Patients with primary hand OA should not be prescribed hydroxychloroquine

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The results of an interventional trial presented today at the European League Against Rheumatism Annual Congress (EULAR 2015) showed that use of the disease-modifying anti-rheumatic drug hydroxychloroquine for 24 weeks did not diminish mild-moderate pain from primary hand osteoarthritis (OA). Furthermore, treatment did not improve overall physical, social and emotional wellbeing. These findings suggest that hydroxychloroquine should no longer be routinely prescribed for patients with this form of arthritis.

OA is the most common type of arthritis, causing significant joint pain and disability. Population data suggest symptomatic hand OA affects around 8% of people aged 60 or over, and 26% of women and 13% of men aged 70 or over.

Current pharmacological treatment options of hand OA are limited as they have been shown to only work for short periods and are not effective for all patients. In addition, many of these treatments have side-effects which restrict their use. Hydroxychloroquine has been used successfully in the treatment of mild rheumatoid arthritis and other autoimmune diseases for many years, and was believed to be beneficial in hand OA as well.5

"The findings from our trial do not support the prescription of hydroxychloroquine for patients with mild-moderate pain from hand osteoarthritis, neither on a physical nor emotional level," said Mrs. Natalja M Basoski, lead researcher, of the Department of Rheumatology, Maasstad Ziekenhuis, Rotterdam, Netherlands. "However, further investigations will need to be performed to determine whether hydroxychloroquine relieves pain in other specific phenotypes of hand OA," she added.

Results showed that 24 weeks of treatment with hydroxychloroquine in symptomatic hand OA did not significantly reduce pain when compared to placebo. In addition, hydroxychloroquine showed no overall effect on pain, disability and joint stiffness, as measured by the Australian Canadian Hand Osteoarthritis Index (AUSCAN), and no overall change was observed in physical, social and emotional wellbeing scores, as measured by Arthritis Impact Measurement Scale 2 SF (AIMS2-SF) scales.

Two hundred and two patients aged 40 years or older with primary hand OA were recruited from rheumatology clinics from six different hospitals in the Rotterdam region, between July 2010 and December 2013. Subjects were randomly assigned to receive either oral hydroxychloroquine 400mg once a day (n=100) or placebo (n=102) for 24 weeks. Paracetamol was used as rescue medication.

The primary outcome for this trial was a decrease of hand pain in the previous 24 hours, following 24 weeks of treatment, as rated on a visual analogue scale (VAS). Secondary outcomes included VAS pain ranked at 6 and 12 weeks, change in total score of the AUSCAN Index and the AIMS2-SF at the end of the study.

Provided by European League Against Rheumatism