomet Inc., and Smith & Nephew. ■

Steroid Injections for Lumbosacral Pain Have Limited Role

BY KATE JOHNSON
Montreal Bureau

Epidural steroid injections may provide some short-term pain relief in radicular lumbosacral pain, but they are not recommended for long-term relief, improvement of function, or reducing the need for surgery, according to new guidelines from the American Academy of Neurology.

"The conclusion [of the AAN report] is that these injections are not overwhelmingly therapeutic, and I would say that is fair—they don't cure this problem—but they help certain patients, and I think when all is said and done, you have a better chance of helping someone [with epidural steroid injections] than harming them," Dr. David Borenstein, a Washington rheumatologist who specializes in low back pain, said during an interview.

"When it comes down to the clinical situation, I think what's important is the risk benefit ratio,"said Dr. Borenstein, also of George Washington University, Washington.

The guidelines were drafted by the academy's (AAN's) Therapeutics and Technology Assessment Subcommittee and are based on a literature review (Neurology 2007;68:723-9).

From an initial 37 studies that were identified, only 4 met the committee's predetermined inclusion criteria of being randomized, double-blinded, and placebo or active-controlled with a clear case definition and clear pain-relief outcomes using a standardized measure, wrote lead author Dr. Carmel Armon, chief of neurology at Baystate Medical Center in Springfield, Mass., and professor of neurology at Tufts University in Boston.

Dr. Armon and colleagues reported that all four studies were consistent regarding their findings on epidural steroid injection for radicular lumbosacral pain relief. The findings concluded that when compared with a control group, the injections proved "no efficacy at 24 hours, some efficacy at 2-6 weeks, no difference or rebound worsening at 3 months and 6 months, and no difference at 1 year."

"While some pain relief is a positive result in and of itself, the extent of leg and back pain relief from epidural steroid injections, on the average, fell short of the values typically viewed as clinically meaningful," Dr. Armon wrote. The clinically meaningful effect is usually defined as 15 mm on a 100-mm visual analog pain scale, according to the guidelines.

People should consider exercises and oral therapies first, but if they're not getting better, this relatively noninvasive type of procedure, compared to surgical intervention, would be worthwhile to consider in the appropriate patient, said Dr. Borenstein, during the interview.

Reported complications of epidural steroid injections are usually minor and transient—most frequently a headache, they reported. Major complications are rare and include aseptic meningitis, arachnoiditis, bacterial meningitis, epidural abscess, and conus medullaris syndrome.

The authors noted that current data on the use of epidural steroid injections to treat cervical radicular pain are inadequate to make recommendations. ■