

# Chest CT can ID respiratory AE risk in RA patients on biologics

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infection events were 11.3, 17.6, 23.6, and 2.39 per 1,000 person-years. CT-determined severity was correlated with the incidence of RAEs. Specific risk factors for ILD events included reticular and honeycomb changes, while [risk factors](#) for infection events were consolidation, bronchial wall thickening, bronchiectasis, bronchiolitis, air trapping, and atelectasis.

"Our data contribute to the management of RA [patients](#) with respiratory involvement who require biological disease-modifying antirheumatic drug therapy," the authors write.

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(HealthDay)—Chest computed tomography (CT) findings may identify risk factors for respiratory adverse events (RAEs) in rheumatoid arthritis (RA) patients undergoing long-term biological therapy, according to a study recently published in the *International Journal of Rheumatic Diseases*.

Takuya Matsumoto, from the Nagoya University Graduate School of Medicine in Japan, and colleagues assessed the association between chest CT findings and incidence of RAEs among 332 RA patients who were treated with biological disease-modifying antirheumatic drugs.

The researchers identified 41 RAEs, including acute onset or exacerbation of interstitial lung disease (ILD), respiratory tract infection events, and other events. Among patients in the ILD group, the cumulative incidences of ILD events were 20.2 per 1,000 patient-years compared with 3.75 in the airway disease (AD) group, 47.2 in the coexisting ILD and AD group, and 1.94 in the group without detectable change. The corresponding rates of

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