Letter to the Editor

Infliximab and Statins in Rheumatoid Arthritis

To the Editor-in-Chief;

NISHIDA et al. have published in the Vol. 55, page 213 of this journal the article “Induction of hyperadiponectinemia following long-term treatment of patients with rheumatoid arthritis with infliximab (IFX), an anti-TNF-alpha antibody” where the authors concluded that the use of infliximab in patients with active Rheumatoid Arthritis (RA) significantly reduced inflammatory markers (CRP) and significantly increased total cholesterol, high density lipoprotein cholesterol (HDL) and serum adiponectin.

Recently statins have been shown to be a valuable resource for treatment of patients with Rheumatoid Arthritis. The beneficial effects of these drugs in RA have two basic targets: reduce inflammation and reduce high cardiovascular risk of these patients (1). The evidence has demonstrated significant decrease in CRP (2), swollen joint counts (3) and improvement in endothelial dysfunction and aortic stiffness (4). For all these benefits and considering the safety profile with relative few adverse effect many patients are treated with this drugs.

As the authors described Adiponectin levels are diminished in patients at high cardiovascular risk. Moreover concentrations are positively correlated with high-density lipoprotein-cholesterol and statin treatment has demostrated to increase adiponectin levels being this effect dose-dependent (5).

This study showed significant reduction in CRP levels, as well as increases in serum adiponectin and HDL-C with the treatment of infliximab. However it was not clear whether the included patients were receiving concomitant statins and if so, in which doses and for how long? While these results are very interesting, the potential confounding effect of statins should be further clarified.

References


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