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News-Screen Menopause

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P. Frigo

The Association of Luteinizing Hormone and Follicle-Stimulating Hormone with Cytokines and Markers of Disease Activity in Rheumatoid Arthritis: A Case-Control Study

Kåss A et al. Scand J Rheumatol 2010; 39: 109–17.

Abstract

Objectives: Disease activity in rheumatoid arthritis (RA) varies substantially during periods when luteinizing hormone (LH) and follicle-stimulating hormone (FSH) levels change, for example during pregnancy, postpartum, and menopause. We wanted to investigate whether small fluctuations in these hormones could be associated with similar fluctuations in cytokines and disease activity in RA. Methods: Disease activity markers, serum LH, FSH, and 24 cytokines were assessed on days 1 and 8 in 20 RA patients (median age 58 years, six males) and 19 controls (median age 56 years, six males). Results: Percentage changes in LH and FSH correlated positively with percentage changes in key proinflammatory cytokines such as tumour necrosis factor (TNF)alpha (LH r = 0.737, p = 0.0007; FSH r = 0.680, p = 0.001) and interleukin (IL)-1beta (LH r = 0.515, p = 0.050; FSH r = 0.749, p = 0.0008). Similar correlations were observed with IL-2, IL-2R, IL-8, monocyte chemoattractant protein (MCP)-1, macrophage inflammatory protein (MIP)-1alpha, MIP-1beta, and eotaxin, but not with the anti-inflammatory cytokine IL-10, in RA and not in controls. Percentage changes in LH, FSH, and cytokines were not correlated with percentage changes of several disease activity markers but were correlated positively with cross-sectional levels of disease activity markers [erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), Visual Analogue Scale (VAS) pain, VAS global (physician/patient), and the modified Health Assessment Questionnaire (MHAQ)]. Conclusions: The significant associations between percentage changes in LH and FSH and percentage changes in key cytokines and several cross-sectional markers of disease activity may indicate that LH and FSH influence crucial points of the cytokine cascade in RA. This may help to explain, partially, why disease activity initiates or worsens during periods of increased LH and FSH, such as the postpartum period and the menopause.

Relevanz für die Praxis

Die Erhöhung der Zytokine durch hohes FSH und LH wurde in dieser Studie geprüft: Ein Zusammenhang zwischen Menopause und rheumatoider Arthritis konnte statistisch bewiesen werden. Allerdings ist zu befürchten, dass auch ein Bias passiert sein könnte: Eine Erhöhung der Gonadotropine tritt in Zeiten des Östradiolmangels auf – fraglich ist, ob nicht ein Abfall/Anstieg des Östradiols eine Rolle spielen könnte. In jedem Fall ist die Erhöhung der Zytokine interessant und durch geeignete antiinflammatorische Therapie (siehe unten) verbesserbar.

Evening Primrose Oil

Bayles B et al. Am Fam Physician 2009; 80: 1405–8.

Abstract

Evening primrose oil (Oenothera biennis) is a commonly used alternative therapy and a rich source of omega-6 essential fatty acids. It is best known for its use in the treatment of systemic diseases marked by chronic inflammation, such as atopic dermatitis and rheumatoid arthritis. It is often used for several women's health conditions, including breast pain (mastalgia), menopausal and premenstrual symptoms, cervical ripening, and labor induction or augmentation. However, there is insufficient evidence to make a reliable assessment of its effectiveness for most clinical indications. The current evidence suggests that oral evening primrose oil does not provide clinically significant improvement in persons with atopic dermatitis, and that it is also likely ineffective for the treatment of cyclical mastalgia and premenstrual syndrome. However, most trials to date have significant methodologic flaws and must be considered preliminary. The use of evening primrose oil during pregnancy is not supported in the literature and should be avoided. Evening primrose oil is generally well tolerated, with reported minor adverse effects, including gastrointestinal upset and headaches. Optimal dosing standards and treatment regimens await clarification in adequately powered clinical trials.

Relevanz für die Praxis

Neben den bekannten Omega-3-Fettsäuren wird oft auf die ebenso wichtigen Omega-6-Säuren vergessen. Eine Mischung aus beiden ungesättigten Fettsäuren ist im Nachtkerzenöl enthalten und könnte neben den bekannten Omega-3-Fettsäuren aus Fischöl, Olivenöl etc. ebenfalls in einer natürlichen, antiinflammatorischen Therapie ihren Platz auch in Europa finden (in den USA ist es weit verbreitet).

Hormonal Replacement Therapy May Reduce the Risk for RA in Women with Early Arthritis Who Carry HLA-DRB1 *01 and/or *04 Alleles by Protecting Against the Production of Anti-CCP: Results from the ESPOIR Cohort

Salliot C et al. Ann Rheum Dis 2009 [Epub ahead of print].

Abstract

Objective: To assess the effect of reproductive factors, especially hormonal replacement therapy (HRT) and its in-

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*teraction with HLA-DRB1 *01 and/or *04 alleles on the diagnosis of RA and the presence of anti-CCP in women included in the ESPOIR cohort (early arthritis cohort). Methods: 568 patients were included in the analyses. Analyses were performed using logistic regression. Results: HRT would reduce the risk for RA due to the HLA-DRB1 *01 and/or *04 alleles: from OR = 1.88 (95 %CI 1.32–2.68, p < 0.000) for HLA-DRB1 *01 and/or *04 alleles alone to OR = 1.07 (0.51–2.26, p = 0.85) in women who carry HLA-DRB1 *01 and/or *04 alleles and who received a HRT. One explanation would be the protective effect of HRT on the presence of anti-CCP (OR = 0.43, 95 %CI 0.24–0.77, p < 0.006). Other reproductive factors such as the number of pregnancies, menopause, and age of the menopause, age of the menarche and a history of pregnancy with poor outcome were not associated with the diagnosis of RA and the presence of anti-CCP. Conclusion: HRT may reduce the risk of RA due to HLA-DRB1 *01 and/or *04 alleles by protecting against the production of anti-CCP.*

Relevanz für die Praxis

Anti-CCP = zyklisch citrullinierte Antikörper werden von 75 % der Patienten mit rheumatoider Arthritis gegen die Aminosäure Citrullin gebildet (assoziiert mit dem HLA-Locus DRB1). Interessanterweise führen klassische Parameter der weiblichen Anamnese wie Anzahl der Schwangerschaften oder Menopausenalter zu keinen signifikanten Korrelationen, während eine HRT die Produktion von Anti-CCP reduziert. Daher ist nach vorliegender Studie eine HRT bei rheumatoider Arthritis sinnvoll.

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