

Try Infliximab in Complex Polymyalgia Rheumatica

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VIENNA — Infliximab appears to be useful first-line therapy in patients with polymyalgia rheumatica complicated by comorbid diabetes and/or osteoporosis, according to Alberto Migliore, M.D., of San Pietro Hospital, Rome.

The tumor necrosis factor- α blocker is particularly advantageous in this situation because it enables such patients to

avoid exposure to corticosteroids, which typically result in the worsening of their comorbid conditions, he explained at the annual European Congress of Rheumatology.

Dr. Migliore presented a series of seven patients with polymyalgia rheumatica: five who had comorbid diabetes and were being treated with oral agents or insulin, and two who had osteoporosis and vertebral fractures.

After undergoing a negative screen for

tuberculosis, hepatitis B and C, and urinary tract infections, the seven patients received a series of four 3-mg/kg intravenous infliximab infusions over a 14-week period to induce clinical and serologic remission.

Methotrexate at 7.5-10 mg/week was then introduced to maintain the remission, Dr. Migliore said.

After a mean 8 months of follow-up, all seven patients remained in clinical remission.

Their C-reactive protein levels and erythrocyte sedimentation rates were significantly improved, compared with baseline, he added at the meeting, which was sponsored by the European League Against Rheumatism.

None of the infliximab-treated patients experienced deterioration in glycosylated hemoglobin or required a change in their diabetes medications.

There were no significant infliximab infusion reactions, Dr. Migliore said. ■

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References: 1. ISMP Medication Safety Alert! April 3, 2002. www.ismp.org/MSAArticles/Beware.htm 2. Data on file

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