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up these crusts or scabs, you see what's called carpet tacking—little pinpoint of bleeding underneath," he said. "Discoid lupus especially likes the helix of the ear, so pay attention to the helix."

Children also may have so-called lupus hairs, which are fragile and break easily. "You pull on their hair, you get three, four, or five hairs, even if they just brushed it," he explained. The breakage is accompanied by the presence of short hairs resulting from regrowth.

When lupus is first suspected in chil-

dren, Dr. Sherry recommended that physicians obtain a complete blood cell count, an erythrocyte sedimentation rate (ESR), a C-reactive protein (CRP) level, a urinalysis, a comprehensive metabolic panel, and an antinuclear antibody (ANA) titer. Lupus has the unique property of producing a high ESR and a normal CRP level—unless the child also has an infection.

An ANA panel can be deferred unless suspicion of the disease is high, he said. Related tests should be guided by symptoms, such as rheumatoid factor assessment in a child with pronounced joint

symptoms, creatine kinase assessment in a child with muscle weakness, and coagulation studies in a child with deep venous thrombosis.

Dr. Sherry noted that to be classified as having lupus, children must meet at least 4 of the 11 clinical and laboratory criteria of the American College of Rheumatology, of which a positive ANA titer is merely one.

In fact, he cautioned, 12%-20% of normal children have a positive ANA titer. "Please do not send all those normal kids with positive ANAs to your rheumatologists saying that they have lupus," he

said. "You can tell them 'You have a positive ANA.' And if you are really worried about it, we are happy to see those kids and reassure them, but ANA does not a diagnosis [of lupus] make."

If the ANA result is positive but at a titer of only 1:80 or 1:160, the child is unlikely to have lupus; if it is higher, the ANA panel should be done. "If the panel is negative, you can cool your jets and cool the mom's jets," he said. "The child doesn't have lupus."

Dr. Sherry reported that he had no conflicts of interest in association with his presentation. ■

## Cholesterol Drop Precedes RA Diagnosis

COPENHAGEN — Patients who develop rheumatoid arthritis undergo an unexplained drop in their serum cholesterol level during the years immediately preceding their diagnosis, based on a study of more than 500 patients.

The finding may eventually add to a better understanding of the atherogenic process in patients with rheumatoid arthritis (RA), Dr. Elena Myasoedova said at the annual European Congress of Rheumatology. Serum levels of LDL cholesterol also fell before—as well as following—RA diagnosis, whereas serum levels of HDL cholesterol rose both before and after RA diagnosis, said Dr. Myasoedova, who did her research while she was a Fulbright scholar at the Mayo Clinic in Rochester, Minn.

Dr. Myasoedova and her associates studied residents of Olmsted County, Minn., who were enrolled in the Rochester Epidemiology Project. They identified 577 Olmsted County residents, aged 18 years or older, who were diagnosed with RA during 1988-2008.

In the 5 years before diagnosis, their serum levels of both LDL cholesterol and total cholesterol fell significantly, by an average of 24 mg/dL for LDL cholesterol and an average of 23 mg/dL for total cholesterol. During the same period, HDL cholesterol levels rose by 3 mg/dL.

In the 5 years after RA diagnosis, their total and LDL cholesterol levels underwent a smaller decline, with LDL cholesterol dropping by another 8 mg/dL. HDL cholesterol increased by an additional 5 mg/dL after the diagnosis.

To better assess the relationship of these changes to RA, the researchers ran a similar analysis on 540 control residents.

The comparison showed that people who were never diagnosed with RA also had a drop in their total and LDL cholesterol levels over the same period, Dr. Myasoedova said, but the extent of the cholesterol reduction was substantially steeper and more pronounced among those who eventually developed RA.

The study was funded in part with a grant from Roche Laboratories, Dr. Myasoedova said. She had no other disclosures for herself or her coworkers.

—Mitchel L. Zoler



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