

## Update in Rheumatology

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**2**010 was the year of rheumatoid arthritis. It came with a new set of diagnostic criteria and, very important, with an algorithm treatment aimed to target, based on both evidence and expert opinion.

Over the last 2 years, the two societies representing rheumatology, the American College of Rheumatology (ACR) and the European League Against Rheumatism (EULAR) had the initiative to revise the ACR classification criteria for rheumatoid arthritis, which were published in 1987 (Aletaha D et al, "2010 Rheumatoid arthritis classification criteria - an ACR/ EULAR collaborative initiative"; *Ann Rheum Dis* 2010; 69: 1580-1588). The need for the new classification criteria has been made by the fact that it is very important an early therapeutic intervention, before the final phenotype with structural damage described by the old criteria, and by the importance of antibodies to citrullinated proteins in this disease.

The main target in rheumatoid arthritis is now remission or low disease activity as an alternative in long – standing disease. For that, disease activity must be documented regularly and therapy adjusted accordingly. The advice is to assess patients every 1-3 months during active disease and every 3-6 months patients with low disease activity and sustained remission (Smolen JS et al, "Treating rheumatoid arthritis to target: recommendations of an international task force", *Ann Rheum Dis* 2010; 69: 631-637).

At the end of 2010, FDA Advisory Committee recommended approval of Belimumab (Benlysta- Human Genome Science) for treating autoantibody-positive patients with active Systemic Lupus Erythematosus. The final answer will come this spring. Belimumab is a human monoclonal antibody that recognize B lymphocyte stimulator factor (BlyS) and reduces B cell proliferation and differentiation. It will be the first new treatment released in the last 50 years for this disease if it is approved (Hitt E, *Medscape Medical News*, December, 2010).

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