

## CLINICAL CAPSULES

### Hip OA Injections Have Limited Effect

Intraarticular corticosteroid injections into the hip joints of osteoarthritis patients provide significant temporary pain relief, but do not provide long-term relief, according to a new study.

"I believe that the important message is that you cannot use this for standard therapy," Dr. Henning Bliddal, a coauthor of the study, said in an interview.

Researchers at the Parker Institute at Frederiksberg (Denmark) Hospital tested pain relief among 101 patients with hip osteoarthritis randomized into three groups. The researchers wrote that to their knowledge, it is the first randomized, placebo-controlled trial of hyaluronic acid injections in the hip joint (*Osteoarthritis Cartilage* 2006;14:163-70).

Each patient underwent three injections at 14-day intervals. Patients receiving hyaluronic acid were given three injections of the medication. Those receiving corticosteroids were given a single injection of the medication followed by two sham injections. Those receiving a placebo received injections of saline water.

Researchers' primary outcome was "pain on walking," using the patients' self-assessment on the 100-mm visual analog scale, measured at baseline, 14 days, 28 days, and 90 days.

The mean reduction in "pain on walking" for patients receiving corticosteroid injections was 12 points on the visual analog scale at 14 days, 15 points at 28 days, and 9 points at 90 days. The difference at 90 days was not considered statistically significant.

For those patients receiving the hyaluronic acid injection, the "pain on walking" measurement on the visual analog scale was reduced a mean of 10 points at 14 days, 11 points at 28 days, and 11 points at 90 days.

### Assess Knee Replacement Expectations

Clinicians should assess osteoarthritis patients' understanding of total knee replacement before ordering the procedure, because their perceptions about the surgery may cloud the decision process, according to Dr. Francine M. Toye of Nuffield Orthopaedic Centre, Oxford, England, and her associates.

To explore patient beliefs, Dr. Toye and her associates conducted lengthy interviews with 18 patients awaiting total knee replacement (TKR) at a single British orthopedic hospital. The 12 men (aged 54-77 years) and 6 women (aged 60-76 years) had scored lower than average for both knee pain and loss of function on a standard assessment tool, indicating that they fell "below a certain threshold of clinical need" for the procedure.

Although their symptom burden was low, all patients believed that a specific medical diagnosis (osteoarthritis) confirmed by x-ray findings made TKR a virtual necessity. All patients also reported that their physicians compelled the surgery, not by means of coercion but simply because their "expert" opinion prevailed.

All but a few patients believed their osteoarthritis would inevitably progress, and they thought they would become "crippled" or "totally immobile" if they didn't undergo TKR quickly. They reported that health care professionals reinforced this be-

lief in many instances, even though it was clearly erroneous, the researchers said (*Soc. Sci. Med.* 2005; doi:10.1016/j.socscimed.2005.11.054).

Most patients viewed TKR as the "only cure" for knee osteoarthritis. Most didn't expect a 100% improvement, but still many patients, particularly men, reported that they thought they would be "back to normal" after the procedure.

### Adalimumab Aids All Psoriatic Arthritis

Adalimumab is effective in treating both mild to severe skin disease in patients with

psoriatic arthritis, Dr. Dafna D. Gladman reported in a poster presentation at the annual meeting of the American Academy of Dermatology.

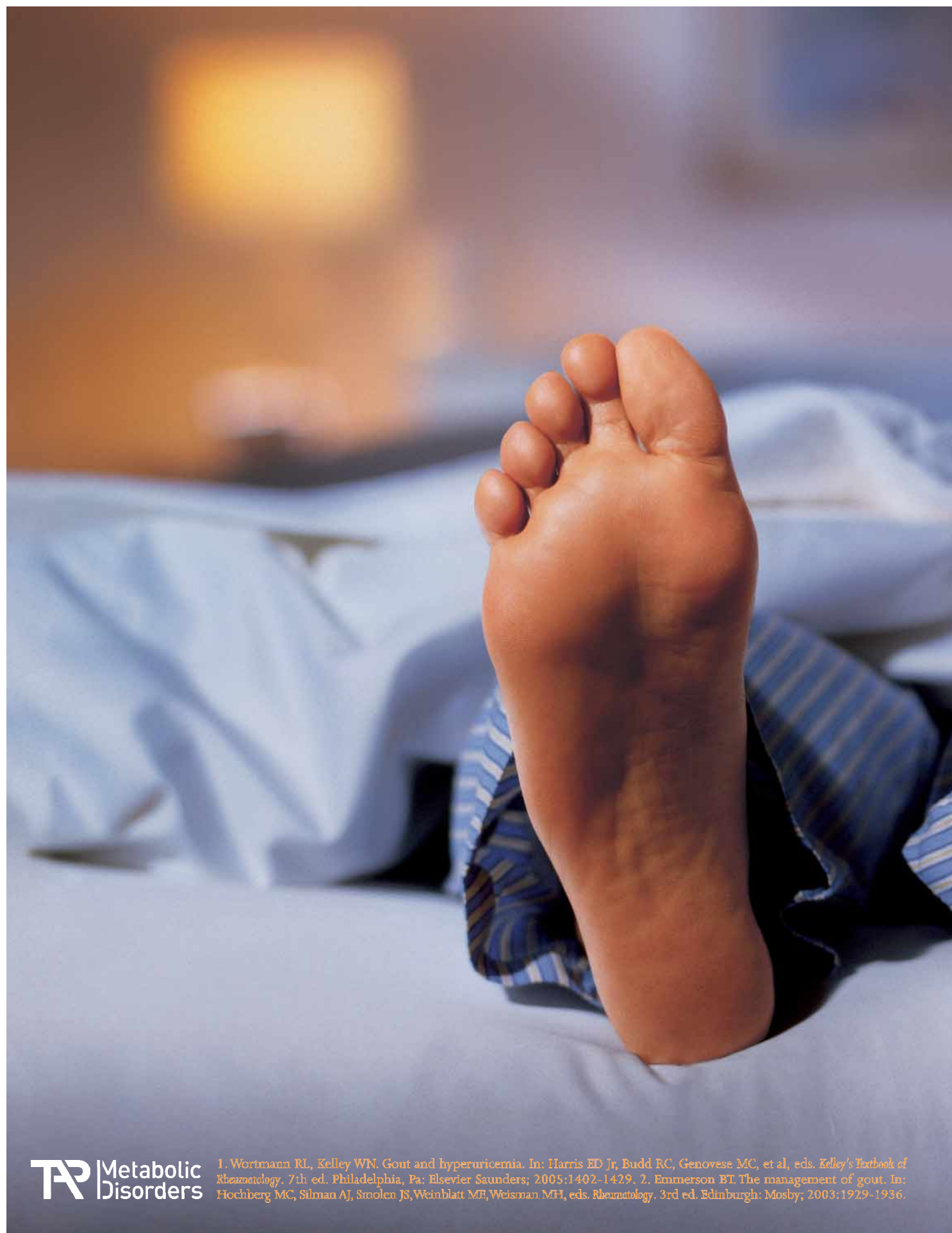
To assess whether the level of skin disease affected the response of psoriasis to the drug, Dr. Gladman and her associates performed a posthoc analysis of a 24-week, placebo-controlled phase III trial of patients with moderately active to severely active psoriatic arthritis.

Among those in the adalimumab-treated group, 53 patients had mild to moderate skin disease, with a Psoriasis Area and Severity Index (PASI) score of less than 10 at baseline. Sixteen patients had moderate

to severe skin disease, with a PASI score of 10 or more.

PASI responses occurred quickly and were maintained. After 24 weeks of drug treatment, the two subgroups had similar response rates. Comparing the mild-moderate and moderate-severe groups, a PASI 50 score (a 50% reduction from baseline) was achieved by 39 (74%) and 13 (81%), respectively; a PASI 90 score was achieved by 23 (43%) and 6 (38%) in the respective groups, reported Dr. Gladman of the University of Toronto. Dr. Gladman is a primary investigator for Abbott Laboratories, which makes adalimumab (Humira).

—From staff reports



**TR** Metabolic Disorders

1. Wortmann RL, Kelley WN. Gout and hyperuricemia. In: Harris ED Jr, Budd RC, Genovese MC, et al, eds. *Kelley's Textbook of Rheumatology*. 7th ed. Philadelphia, Pa: Elsevier Saunders; 2005:1402-1429. 2. Emmerson BT. The management of gout. In: Hochberg MC, Silman AJ, Smolen JS, Weinblatt MR, Weisman MH, eds. *Rheumatology*. 3rd ed. Edinburgh: Mosby; 2003:1929-1936.