



# LKS Current Awareness Bulletin

## Rheumatology

Nov 2019 – Jan 2020

A current awareness update service from Library and Knowledge Services. If you know anyone who could benefit from receiving this please ask them to sign up by emailing [clare.morton@elht.nhs.uk](mailto:clare.morton@elht.nhs.uk) or [library.blackburn@elht.nhs.uk](mailto:library.blackburn@elht.nhs.uk)

[SIGN UP TO  
OTHER BULLETINS](#)

I hope this bulletin is useful. We are keen to promote our services at your team meetings/huddles. If you feel that this would be useful, then please contact me to arrange a brief induction to how we can support you in education and training, researching for information, literature support, critical appraisal skills, free article requests, social media training (learn to Tweet!) and much much more.

Kind regards

Abbas Bismillah  
Head of Library and Knowledge Services  
Email [abbas.bismillah@elht.nhs.uk](mailto:abbas.bismillah@elht.nhs.uk)  
**01254 784308 (Ext: 84308)**  
**Mobile: 0778 996 0868**

## In the News

### [Updated giant cell arteritis guideline launches](#)

Giant cell arteritis affects the blood supply to the scalp, jaw muscles or the back of the eye. If left untreated, it can lead to blindness or stroke. Updated guideline on its treatment ensures clinicians have the latest information about diagnosis and treatment, bringing the latest peer-reviewed evidence up-to-date and supporting clinicians in providing the best treatment for people with this disease.

**British Society for Rheumatology**

### [NEIAA brings service improvement at Lancashire and South Cumbria](#)

Dr Elizabeth MacPhie, consultant rheumatologist at Lancashire and South Cumbria NHS Foundation Trust, talks about how her service has improved since being identified as an outlier in the 2018-2019 Annual Report for the National Early Inflammatory Arthritis Audit.

**British Society for Rheumatology - Blog**

### [Children with arthritis 'facing delays to diagnosis'](#)

**BBC News -12 February 2020**



For references where there is a link to the full text, you may need to use your NHS Athens username & password to access <https://openathens.nice.org.uk/>

**Effect of disease duration and prior disease-modifying antirheumatic drug use on treatment outcomes in patients with rheumatoid arthritis.**

**Author(s):** Aletaha, Daniel; Maa, Jen-Fue; Chen, Su; Park, Sung-Hwan; Nicholls, Dave; Florentinus, Stefan; Furtner, Daniel; Smolen, Josef S

**Source:** Annals of the rheumatic diseases; Dec 2019; vol. 78 (no. 12); p. 1609-1615

**Publication Date:** Dec 2019

**Publication Type(s):** Journal Article

Available at [Annals of the rheumatic diseases](#) - from BMJ Journals - NHS

**Abstract:** OBJECTIVES To determine if disease duration and number of prior disease-modifying antirheumatic drugs (DMARDs) affect response to therapy in patients with established rheumatoid arthritis (RA).METHODS Associations between disease duration or number of prior DMARDs and response to therapy were assessed using data from two randomised controlled trials in patients with established RA (mean duration, 11 years) receiving adalimumab +methotrexate. Response to therapy was assessed at week 24 using disease activity outcomes, including 28-joint Disease Activity Score based on C-reactive protein (DAS28(CRP)), Simplified Disease Activity Index (SDAI) and Health Assessment Questionnaire Disability Index (HAQ-DI), and proportions of patients with 20%/50%/70% improvement in American College of Rheumatology (ACR) responses.

**Database:** Medline

---

**Treatment to Target in Psoriatic Arthritis with Apremilast: Probability of Achieving Targets and Comprehensive Control of Disease Manifestations.**

**Author(s):** Mease, Philip J; Gladman, Dafna D; Ogdie, Alexis; Coates, Laura C; Behrens, Frank; Kavanaugh, Arthur; Mcinnes, Iain; Queiro, Rubén; Guerette, Benoit; Brunori, Michele; Teng, Lichen; Smolen, Josef S

**Source:** Arthritis care & research; Jan 2020

**Publication Date:** Jan 2020

**Publication Type(s):** Journal Article

Available at [Arthritis care & research](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** OBJECTIVE To evaluate the probability of achieving Clinical Disease Activity for Psoriatic Arthritis (cDAPSA) treatment targets of remission (REM) or low disease activity (LDA) with apremilast based on disease activity categories and corresponding responses in arthritis and other domains of psoriatic arthritis (PsA) not included in cDAPSA.

**Database:** Medline

---

### **The burden of metabolic syndrome on osteoarthritic joints.**

**Author(s):** Dickson, Bruce M; Roelofs, Anke J; Rochford, Justin J; Wilson, Heather M; De Bari, Cosimo

**Source:** Arthritis research & therapy; Dec 2019; vol. 21 (no. 1); p. 289

**Publication Date:** Dec 2019

**Publication Type(s):** Journal Article Review

Available at [Arthritis research & therapy](#) - from EBSCO (MEDLINE Complete)

**Abstract:** BACKGROUND The prevalence of osteoarthritis (OA) increases with obesity, with up to two thirds of the elderly obese population affected by OA of the knee. The metabolic syndrome (MetS), frequently associated with central obesity and characterised by elevated waist circumference, raised fasting plasma glucose concentration, raised triglycerides, reduced high-density lipoproteins, and/or hypertension, is implicated in the pathogenesis of OA. This narrative review discusses the mechanisms involved in the influence of MetS on OA, with a focus on the effects on macrophages and chondrocytes.

**Database:** Medline

---

### **Factors that influence rheumatologists' anti-tumor necrosis factor alpha prescribing decisions: a qualitative study.**

**Author(s):** Gavan, Sean P; Daker-White, Gavin; Payne, Katherine; Barton, Anne

**Source:** BMC rheumatology; 2019; vol. 3 ; p. 47

**Publication Date:** 2019

**Publication Type(s):** Journal Article

Available at [BMC rheumatology](#) - from BioMed Central

**Abstract:** Background Treatment decisions for any disease are usually informed by reference to published clinical guidelines or recommendations. These recommendations can be developed to improve the relative cost-effectiveness of health care and to reduce regional variation in clinical practice. Anti-tumor necrosis factor alpha (anti-TNF) treatments are prescribed for people with rheumatoid arthritis according to specific recommendations by the National Institute for Health and Care Excellence in England. Evidence of regional variation in clinical practice for rheumatoid arthritis may indicate that different factors have an influence on routine prescribing decisions. The aim of this study was to understand the factors that influence rheumatologists' decisions when prescribing anti-TNF treatments for people with rheumatoid arthritis in England.

**Database:** Medline

---

### **The effects of weight loss on imaging outcomes in osteoarthritis of the hip or knee in people who are overweight or obese: a systematic review.**

**Author(s):** Daugaard, C L; Hangaard, S; Bartels, E M; Gudbergesen, H; Christensen, R; Bliddal, H; Englund, M; Conaghan, P G; Boesen, M

**Source:** Osteoarthritis and cartilage; Nov 2019

**Publication Date:** Nov 2019

**Publication Type(s):** Journal Article Review

Available at [Osteoarthritis and cartilage](#) - from Unpaywall

**Abstract:** OBJECTIVE To evaluate the structural effects of weight loss on hip or knee osteoarthritis (OA) and to summarize which structural joint pathologies have been examined and the evidence for the outcome measurement instruments applied.

**Database:** Medline

**Failure of anti-TNF treatment in patients with rheumatoid arthritis: The pros and cons of the early use of alternative biological agents.**

**Author(s):** Rubbert-Roth, Andrea; Szabó, Melinda Zsuzsanna; Kedves, Melinda; Nagy, György; Atzeni, Fabiola; Sarzi-Puttini, Piercarlo

**Source:** Autoimmunity reviews; Dec 2019; vol. 18 (no. 12); p. 102398

**Publication Date:** Dec 2019

**Publication Type(s):** Journal Article Review

**Abstract:** The five TNF inhibitors currently approved for the treatment of RA are characterised by differences in their molecular structures, half-lives, administration routes, dosing intervals, immunogenicity, and use in women who wish to become pregnant. TNF inhibitors still represent the first biologic after conventional synthetic DMARD (csDMARD) in the majority of patients according to registry data. This was possibly because they were historically the first biological agents available (biological DMARDS with a different mechanism of action or targeted synthetic DMARDS did not become available until 2006s), and so switching from one to another was frequent in the case of an inadequate response and/or side effects. TNF inhibitors are also efficacious for other inflammatory joint and spine diseases, and have been approved for inflammatory bowel disease, uveitis and psoriasis. In addition, national registries have provided long-term safety data and demonstrated their beneficial effect on cardiovascular morbidity and mortality. However, approximately 30-40% of patients discontinue anti-TNF treatment because of primary failure, secondary loss of response, or intolerance. The options for managing anti-TNF treatment failures include switching to an alternative anti-TNF (cycling) or to another class of targeted drug with a different mechanism of action (swapping). The aim of this review is to evaluate the pros and cons of whether it is more appropriate to choose a second anti-TNF biological agents after the failure of the first or swap treatment early.

**Database:** Medline

[Request this article from the library](#)

---

**New adalimumab formulation associated with less injection site pain and improved motivation for treatment.**

**Author(s):** Yoshida, Tomohiko; Otaki, Yasuhiro; Katsuyama, Naoki; Seki, Michiko; Kubota, Junko

**Source:** Modern rheumatology; Nov 2019; vol. 29 (no. 6); p. 949-953

**Publication Date:** Nov 2019

**Publication Type(s):** Randomized Controlled Trial Journal Article

**Abstract:** Objectives: We aimed to evaluate the effect of change to the existing formulation of adalimumab (ADA) on pain and treatment motivation. Methods: We classified injection pain into the following categories: overall pain, pain at needle insertion, pain during drug injection, and pain 10 min after injection; we evaluated the effect of change to the existing formulation on pain using a visual analogue scale. In addition, a faces pain scale was used to evaluate the effect of change in injection pain intensity on treatment motivation. Results: Compared with the existing ADA formulation, the new formulation was associated with lower scores of overall pain (1.6 vs. 6.7), pain at needle insertion (1.8 vs. 4.7), pain during injection (1.6 vs. 7.0), and pain 10 min after the injection (0.4 vs. 3.1). All results showed a significant difference.  $p < .001$ . Paired t-tests were used. In the survey, 68% and 80% of the patients reported injection pain with influenza vaccine and the existing formulation, respectively; however, the proportion of the patients who experienced pain with the new formulation decreased to 20%. Conclusions: The new ADA formulation may alleviate the burden on RA patients and improve the quality of adherence to treatment, thereby influencing the RA treatment outcomes.

**Database:** Medline

[Request this article from the library](#)

**Oral steroid decreases the progression of joint destruction of large joints in the lower extremities in rheumatoid arthritis.**

**Author(s):** Doi, K; Ito, H; Tomizawa, T; Murata, K; Hashimoto, M; Tanaka, M; Murakami, K; Nishitani, K; Azukizawa, M; Okahata, A; Saito, M; Mimori, T; Matsuda, S

**Source:** *Medicine*; Nov 2019; vol. 98 (no. 47); p. e17968

**Publication Date:** Nov 2019

**Publication Type(s):** Journal Article

Available at [Medicine](#) - from Europe PubMed Central - Open Access

**Abstract:** To identify the risk factors for destruction of large joints in the lower extremities in patients with rheumatoid arthritis (RA) during a 4-year follow-up period in a prospective study. We enrolled consecutive patients who participated in both 2012 and 2016. Clinical data, disease activity, and types of medication were collected in 2012. Standard anteroposterior radiographs of weight-bearing joints (hips, knees, and ankles) were taken in 2012 and 2016. Radiographic progression was defined as progression in the Larsen grade or the need for joint arthroplasty or arthrodesis. The association between baseline characteristics and the incidence of radiographic progression was statistically assessed. A total of 213 patient were enrolled, and, after exclusion, 186 patients were analyzed. Sixty 9 patients (37.1%) showed radiographic progression in 1 of the large joints in the lower extremities. Multivariate regression analysis showed that radiographic progression was associated with older age, higher disease activity, and the presence of radiographic destruction at the baseline. The lower dosage of oral prednisolone was a significant risk factor compared with higher dosage when used. Patients with the risk factors should be followed closely to limit the progression of large joint destruction in the lower extremities.

**Database:** Medline

---

**“Reluctant to Assess Pain”: A Qualitative Study of Health Care Professionals’ Beliefs About the Role of Pain in Juvenile Idiopathic Arthritis**

**Author(s):** Rebecca Rachael Lee Amir Rashid Wendy Thomson Lis Cordingley

**Source:** [Arthritis Care & Research](#) Vol. 72, No. 1, January 2020, pp 69–77

**Abstract:** Objective. Reducing pain is one of the main health priorities for children and young people with juvenile idiopathic arthritis (JIA); however, some studies indicate that pain is not routinely assessed in this patient group. The aim of this study was to explore health care professionals’ (HCPs) beliefs about the role of pain and the prioritization of its assessment in children and young people with JIA. Methods. Semi-structured interviews were conducted with HCPs who manage children and young people with JIA in the UK (including consultant and trainee pediatric rheumatologists, nurses, physical therapists, and occupational therapists). Data were analyzed qualitatively following a framework analysis approach. Results. Twenty- one HCPs participated. Analyses of the data identified 6 themes, including lack of training and low confidence in pain assessment, reluctance to engage in pain discussions, low prioritization of pain assessment, specific beliefs about the nature of pain in JIA, treatment of pain in JIA, and undervaluing pain reports. Assessment of pain symptoms was regarded as a low priority and some HCPs actively avoided conversations about pain. Conclusion. These findings indicate that the assessment of pain in children and young people with JIA may be limited by knowledge, skills, and attitudinal factors. HCPs’ accounts of their beliefs about pain in JIA and their low prioritization of pain in clinical practice suggest that a shift in perceptions about pain management may be helpful for professionals managing children and young people with this condition.

---

## **Discovery of an autoantibody signature for the early diagnosis of knee osteoarthritis: data from the Osteoarthritis Initiative**

**Author(s):** Camacho-Encina M, Balboa-Barreiro V, Rego-Perez I, et al

**Source:** Annals of the Rheumatic Diseases 2019; vol 78: p 1699-1705

**Abstract:** Objective To find autoantibodies (AABs) in serum that could be useful to predict incidence of radiographic knee osteoarthritis (KOA). Design A Nucleic-acid Programmable Protein Arrays (NAPPA) platform was used to screen AABs against 2125 human proteins in sera at baseline from participants free of radiographic KOA belonging to the incidence and non-exposed subcohorts of the Osteoarthritis Initiative (OAI) who developed or not, radiographic KOA during a follow-up period of 96 months. NAPPA-ELISA were performed to analyse reactivity against methionine adenosyltransferase two beta (MAT2 $\beta$ ) and verify the results in 327 participants from the same subcohorts. The association of MAT2 $\beta$ -AAB levels with KOA incidence was assessed by combining several robust biostatistics analysis (logistic regression, Receiver Operating Characteristic and Kaplan-Meier curves). The proposed prognostic model was replicated in samples from the progression subcohort of the OAI. Results In the screening phase, six AABs were found significantly different at baseline in samples from incident compared with non-incident participants. In the verification phase, high levels of MAT2 $\beta$ -AAB were significantly associated with the future incidence of KOA and with an earlier development of the disease. The incorporation of this AAB in a clinical model for the prognosis of incident radiographic KOA significantly improved the identification/classification of patients who will develop the disorder. The usefulness of the model to predict radiographic KOA was confirmed on a different OAI subcohort. Conclusions The measurement of AABs against MAT2 $\beta$  in serum might be highly useful to improve the prediction of OA development, and also to estimate the time to incidence.



## **[Transcutaneous electrical nerve stimulation \(TENS\) for chronic neck pain](#)**

Ana Luiza C Martimbianco, Gustavo JM Porfírio, Rafael L Pacheco, Maria Regina Torloni, Rachel Riera

Review - 12 December 2019

## **[Surgery for rotator cuff tears](#)**

Teemu V Karjalainen, Nitin B Jain, Juuso Heikkinen, Renea V Johnston, Cristina M Page, Rachelle Buchbinder

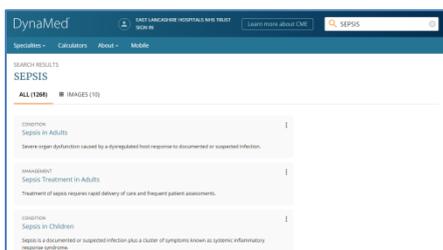
Review - 9 December 2019

*Did you know... that we have staff who can help support you in finding the evidence for **General Interest and Personal Development**, **Writing for Publication and Presentation**, **Research or Assignment**, **Education and Training**, **Evidence Based Practice for Patient Care**, **Service Management**, **Up-to-date Protocols and Guidelines**. If you require a literature search, then please do ask us. We can save you the time. Please share with your colleagues.*

## ONLINE RESOURCES FOR RHEUMATOLOGY

DynaMed®

<https://www.dynamed.com/browse/Rheumatology>



DynaMed gets you to your clinical answer faster than ever before. Questions arising during patient care need fast answers. In DynaMed, the right information is quickly surfaced. Actionable recommendations, key takeaways, and synopses provide the quick answer with the ability to dig deeper as needed.



### BMJ Best Practice

BMJ Best Practice is a clinical decision support tool, uniquely structured around the patient consultation, with advice on symptom evaluation, tests to order and treatment approach. Earn CME credits while searching for answers to your clinical questions

[Rheumatology on BMJ Best Practice](#)



### Oxford Medicine Online

Oxford Medicine Online is an essential, one-stop resources providing quick access to authoritative information. It is a must-have for medical students, junior doctors, nurses, midwives, senior doctors and consultants – anyone needing authoritative information quickly.

[Rheumatology on Oxford Medicine Online](#)



### Rheumatology Knowledge Centre

[A dedicated page on our library website for your specialty.](#)

Take a look at [Books on Rheumatology](#) - available for loan from the library



[Search our full library catalogue here](#)



This is OUR Time  
**2020**  
#YearOfTheNurseAndMidwife



To celebrate the achievements of nurses and midwives the world over,  
ELHT are going to be offering a range of celebrations and activities.

To start us off, we are looking for a short biography of **YOU**

A picture of who you are and your journey into your role and what it means to you.

Let's show the world how wonderful you are in providing the best care for all our communities.

If you are a Nurse or Midwife, please would you consider completing a brief bio of you (ELHT Role Model) or alternatively follow [this example](#) and complete an NHS England People Story.

ELHT Role  
Models

NHS England  
People Story

With your permission, your journey will be promoted on our websites, via social media, in our literature.

Completed profiles should be sent to Communications [communications@elht.nhs.uk](mailto:communications@elht.nhs.uk) or to Abbas Bismillah, Head of Library and Knowledge Services email [abbas.bismillah@elht.nhs.uk](mailto:abbas.bismillah@elht.nhs.uk)

Please send your completed form and photo by email, marked 'YNM2020 People Story'

(Alternatively you can complete a form in the Trust libraries and have your photograph taken)

## Library and Knowledge Services Team

<b>Abbas Bismillah</b>	<b>Head of Library and Knowledge Services</b>
<b>Clare Morton</b>	<b>Library Operational Services Manager</b>
<b>Patrick Glaister</b>	<b>Clinical Librarian</b>
<b>Judith Aquino</b>	<b>E-Resources Librarian</b>
<b>Sarah Glover</b>	<b>Library Services Officer</b>
<b>Charlotte Holden</b>	<b>Library Services Officer</b>
<b>Lauren Kay</b>	<b>Library Services Officer</b>

**Please visit our website for more information or take a look at our Library Guide for highlights all the services that we offer.**

**[www.ehub.elht.nhs.uk](http://www.ehub.elht.nhs.uk)**



Learning Centre Library  
Royal Blackburn Teaching Hospital  
Ext: 84312 or 01254 734312  
[library.blackburn@elht.nhs.uk](mailto:library.blackburn@elht.nhs.uk)

Mackenzie Library  
Burnley General Teaching Hospital  
Ext. 13114 or 01282 803114  
[library.burnley@elht.nhs.uk](mailto:library.burnley@elht.nhs.uk)

**Disclaimer: The Library cannot guarantee the correctness or completeness of the information in this bulletin. The information is subject to change and we cannot guarantee it will remain up-to-date. It is your responsibility to check the accuracy and validity of the information.**