

PSORIATIC ARTHRITIS NEWS AND VIEWS

VOLUME- 4 ISSUE- 16

November 15, 2004

PSORIATIC ARTHRITIS MEDICAL NEWS

NEW WORRIES TARNISHING ARTHRITIS DRUGS

November 11, 2004 WASHINGTON (AP)

One by one, arthritis drugs that promised to ease pain without causing ulcers are losing their luster.

In September, Merck & Co. yanked Vioxx from the market when a trial showed that long-term use of the painkiller nearly doubled the risk of heart attack and stroke.

This week, researchers said a preliminary study indicated that Bextra -- another painkiller in the same class -- also more than doubled the risk of heart attacks and strokes among patients with heart disease.

Pfizer, which manufactures Bextra, said researchers made "unsubstantiated conclusions" during their presentation at the annual meeting of the American Heart Association in New Orleans. The company also said the research was "based on information that has not been published in a medical journal or subject to independent scientific review."

The news sent a ripple through the meeting and caused the company's stock to tumble.

Pfizer already has told regulators it will add to its packaging a black box warning, the most strident alert, to warn consumers of a potentially fatal skin reaction linked to Bextra.

Scientists renewed a call for more studies of the painkillers in patients with heart disease, the group likely to suffer the most harm from this class of drugs known as cox-2 inhibitors. For clinicians at Kaiser Permanente, which serves 8.3 million patients, the Bextra study already has prompted discussion of safer alternatives. And some pressured the Food and Drug Administration to halt advertising directed at consumers.

"Arthritis drugs are not saving people's lives. Ironically, they're inducing heart attacks and may be losing people's lives," said Dr. Eric J. Topol, a Cleveland Clinic cardiologist who was among the first to warn about heart woes associated with the new painkillers.

The FDA controls drug marketing directed at consumers, Topol said. "The reality is they could shut that down at any time."

Kathleen Quinn, an FDA spokeswoman, could not say which actions the agency would take.

The FDA doesn't discuss negotiations or talks with companies, she said. "We will be taking a look at the whole class of drugs."

Quinn said the FDA has not accelerated the timing of an upcoming meeting on cox-2 inhibitors, currently planned for mid-February.

What's a bone-weary consumer to do between now and then?

Experts give contrasting advice.

The cox-2 drugs were praised for blocking the enzyme that causes the pain and swelling of arthritis inflammation. The drugs, however, were selective in their targets, bypassing the cox-1 enzyme that helps the stomach maintain a protective lining.

John Talley, the chemist who invented the Celebrex and Bextra molecules, said the cox-2 drugs helped people who couldn't tolerate the older generation of painkillers. "I do think these drugs have been a tremendous benefit to folks. And they've been extensively studied," Talley said.

Consumers and doctors agreed, to the tune of 40 million cox-2 inhibitor prescriptions written in the first nine months of 2004, according to IMS Health, a company that tracks drug industry trends.

Whether there is a class wide problem with cox-2 inhibitors, to many, remains debatable.

"I would hate for people to go off these medications on what may turn out to be unfounded rumors," said Dr. Elizabeth A. Tindall, incoming president of the American College of Rheumatology. "Each drug has to be carefully scrutinized. I don't think they've quite done that with Bextra to the extent they did with Vioxx."

Clinicians who are the decision-makers at Kaiser Permanente, however, are alarmed by the Bextra findings and agree that there are safer alternatives.

"These drugs are no better for control of pain than Motrin," said David Campen, Kaiser's medical director of pharmacy operations. And most people don't enjoy the expensive drug's slight benefit because they're not at risk for stomach ulcers, Campen said.

Topol, of the Cleveland Clinic, said naproxen should be the first anti-inflammatory of choice for people with arthritis who have heart problems.

"If there's even a potential risk for heart disease, that's where you don't want to err in the wrong drug class," Topol said.

To examine heart risk associated with Bextra, a Wake Forest University School of Medicine researcher looked at studies involving some of the most vulnerable patients, those with heart disease undergoing coronary artery bypass graft surgery.

Taking Bextra more than doubled the risk of heart attacks and stroke, compared with dummy pills.

Dr. Curt Furberg, a public health sciences professor at Wake Forest, questioned the timing of Pfizer's release of the data. The company mentioned the study in a statement in October.

"I think it's healthy to get the information out and have a debate. I think it will probably pressure Pfizer to be more open," said Furberg, among the academicians invited to attend the FDA's February session on cox-2 inhibitors. Copyright 2004 The Associated Press. All rights reserved.

FDA ACCUSED OF SILENCING VIOXX WARNINGS

Drug expert faced 'stiff resistance' to safety concerns
The Associated Press

WASHINGTON - The Food and Drug Administration silenced one of its drug experts who raised safety concerns weeks before Merck & Co. yanked the blockbuster drug Vioxx due to increased risks for heart attack and strokes, the chairman of the Senate Finance Committee said Thursday.

Dr. David J. Graham, associate director for science in the FDA Drug Center's Office of Drug Safety, told Senate investigators he faced stiff resistance within the regulatory agency to his findings.

"Dr. Graham described an environment where he was 'ostracized,' 'subjected to veiled threats' and 'intimidation,'" Sen. Chuck Grassley, R-Iowa, said in a statement after Finance Committee investigators interviewed the researcher Thursday.

Graham told The Associated Press that Grassley's characterization was accurate. Raising safety concerns within the agency is "extremely difficult," the 20-year employee said, declining further comment.

Agency's actions scrutinized

In a prepared statement, the FDA said it "values open discussion and frank exchange about scientific and medical issues" and subjects its scientists to "more rigorous" scrutiny than typical scientific peer reviews.

The Government Accountability Office, an investigative arm of Congress, already has been asked to look into whether the FDA muzzled another staffer who linked antidepressants to raising the odds of children suffering suicidal tendencies. When Merck voluntarily pulled Vioxx from the market on Sept. 30, the GAO was asked to roll the FDA's handling of that controversy into its inquiry.

That report is not expected for months. Grassley's committee is one of three in Congress also scrutinizing the FDA's actions.

A "picture is emerging of an agency that can't see the forest for the trees," Grassley said. "Merck knew it had trouble on its hands and took action. At the same time, instead of acting as a public watchdog, the Food and Drug Administration was busy challenging its own expert and calling his work 'scientific rumor.'"

Graham was lead author on a research project that studied the records of 1.39 million Kaiser Permanente patients, including 40,405 treated with Pfizer's Celebrex and 26,748 treated with Vioxx. The study found that high doses of Vioxx, known as rofecoxib, tripled risks of heart attacks and sudden cardiac death.

The research team's original conclusion said that high doses of Vioxx should not be prescribed or used.

Graham, scheduled to present those findings in late August during an epidemiology conference in France, said he ran into resistance when the FDA reviewed his abstract.

"I think the recommendation about high dose rofecoxib is unnecessary and particularly problematic since FDA funded this study and David's travel to France to present it," Anne E. Trontell, deputy director of the FDA's Office of Drug Safety, wrote in an Aug. 12 e-mail.

The internal e-mail exchange was released by Grassley.

In the e-mail, Trontell suggested that Graham defer his presentation in favor of a journal article so dissenting scientists "including within the FDA" could comment.

She also said Merck should be alerted before the findings became public "so they can be prepared for extensive media attention that this will likely provoke."

Others within the agency suggested Graham's conclusion was too strongly worded, given the FDA had not added such warnings to Vioxx labels.

"I've gone about as far as I can without compromising my deeply held conclusions about this safety question," Graham replied in an Aug. 13 e-mail.

The FDA said such discussions are typical before scientific findings are published.

The conclusion Graham presented in France was revised: "This and other studies cast serious doubt on the safety of Vioxx doses higher than 25 mg. per day.

The FDA said that Graham decided to revise his abstract conclusion. "He did so voluntarily," the agency said.

In testimony before a congressional panel in mid-September, Andrew Mosholder, an FDA epidemiologist, said his bosses asked him to soften recommendations about antidepressants.

Mosholder's analysis pointed to increased suicidal thoughts and behaviors among children taking antidepressants well before federal advisers pushed for strident warnings on the drugs. He suggested preferential use of Prozac, the only drug approved to treat depressed children and "according to his review" the one with the lowest risk.

His supervisors within the FDA told him to suggest that children use such medications "with caution," Mosholder told the Congressional panel.

Dr. Paul Seligman, acting director of the FDA's Office of Drug Safety, said the agency did not pressure Mosholder to change his conclusion. © 2004 The Associated Press. All rights reserved.

MERCK TRIED TO BURY VIOXX CONCERNS
E-mails suggest drug firm knew of problems for years
Reuters - Nov. 1, 2004

NEW YORK - Internal e-mails and other documents from Merck & Co. show the company fought for years to keep safety concerns from undermining the drug's commercial prospects, the Wall Street Journal reported on Monday.

Vioxx, a drug known as a COX-2 inhibitor, was withdrawn from the market after it was shown to double the risk of heart attack and stroke in patients who had been taking it for at least 18 months. Vioxx generated some \$2.5 billion in annual sales, and its withdrawal pummeled Merck's shares.

On Monday, the Journal reported that an e-mail dated March 9, 2000, suggested Merck recognized that something in Vioxx was linked to increased heart risk.

Edward Scolnick, Merck research chief at the time, wrote in the e-mail that cardiovascular events "are clearly there" and called it a "shame."

Although Scolnick compared Vioxx with other drugs with known side effects and wrote, "there is always a hazard," the company's public statements continued to reject the link between Vioxx and increased intrinsic risk.

Ted Mayer, a lawyer representing Merck, told the journal that the e-mails and marketing materials were "taken out of context" and "do not accurately represent the conduct of Merck and its employees."

But a memorandum dated Nov. 21, 1996, by a Merck official illustrated that the company wrestled with Vioxx's potential to induce a cardiac event, the report said. Another e-mail highlighted the possibility that patients could suffer blood clots unless they were also given aspirin.

Those documents may be used in ongoing litigation against the company.

On Friday, Merck â€” citing documents that had been made public â€” issued a statement saying that it acted "responsibly and appropriately" in developing and marketing Vioxx.

It was not immediately clear if it was referring to those obtained by the Journal, and a company representative was not immediately available to comment early Monday. Copyright 2004 Reuters Limited. All rights reserved.

EXPERTS TO DISCUSS ARTHRITIS DRUG RISKS
November 12, 2004 WASHINGTON (AP)

Government experts asked to discuss the safety of arthritis drugs in the same class as Vioxx will get an avalanche of paper, including confidential unpublished trials and their first glimpse at long-term safety studies.

The Food and Drug Administration is asking its arthritis advisory committee

members to block out Feb. 16-17 for the session.

Still there's no guarantee that the volume of information will be enough for the panel to answer the most important question: Do the same heart safety concerns that pushed Vioxx off the market apply to related painkillers?

"I don't know whether there is enough data available to say there is a class effect that would be appropriate to generalize to all cox-2 inhibitors about coronary artery disease. But that is what we are all concerned about," said Dr. Gary Stuart Hoffman, a member of the FDA arthritis advisory panel.

"It's possible that the committee will decide there isn't adequate data and additional studies or ongoing studies need to be continued," said Hoffman, chairman of rheumatic and immunologic diseases at the Cleveland Clinic Foundation.

The crucial issue, say leading cox-2 inhibitor researchers, is whether the new painkillers cause blood clots, which trigger heart attacks and strokes. Or do the drugs simply fail to prevent blood clots in people otherwise at risk for heart woes?

"I tell people often that in building a better ... nonsteroidal anti-inflammatory drug, we lost something in the mix. What we lost was the ability to thin the blood, which is what aspirin and like drugs used to do," said Dr. John Cush, another arthritis advisory committee member and chief of rheumatology and clinical immunology at Presbyterian Hospital in Dallas.

The panel also is expected to discuss whether it's ethical to give dummy pills to patients in pain. Placebo-controlled trials are the gold standard. An advisory panel in June dismissed placebos as unethical, even for a few weeks.

According to a presentation this week by the FDA's Office of New Drugs deputy director, government arthritis experts will review all available data about cox-2 inhibitors, including Vioxx, Bextra and Celebrex.

The data includes a placebo-controlled trial involving 3,600 patients that ponders whether Celebrex prevents colon polyps and another that tests the popular painkiller as a possible Alzheimer's treatment, according to Dr. Sandra Kweder's presentation.

Independent safety and monitoring boards for those two Celebrex studies are closely watching for any spike in heart attacks or strokes in the monthly data updates. So far, there has been no repeat of the doubling of risk of such cardiovascular woes that led Merck & Co. to withdraw Vioxx from the market.

In light of a preliminary study that showed Bextra doubled risk of heart attack and stroke in patients with heart disease, the federal advisers will also look at additional studies of that painkiller.

In a press release, Pfizer dismissed the study, presented at the American Heart Association annual meeting, as "unsubstantiated conclusions" that had not been subjected to independent scientific review.

Dr. Curt Furberg, the Wake Forest University School of Medicine professor of public health sciences who did the Bextra analysis, says it points to safety concerns with other painkillers. The FDA has asked Furberg to attend the

February meeting.

"With the information on Bextra, you really have to ask does this apply to all of them?" he said.

Patients are asking themselves the same question.

Dr. M. Peter Lance is the principal investigator of a three- to five-year study looking at whether Celebrex -- alone or used with selenium -- can prevent recurrence of colon cancer. Since the Vioxx controversy, Lance has held town hall style meetings to allay concerns among healthy patients enrolled in the trial.

"There have been a lot of questions. We have done everything in our power to be open," said Lance, a professor of medicine at the Arizona Cancer Center, part of the University of Arizona. "So far, we have not seen a significant drop off." Copyright 2004 The Associated Press.

VITAMIN C MAY WORSEN ARTHRITIS, STUDY FINDS

Reuters - WASHINGTON

High doses of vitamin C may worsen arthritis, at least in guinea pigs, U.S. researchers reported on Friday.

The finding by a team at Duke University Medical Center in North Carolina contradicts previous studies that suggested large doses of the vitamin might protect against osteoarthritis.

Dr. Virginia Kraus, an associate professor of medicine who led the study said the vitamin might help prevent the chemical reactions that cause damage in the short term, but become damaging in the long term.

It's possible that brief exposure to high levels of vitamin C offers antioxidant effects with a minimum of side effects, while prolonged exposure results in deleterious effects," said Kraus.

Protein activated by vitamin

Writing in the journal Arthritis & Rheumatism, her team said guinea pigs given high doses of vitamin C for eight months had more symptoms of arthritis than animals fed low or moderate doses.

Looking at the bony spurs in the animals' knees, the researchers found a protein that leads to spur formation could be activated by vitamin C.

One obvious next step will be a study of human populations to see if people who take high doses of vitamin C also experience more arthritis. In the meantime, people may consider avoiding long-term high doses, Kraus suggested.

Recommended intakes of C for men is 90 milligrams per day and for women is 75 milligrams per day. A diet that includes five servings of fruits and vegetables a day should supply about 200 milligrams per day of vitamin C. Some supplements contain 500 milligrams of C.

Copyright 2004 Reuters Limited. All rights reserved.

VITAMIN E MIGHT MAKE HEART DISEASE WORSE

November 10, 2004 NEW ORLEANS (AP)

Vitamin E supplements -- taken by many Americans in hopes of warding off heart disease -- do not work, and may actually make the condition worse, researchers say.

"People take vitamin E because they think it's going to make them live longer. This doesn't support that at all," said Dr. Edgar Miller of Johns Hopkins University, who led the new analysis.

The study was reported Wednesday at an American Heart Association conference in New Orleans and was also published online by the Annals of Internal Medicine.

Many Americans continue to take vitamin E despite Heart Association guidelines saying it doesn't work and recent research suggesting it can interfere with statin drugs.

The study was an analysis of 19 previous studies involving a total of about 136,000 people who took vitamin E alone or in combination with other vitamins.

Those taking 400 international units per day or more -- the amount in most vitamin E supplements -- had 10 times the risk of dying as those taking 200 units or less.

Most multivitamins contain 35 to 40 units of vitamin E, which the study suggests might be slightly beneficial for health, Miller said.

"I spend all my time trying to tell patients why they should not take vitamin E," Dr. Raymond Gibbons, a Mayo Clinic cardiologist and American Heart Association chairman. "Too often in terms of the supplements there's very scant science. In this area, we have the science. Vitamin E doesn't work."

The idea that antioxidants such as vitamin E might ward off heart trouble was based in part on test tube studies that indicated they protect the heart's arteries by blocking the damaging effects of oxygen. Studies also show that healthy people who eat vitamin-rich food seem to have less heart disease.

However, experts say that perhaps antioxidants work when only in food, or that people who eat vitamin-rich food have a lower risk of heart disease because they take better care of themselves overall.

Dr. Robert Eckel, a cardiologist and metabolism expert from the University of Colorado Health Sciences Center, said he long has advised patients not to take vitamin E but that people cling to the belief it is beneficial. One woman he recently treated was taking 23 nutritional supplements but did not want to take "medicines" because she thought all supplements were good and all prescription drugs suspect.

"This is a real issue," he said. Copyright 2004 The Associated Press. All rights reserved.

ASSESSING YOURSELF HONESTLY

Provided by Psychology Today

Self-appraisal is a necessary activity for navigating a course through life. A conscious assessment of our goals, our behavior, our relationships, and our performance in all domains ultimately enables self-improvement. It allows us to expand our options in life.

It does more. It's another way of leading the examined life. You deepen the experience of the life you have.

Coming clean with your errors and learning to forgive yourself for them can become a lifelong habit. Through it, your relationship with yourself gets better and better.

After all, to whom does one go for self-help?

But self-appraisal can be a treacherous enterprise. Most often, we avoid honestly assessing ourselves. There are several reasons. We tend towards inertia. Or we too easily allow ourselves to be distracted.

Further, we mortals are not really designed to objectively appraise ourselves. It can be painful, especially if we do it improperly. In the course of doing it, we definitely feel miserable. Add in the risk that we can overly self-appraise and get stuck there, endlessly evaluating everything we do.

Still, I recommend that you push to overcome inertia so that you can confront yourself. Only then can you seriously work to change what you can.

The things that are amenable to change normally include:

• How you spend your time and with whom,

• The quality of the time you spend with others

• Other choices you can make about your self, such as how you eat and how you drink

• Your performance in general and, your performance towards your goals.

So, welcome to the art of self-appraisal.

As you push yourself to overcome inertia, you need to work against the tendency to feel discouraged and hopeless. Here are some action strategies that are geared toward success.

• The trick is to assess your behaviors and traits honestly—but not rate your inherent worthiness as a human being.

• Focus on corrections. Cognitively reframe correction as just that—corrections, rather than as failings.

• Look upon self-appraisal as identifying a new path for yourself and persistently trotting down it.

Psychologists describe relearning, or changing your emotions and behavior, as similar to retraining a horse along its route. If you ride a horse the same through a path every time, he will only reluctantly go down a new path. And every time the horse gets to that juncture, he will hesitate. It's only with consistent stopping and guiding the horse down the path that he will unlearn the old and relearn the new.

☞ Talk sanely and forgivingly to yourself. Do not beat yourself up.

☞ Recognize the difference between yourself and your behaviors. Too often people make the error of thinking that because they beat themselves up, it's better not to critique their performance at all. You won't beat yourself up if you focus on the things that you do, not what you are.

☞ Pay attention to the labels you apply. The labels we use are often convenient symbols, but they don't connote your entire existence.

Sometimes we allow a person's whole being to be summed up in a label like "alcoholic," even if the last drink he had was 30 years ago. Then, if he has a drink today, he's seen as a failure, rather than someone who might be successfully controlling his behavior.

☞ Notice how you unwittingly label yourself when you are down and discouraged but don't let that mean lightening up on criticism of your performance. The worst thing you can do is let yourself slide and not engage in self-appraisal or label yourself as a bad person. Instead, aim for a third dimension: critiquing your performance while accepting yourself.

☞ Recognize that even bad performance is not totally bad.

☞ Don't overvalue acute pain. Be aware of acute temporary feelings that bad events are permanent and awful.

Acute pain is commonly given undue weight. But often-chronic persistent errors lead to far more pain in the long run. If, for example, you keep on gambling, that behavior will lead you to have more and larger problems than if you sat through the acute pain of changing now. Author: Nando Pelusi - Source: Psychology Today Copyright © 1991-2004 Sussex Publishers. © 1996-2004 MedicineNet, Inc. All rights reserved.

COPING WITH STRESS

Stress is a part of life. From getting stuck in a traffic jam on our daily commute to being behind on paying bills, too much stress can wreak havoc on our bodies. The uncertainty of having a chronic illness such as multiple sclerosis (MS) creates stress in and of itself and adds to the stress that already exists in our day-to-day activities. That's why small things, such as making dinner or picking up the children from school, can become overwhelming for people who live with this disease.

Medical studies show no clear, specific evidence that stress causes MS. However, as in all neurological disease, stress may exacerbate the symptoms, causing some people to perform poorly while under duress. It also may increase the rate of progression of your disease.

It is pivotal, say experts, to take control of some of the stress in your life. Here are some ways to de-stress yourself:

Adjust your attitude. According to researchers, "hardiness," or the ability to cope well with stress, depends on three things: challenge, control and commitment. Try to interpret stressful situations as challenges, not as threats. Then determine what you can control; sometimes the only thing you will be able to control in a stressful situation is the way you respond, but that's a start. Make a commitment to be good to yourself by eating healthfully, thinking positively and sharing love.

Learn to problem solve. Everyone, especially people with chronic illnesses, can benefit from developing effective coping skills. The key, say experts, is to develop a systematic and rational way of thinking through difficult situations or problems. This can be accomplished by breaking down each problem into smaller pieces to make them seem less overwhelming. Then you can figure out options to better handle the situation.

A key part of learning to problem solve is knowing your limits and learning to be flexible. This approach has worked wonders for Bill Morse Jr. of Houston who was diagnosed with MS 27 years ago. Although not everyone with MS will need to quit their high-stress job, Bill quit his law practice because of its high anxiety and stress levels and now manages a small company. "It's a good idea to approach each problem in the same way. Do what you can do, but 98 percent of the problems can take care of themselves, and the other 2 percent probably weren't important to begin with," he says. "Accept it and float and let time pass."

Communicate. Keeping your troubles inside will only add to the stress of living with a chronic illness. Sharing your innermost thoughts with your spouse, a friend or an MS support group will not only reduce stress but also will help you deal with the ups and downs of the disease.

Exercise. Regular exercise has been proven to relieve stress. It also can help protect the cardiovascular and immune systems from the consequences of stressful events. Whether it's swimming, walking or another form of exercise, you must do the activity on a regular basis.

Marie Sneyers of Clayton, N.J., for example, enjoys doing yoga four times per week. Diagnosed in 1994 with relapsing-remitting MS, the bookkeeper and mother of two believes yoga helps manage her symptoms and her life. "I do yoga to get my energy level up, to clear my mind and to get rid of the stresses I might be experiencing. I like it because it's very relaxing," she explains. "When I come home from work and go to my yoga class, I go in one person and come out another person. I can deal with anything."

Take control of your diet and sleep. Eating a well-balanced, nutritious diet and getting a good night's sleep gives you the energy to better cope with stress. If you skip meals or eat a lot of junk food, you'll lack the energy you need to perform. And if you're tired and cranky, you'll be more susceptible to stress-related ailments.

Do something for others. Volunteering at a soup kitchen or for another worthy cause can be a great experience. It also can help you forget about your own problems and increase your self-esteem. Reviewed by staff at Harvard Medical

School.

STEROID RAISES PNEUMONIA RISK IN RA PATIENTS

The risk of infections, for example, pneumonia, is increased by steroids (cortisone-related chemicals such as prednisone) and other immunosuppressive drugs that are used for treating rheumatoid arthritis and other immunologically based diseases. Steroids are avoided, if possible, in rheumatoid arthritis because they weaken bones. The study discussed here provides another reason to avoid steroids; they increase the risk of pneumonia much more than other commonly used immunosuppressive drugs (biologics) for rheumatoid arthritis.

Jay Marks, MD
Medical Editor, MedicineNet.com

(HealthDayNews) -- Rheumatoid arthritis sufferers who take a commonly prescribed steroid known as prednisone run a significantly higher risk of catching pneumonia than people on biologic medications.

A report comparing the two medications was presented Oct. 17 at the American College of Rheumatology's annual meeting in San Antonio.

To compare the risks of biologic therapy with prednisone use, researchers in Kansas conducted a two-and-a-half-year study involving 15,966 long-term arthritis patients with an average age of 60.5 years.

Biologic drugs -- examples include adalimumab, etanercept, and infliximab -- copy the effects of substances naturally made by the body's immune system. While beneficial, they have been associated with increased rates of infection during clinical trials.

The study revealed that people using biologic drugs were 30 percent more likely to get pneumonia than people not taking anything. However, the risk of pneumonia was 170 percent greater in people taking prednisone.

"It's reassuring to know that the increased rate of pneumonia in people taking biologics is relatively low, some of which may be attributed to arthritis severity," researcher Dr. Frederick Wolfe of the National Data Bank for Rheumatic Diseases said in a prepared statement. "The risk associated with prednisone use, however, is substantial and suggests that, rather than being considered a relatively benign therapy, prednisone is likely a larger part of the risk associated with pneumonia."

Between 35 percent and 45 percent of patients with rheumatoid arthritis currently use prednisone, but more than 70 percent of patients will take the steroid at least once during their lifetime.

-- Dennis Thompson - SOURCES: American College of Rheumatology, news release, Copyright © 2004 ScoutNews LLC. All rights reserved. © 1996-2004 MedicineNet, Inc. All rights reserved.

Good Health to All,

Jack Nicholas
Newsletter Editor
Cornishpro@aol.com

Issue 2004 11/15/04 -16

[Non-text portions of this message have been removed]

Please visit our Psoriatic Arthritis Group's informational web page at:
<http://www.wpunj.edu/pa/> -- created and edited by list member Robert Harris aka(raharris@yahoo.com).

Also, in August 2001, list member Jack Nicholas aka Cornishpro@aol.com began to conduct extensive research which he publishes as the "Psoriatic Arthritis Research Newsletter", monthly in our email and digest format. Many thanks to Jack. Back issues of the newsletter are stored on our PA webpage as well as the archives of the list.

Don't forget that the list archives comprise a tremendous amount of information (Over three years of messages and answers). Feel free to browse them at your convenience.

LET'S HEAR FROM SOME OF YOU LURKERS out there! If you have a comment or question, chances are there is a person who has been around a while who can help you out with AT LEAST an educated guess for an answer! If not, we can steer you in the right direction with a good website to go to,

Blessings and Peace,

Michelle Atwood-Stack, Founder
Robert Alan Harris, Web & List Editor
Jack Nicholas, Newsletter Editor
Pat Bias, List Editor
Ron Dotson, List Editor
Orin, List Editor
Kathy F., List Editor
and any others who help in any way (thank you!)