

Ultrasonography can guide drug modification in arthritis

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patients were GS-positive and PD-negative; of these, three had dose reduction or cessation of DMARDs and four had dose reduction of steroids; none had DMARD/steroid escalation.

"Ultrasonography of physician-selected joints can improve clinical assessment, resulting in treatment modification," the authors write. "Positive PD findings were particularly influential, while the clinical significance of GS positivity alone requires further investigation."

More information: <u>Abstract</u> <u>Full Text (subscription or payment may be required)</u>

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(HealthDay)—Ultrasonography can be useful for guiding modification of anti-rheumatic drugs and steroids for patients with inflammatory arthritis (IA), according to a study published online Aug. 19 in the *International Journal of Rheumatic Diseases*.

York Kiat Tan, M.B.B.S., from Singapore General Hospital, and colleagues conducted a retrospective study involving 46 adult IA patients to examine the utility of ultrasonography in guiding modification of disease-modifying anti-rheumatic drug (DMARD) and steroid therapy. Data were analyzed for 37 patients with both power Doppler (PD) vascularity and greyscale (GS) synovial hypertrophy joint findings.

The researchers found that all 10 patients escalated and/or initiated on DMARD and nine of 10 patients escalated or initiated on <u>steroids</u> were positive for PD and GS. PD-negative findings were seen in six of seven patients with dose reduction and/or cessation of DMARDs and five of seven with dose reduction or cessation of steroids. Six



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