Rheumination

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Disclosures

- None
 - "I'm just a simple country doc hiding in a university"





Goals

- To expose the audience to new and relevant medical information in the field of Rheumatology.
- To discuss how this information impacts patients with rheumatic diseases.
- To examine how this information impacts providers and the numerous specialists that participate in the care of these complex patients.



Interstitial Lung Disease

- There are many disease states that can impact the lung of a patient with RA.
 - RA nodules
 - Pneumonitis
 - Infections
 - Cancer
 - Bronchiolitis
 - Obliterans bronchiolitis
 - ILD
- Rick factors for ILD
 - Male sex, tobacco use, RF(+), CCP(+)



Interstitial Lung Disease

- There may also be a genetic risk factor that is seen with IPF (Juge et al., NEJM, 2018).
 - The gain-of-function MUC5B promoter variant rs35705950
- On CT scan the pattern may be more of a UIP pattern and this pattern may actually herald the onset of RA
 - This would be in distinction to MTX induced hypersensitivity pneumonitis which is typically early in therapy and is subacute (Kiely, et al., BMJ, 2019).
 - https://www.ncbi.nlm.nih.gov/pubmed/30345907
 - https://www.ncbi.nlm.nih.gov/pubmed/31061059



RA Drugs

- Large topic but a few pearls for the newest drugs/biological therapy
- For most of these drugs the patient should be screened for hepatitis B, C, and TB
 - Hep B-s ag
 - Hep B-s ab
 - Heb B-core IgM
 - Hep C ab
 - TB tine or TB quantiferon
- Avoid concomitant use with other biologicals
- Avoid the administration of live vaccines
- Increased risk of certain malignancies to include lymphoma
- The Rheumatologist, 2019. https://www.the-rheumatologist.org/article/rheumatology-drugs-at-a-glance-part-3-rheumatoid-arthritis/10/



RA Drugs

- Abatacept
 - Selective T cell co-stimulation modulator
 - COPD patients may develop more respiratory adverse events
- Anti-TNF therapies (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab)
 - Infections to include fungal
 - Demyelination
 - Lupus-like syndromes
 - Heart failure
- The Rheumatologist, 2019. https://www.the-rheumatologist.org/article/rheumatology-drugs-at-a-glance-part-3-rheumatoid-arthritis/10/



RA Drugs

- Tofacitinib
 - JAK inhibitor that is a oral small molecule
 - Increased risk of GI perforations
 - Decreased white cells, increased lipid and increased liver enzymes
 - Questionable/probable risk of thrombosis
- Baricitinib
 - JAK inhibitor
 - Increased risk of thrombosis
- Tocilizumab
 - IL-6 RA
 - Gl perforations
 - Decreased white cells, increased lipid and increased liver enzymes
- The Rheumatologist, 2019. https://www.the-rheumatologist.org/article/rheumatology-drugs-at-a-glance-part-3-rheumatoid-arthritis/10/



Myocarditis

- It has been suggested that RA has an increased risk of myocarditis (Amigues et al., Arthritis Rheumatol., 2019)
- With the use of PET scanning increased uptake was noted in 49/119 patients (39%)
- Uptake seemed to parallel RA disease activity
- Question
 - What impact does this finding have on heart disease and heart failure?

https://onlinelibrary.wiley.com/doi/10.1002/art.40771



Gut bacteria and RA

- "Hey Doc, antibiotics make my arthritis better"
- We know that there exists a link between periodontitis and RA likely through two pathogens
 - Aggregatibacter actinomycetemcomitans
 - Porphyrmonas gingivalis
- There may be other bacteria pathogens as well with Prevotella capri
 - Impacts the balance with Bacteriodes
- These research findings may eventually lead to the link of mucosal injury and autoimmunity and impact treatment choices
- The Rheumatologist, 2019. https://www.the-rheumatologist.org/article/links-between-gut-bacteria-and-rheumatoid-arthritis/4/



Check Point Inhibitors

- Check point inhibitors are used widely in oncology care. Two commonly targeted checkpoints include:
 - CTLA-4
 - PD-1
 - Blockage enhances T cell function and tumor lysis
- These drugs are associated with immune-related adverse events from self tolerance
- Myalgia/arthalgia, GI, skins, hepatic, and endocrine system abnormalities have all been described
- May require immunosuppressants to treat
- The Rheumatologist, 2018. https://www.the-rheumatologist.org/article/immune-checkpoint-inhibitors-immune-related-adverse-events/?singlepage=1



Toll Like Receptors (TLR)

- Toll-like receptors are important immune surveillance.
- TLR-7 has been implicated in the pathogenesis of lupus and more recently so has TLR-9 (Celhar, et al., Arthritis Rheumatol. 2018).
- In the case of TLR-9, disease is the result of ablation.
 - The result of research in TLR-9 deficient mice
- This study supports the importance of bench research colleagues in the development of new novel therapies
- The Rheumatologist, 2019. https://www.the-rheumatologist.org/article/in-mouse-model-a-tlr-9-deficiency-may-trigger-severe-lupus/?singlepage=1



Depression

- We all know that depression is often seen in patients with chronic illness
- This study suggested that depression may be a risk factor for the development of lupus (Roberts, et al., JAMA Psychiatry, 2018)
 - Study used two large cohorts of patients assessed over 20 years
 - Diagnosis used the ACR criteria
- It may be reasonable to spend time asking question about autoimmunity symptoms in your patients with depression.
- https://www.ncbi.nlm.nih.gov/pubmed/30208373



Cardiovascular risks

- Patient with lupus have a higher incidence of CV risk factors despite their female sex and lower age prevalence
- Research has demonstrated that these patient have less screening and treatment for these risk factors (Chen, et al., Arthritis Care & Research, 2019)
 - These patients also have less statin prescriptions
- The Rheumatologist, 2019. https://www.the-rheumatologist.org/article/sle-patients-may-not-receive-enough-cardiovascular-disease-assessment-treatment/?singlepage=1



ANA Testing

- ANA testing is a constant source of aggravation
- Researchers took sera from patients with lupus and analyzed their sera on three commercially available kits (Pisetsky, et al., Ann Rheum Dis., 2018)
 - Poor overall correlation especially with the ELISA kits
 - Suggested one of the two approaches
 - ELISA or multiplex for screening followed by an ANA by IFA
 - Start with the ANA by IFA and then a multiplex to assess for other antibody positivity.

https://www.ncbi.nlm.nih.gov/pubmed/29440000

The Rheumatologist, 2018. https://www.the-rheumatologist.org/article/new-study-reveals-limitations-in-ana-test-kits-for-lupus/?singlepage=1



Prevalence

- Chen-Xu, et al. reported that the prevalence of gout was 3.9 % in US adults (9.2 million people between 2015-2016)
 - 5.2% in men
 - 2.7% in women
- Hyperuricemia rates were approximately 20% in the same population
 - Rates increase with age
- These rates have remained stable since 2007
- Treatment rate for gout was approximately 33%
- Chen-Xu, et al., Arthritis Rheumatol. 2019
- https://onlinelibrary.wiley.com/doi/10.1002/art.40807
- https://www.the-rheumatologist.org/article/new-study-does-urate-lowering-therapy-reduce-gout-patient-mortality/?singlepage=1



Allopurinol and renal disease

- Study looked at the risk of CKD and progression in allopurinol users (Vargas-Santos, et al., JAMA Intern Med., 2018)
- Looked at stage 1 and stage 2 CKD
 - Allopurinol 300 mg initiated in newly diagnosed gout
 - Those in the allopurinol group had a 13% lower risk of progressing to stage 3 CKD at a mean follow up of 5 years
 - Smaller allopurinol doses did not have the same impact
- When facing worsening CKD in a gout patient on allopurinol look for other causes
- https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2705694
- https://www.the-rheumatologist.org/article/allopurinol-for-gout-an-unlikely-contributor-to-kidney-disease/?singlepage=1



Febuxostat and cardiovascular risks

- The FDA recently placed a CV warning on febuxostat
- This was the result of a study by White, et al. in the NEJM (2018)
 - 6190 patients received either allopurinol or febuxostat from 32-85 months
 - 56.6% discontinued the trial regimen and 45% discontinued follow up
 - The primary endpoint was a composite of:
 - Cardiovascular death
 - Nonfatal MI
 - Nonfatal stroke
 - Unstable angina with urgent revascularization



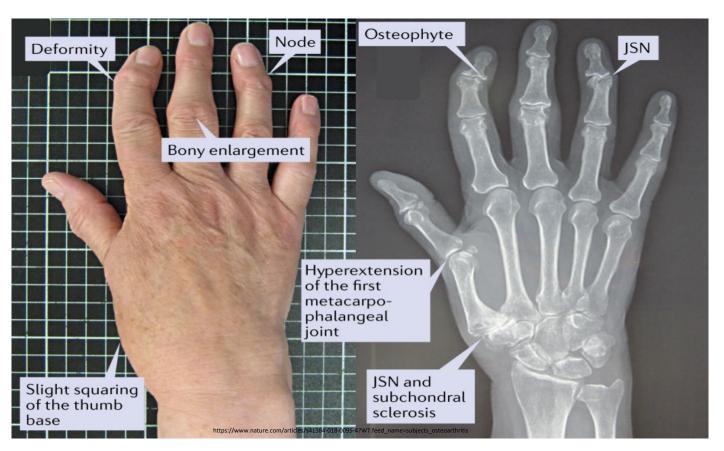
Febuxostat and cardiovascular risks

- The primary endpoint composite score was:
 - 10.8% in the febuxostat arm
 - 10.4% in the allopurinol arm
- A pre-specified analysis of all-cause mortality and CV mortality demonstrated:
 - A hazard ratio for CV death of 1.34 (CI 1.03-1.73) in the febuxostat arm
- Discuss CV issues with patients and preferentially use allopurinol
- https://www.ncbi.nlm.nih.gov/pubmed/29527974
- https://www.the-rheumatologist.org/article/new-study-raises-cardiovascular-questionsabout-febuxostat-for-gout/?singlepage=1
- https://www.the-rheumatologist.org/article/study-finds-newer-gout-drug-poses-riskheart-patients/?singlepage=1



Erosive OA

Treatment options





Erosive OA

Treatment options

- Symptomatically these patient have inflammatory complaints
- European League Against Rheumatism (EULAR) guidelines suggest:
 - Focus is on symptomatic therapy and not antiinflammatory therapy
 - Avoid systemic therapy. Instead try:
 - Topical NSAIDs
 - Splints
 - There is a role for limited joint injections
 - There is a role for Chondroitin sulfate



Erosive OA

Treatment options

- I personally have used DMARDs though the data is slim to none.
 - Hydroxychloroquine
 - Minocycline
 - methotrexate
- Recent study looked at the use of etanercept for erosive OA with swollen joints and found no symptomatic improvement after 24 weeks
 - Kloppenburg, et al., Ann Rheum Dis., 2018
 - https://ard.bmj.com/content/early/2018/10/03/annrheumdis-2018-213202



Knee OA

Novel therapy

- To date, like other forms of OA, treatments remains symptomatic
- Injection therapy includes both steroids and hyaluronic derivatives
- Some are pushing "stem cell therapy"
- Editorial to follow:
 - We are not talking about multipotent stromal cells from the bone marrow or umbilical cord blood and we are not talking about embryonic stem cells
 - Expensive
 - Not covered by insurance
 - Not proven



Knee OA

Novel therapy

- Yazici, et al., Osteoarthritis Cartilage, 2017, looked at the utility of an injectable small molecule which a Wnt pathway inhibitor
 - Demonstrated symptomatic improvement for up to 12 months
 - https://www.ncbi.nlm.nih.gov/pubmed/28711582
 - https://acrabstracts.org/abstract/efficacy-and-safety-from-a-phase-2b-trial-of-sm04690-a-novel-intra-articular-wnt-pathway-inhibitor-for-the-treatment-of-osteoarthritis-of-the-knee/
- Other are looking at gene therapy, which has been explored and found to be effective in large and small animals
 - Nixon, et al., Arthritis Rheumatol., 2018
 - https://onlinelibrary.wiley.com/doi/10.1002/art.40668



ACR guidelines

Reproductive issues and medications

- The ACR guidelines are in review currently though excerpts were presented at the 2018 National meeting.
- Men trying to concieve:
 - Discontinue cyclophosphamide 12 weeks before and thalidomide four weeks before attempting to conceive
 - Continue hydroxychloroquine, colchicine, azathioprine, TNF inhibitors, sulfasalazine, methotrexate, leflunomide, mycophenolate, cyclosporine, tacrolimus, anakinra and rituximab
 - Consider semen analysis if a man has trouble conceiving while on sulfasalazine
 - SAZ can be associated with reversible fertility issues



ACR guidelines

Reproductive issues and medications

- Women trying to conceive or become pregnant:
 - Medications to stop during pregnancy:
 - cyclophosphamide, thalidomide, mycophenolate, methotrexate and leflunomide,
 - ANY previous leflunomide should prompt a "wash out" before pregnancy and immediately if pregnant
 - Avoid NSAIDs in the third trimester.
 - Medications that may be continued during pregnancy:
 - hydroxychloroquine, sulfasalazine, and azathioprine
 - Continue TNF-inhibitors during pregnancy if clinically necessary
 - Be aware of data of using live vaccines with caution, for one year, in babies born to mothers who used anti-TNF therapy during pregnancy
 - Low dose non-fluorinated steroid therapy if needed
- I often use high risk OB for pregnancy planning



Terminology

- Cannabis—The scientific and historical name for the tall, bushy, fast-growing, cane like weed used as a drug by humans for thousands of years. The female unfertilized flower buds are the most potent.
- Cannabinoids- The active ingredients in marijuana, like THC and CBD; there are about 60-100 cannabinoids.
- CBD- Cannabidiol the second most common active ingredient in cannabis. Does <u>not cause euphoria</u> and may be a powerful anti-inflammatory, antispasmodic and antianxiety drug.
- **THC-** Tetrahydrocannabinol- the main active ingredient in marijuana. Isolated in 1967. It causes euphoria. Most research on medical efficacy for pain, nausea and spasms comes from studies with THC.
 - Hemp which is less than 0.3% THC/20%+ CBD
 - Marijuana which is more than 20% THC/10%+CBD



Terminology

- Terpenes are common, often aromatic, organic compounds found in many plants.
 - Cannabis plants have over 120 identified terpenes with different aromas.
 - There may be an association with psychoactive effects for strains and smells.
 - They reduce the intoxicating effects of THC when consumed together and add additional therapeutic value.



Terminology

- Two types of hemp oil
 - one is pressed from the hemp stalks
 - one is from the seeds
- Hempseed oil (oil pressed from the seeds) has been used for years and is used as a moisturizer in many beauty products - Hempseed oil is listed as a cannabis sativa seed oil
- CBD only oil comes from Hemp extract. (<0.3% THC) also called Hemp Oil
- Cannabis oil would contain CBD, THC and terpenes
- This matters because the CBD oil is more expensive and has a variety of legal ramifications



Concentrate types

- Tinctures
- Topicals
- Capsules
- Vaporizers
- Many types of edibles.
- The cannabis of the 60's and 70's had maybe at most 4% THC
- Some products now tested have ranges of 20% to 45% THC with little CBD content
- CBD products are not federally regulated
 - May not be any CBD in CBD oils
 - Possibility of multiple contaminants





Prevalence

- Rheumatic disease registry (FORWARD) patients asked if they had ever used marijuana, cannabis or cannabidiol (CBD)
- Among 11,006 respondents the prevalence of past or current cannabis use has increased from 6.3% in 2014 to 17.6% in 2019
- At both time points, patients reporting use were younger, had worse measures on all PROs and were likely to have a history of smoking cigarettes, have fibromyalgia, report a history of depression and report opioid use



Legality issues in Nebraska



- 1 of 3 States where marijuana is illegal
- Fact 1 If a police officer catches you buying, possessing or smoking pot, it is a ticket or a jail sentence
- Fact 2 If you buy hemp seed oil in a store there will be no legal action
- Fact 3 There is much confusion of what to do with CBD or cannabidiol oil
- State Attorney General states that CBD is illegal
- Douglas County Attorney states that his law enforcement officers will not target businesses selling CBD products
- The Nebraska Farming Act LB657 allows industrial hemp to be grown in Nebraska
 - 10 groups have received the go ahead
 - There were 176 requests
- Problem How to tell how much CBD or THC is in the hemp plants without labs in Nebraska testing



Slides: Courtesy of Michelene Heath-Holmes, MD

Rheuminations

Closing thoughts and Questions







