



It's an exciting time to be a rheumatologist

I am a rheumatologist, and I love participating in the care of patients with rheumatic disease. I thus feel compelled to offer a few comments on the article by Dr. Len Calabrese on anti-tumor necrosis factor (TNF) therapy, on page 251 of this issue.

These rapidly acting, dramatically effective drugs have rejuvenated the field of rheumatology. Suddenly, there is a tangible connection between theoretical basic immunology (which had heretofore characterized academic rheumatology) and the clinic. The bar of therapeutic expectation has been raised for clinicians as well as patients.

It is a very exciting time to be a rheumatologist. I'm old enough to recall treating rheumatoid arthritis patients with gold shots, which were variably effective. Now we have therapies that are sometimes truly golden.

But, as noted by Dr. Calabrese, the use of these drugs has raised some issues. The partially expected, and fortunately rare, complications of demyelinating syndromes and tuberculosis reactivation require due diligence in monitoring patients. New tingling sensations, headache, or hyperreflexia cannot be dismissed. Infections, although not rampant, can present in unusual ways. Much of the reactivated tuberculosis is extrapulmonic. Localizing signs of tissue infection are often blunted.

As a believer in the redundancy of the immune response, I didn't predict that these targeted drugs would be so effective. But, seeing the successful trial results, even I was able to predict that the cost of treating many patients was going to be out of sight. Hence, a challenge to us and our patients: insurance carriers balk at the use of these drugs prior to failure of other drugs. This is a particularly thorny issue when treating spondylitis and inflammatory eye disease, for which there are no alternative, demonstrably effective therapies. There are many, many forms to complete. I get frustrated with delays in approval, believing that damage is occurring while the forms are being scrutinized by reviewers who don't share my experience with and expectations for these drugs.

But even with my frustration with the forms and phone calls, it is pretty exciting to see the Tin Man-like spondylitic patient now be able to untie his own shoes and follow my instruction to hop onto the examination table.

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*In the past 5 years I have received honoraria for presenting CME talks funded by Abbott Laboratories and Wyeth, have utilized unrestricted institutional educational grants from Abbott and Amgen for educational programs, have been an investigator in a phase II clinical trial for Centocor, and am a member of the Abbott Rheumatology Clinical Scholar Program advisory board.