

EULAR IN 2006

EULAR expects further development in 2006

T K Kvien, L B A van de Putte

Many people contribute to the progress of EULAR

The European League Against Rheumatism (EULAR) is currently a partnership organisation of 43 national scientific societies and 30 national social leagues (www.eular.org). It fosters excellence in education and research, which can be translated into better treatment, prevention, and rehabilitation for patients with rheumatic diseases.

EULAR had a strong year in 2005 and hopes for even more growth in 2006. The major event was, of course, the EULAR congress in Vienna, which gathered nearly 10 000 attendants from 99 different countries. All delegates to the congress receive a free 1 year's subscription to the *Annals of the Rheumatic Diseases* (the EULAR journal), which has become one of the leading scientific journals in rheumatology. In the past 6 years the print circulation of the journal has increased from 1800 (in 1999) to about 10 000 (in 2005), submissions have tripled, and the impact factor has more than doubled, being close to 4 in 2005.

In April, the EULAR secretariat moved into "the EULAR house" in Kilchberg, a few minutes drive outside the Zurich city centre. This house also provides facilities for committee meetings of up to about 40 people and has already proved to be a good facility for such events.

One of EULAR's major objectives is to improve the awareness of rheumatic diseases in Europe, with a particular focus on the political level. Some progress in this objective was achieved in 2005. A written declaration, presented by the European Parliament in July, was signed by 406 members of the

Parliament (http://www.europarl.eu.int/activities/expert/writtenDecl.do?YEAR_VAL=2005 (p. 4, accessed 14 November 2005)). This result was reached after a strong and important collaboration between the patient representatives in EULAR and rheumatologists, health professionals, and scientists. A large number of people contributed to the lobbying by EULAR in Brussels, Strasbourg, and at home in their respective countries.

This declaration calls on the Commission and Council to:

- Ensure that the EU's 7th Research Framework Programme makes rheumatic diseases one of its explicit priorities
- Ensure that the EU's new health strategy makes arthritis (musculoskeletal disorders) one of its priorities
- Strengthen legislation to outlaw disability discrimination through a specific Disability Directive
- Encourage member states to take measures to ensure better access to the full range of treatments in all EU countries.

However, the current drafted text for the research framework programme 7 (<http://www.cordis.lu/fp7/>, accessed 14 November 2005) does not recognise rheumatic diseases as a major disease. Rheumatic diseases are only mentioned in parentheses in a paragraph dealing with "other chronic diseases", whereas infectious diseases, brain disorders, cardiovascular diseases, cancer, and diabetes/obesity have separate paragraphs, supporting their status as "major diseases". Thus, EULAR will

continue to argue for, and work politically to ensure, that rheumatic diseases become an explicit priority of the EU's 7th Research Framework Programme, which will be finalised in 2006.

The major event for EULAR in 2006 will be the congress in Amsterdam, 21–24 June. The planning of the programme of invited speakers is nearly completed, and the deadline for abstract submission is 31 January 2006. The programme for health professionals will be improved and the Amsterdam congress will also host the Paediatric Rheumatology European Society (PRES) congress. There will be an extended programme on Saturday with important high quality lectures. The congress will end around 4 pm—thus we recommend a return flight on Sunday or late Saturday!

During EULAR 2006 new EULAR recommendations for the management of rheumatic diseases will be presented. Work on the recommendations has been given high priority, and we hope in the near future to see the results of the collaboration with the American College of Rheumatology. Shortly, EULAR will also restructure its educational programme. Further, we are working on an improved website, where the reader will more easily be able to see news from EULAR and opportunities related to grants, bursaries, educational courses, and other activities. The organisation will continue to sponsor various "visiting programmes", to fund collaborative research projects in Europe, and develop networks of centres of excellence in research in rheumatology.

The progress of EULAR is a reflection of major contributions to the organisation from many people, including colleagues and patients, as well as Fred Wyss and his team in the EULAR house, and the BMJ Publishing Group team. We can look forward to an exciting year in 2006 with a lot of opportunities and we hope to see as many colleagues as possible at EULAR 2006 in Amsterdam.

Ann Rheum Dis 2006;**65**:1

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Short term palindromic rheumatism after clopidogrel use

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Ann Rheum Dis 2006;**65**:700. doi: 10.1136/ard.2005.044024

Clopidogrel belongs to a new class of adenosine diphosphate (ADP) receptor antagonists employed for the prevention of ischaemic stroke and myocardial infarction. We describe a case of palindromic rheumatism developing 3 weeks after clopidogrel treatment.

A 47 year old woman underwent a stress ECG for sporting purposes that showed a 2.2 mm depression of the S-T segment. A coronary angiogram showed stenosis of the IVA in its middle portion and in the right coronary artery. The patient had never had hyperlipidaemia, diabetes or hypertension, was not menopausal, but had been smoking 10 cigarettes a day for the past 15 years.

She underwent angioplasty with insertion of two stents and was given clopidogrel (75 mg/day) and aspirin (75 mg/day). Two weeks later the patient developed an urticarial rash over the skin of the forearms, arms, neck, and trunk. The lesions fully disappeared from one area within 24–36 hours but only to reappear in a different area. Antihistamines suppressed these symptoms within 3 days, but a few days later the patient experienced arthralgia and restricted motion that lasted almost 24 hours, fully disappearing from an affected joint to reappear in another. The right wrist, the left wrist, right shoulder, left shoulder, right knee, left knee were affected in this sequence and were objectively swollen, hot, and tender.

At the onset of these symptoms and 2 weeks later the erythrocyte sedimentation rate (ESR) was 50 mm/1st h and 46 mm/1st h, respectively, and C reactive protein (CRP) was 20 and 9.8 mg/l, respectively. On the same occasions, complement levels, rheumatoid factor, antinuclear antibody, immunoglobulins, liver function tests, serology for hepatitis B and C, urate, kidney function tests with urinary sediment were normal or negative. Aspirin was increased to 1 g daily for 14 days with progressive disappearance of the palindromic sequence and with less joint pain and swelling. At 4 weeks from the onset of the articular symptoms the ESR was 18 mm/1st h and CRP was 4.5 mg/l. At 3 months from the onset the joint symptoms had totally subsided.

So far, clopidogrel has been associated with three cases of acute arthritis.^{2,3} In a 76 year old woman pain and swelling of the metacarpophalangeal joints developed 2 weeks after

starting clopidogrel (75 mg/day) for coronary angioplasty. In a 63 year old man the left knee had become painful, hot, and tender 3 weeks after starting clopidogrel (75 mg/day) for coronary artery bypass grafting. In a 60 year old woman pain, swelling, and redness developed in her wrists, hands, and knees in association with myalgia, fever, and a macular rash on the trunk and back 10 days after switching from aspirin to clopidogrel. In these patient, symptoms improved within a week of stopping clopidogrel, aided by prednisolone (20 mg/day) and celecoxib (200 mg/day) in the third patient.

As far as we know, our patient is the first to experience transitory palindromic rheumatism after clopidogrel use, a drug that the patient did not want to discontinue. Given the usefulness of clopidogrel in the prevention of vascular complications of atherosclerosis, and the concern about attributing acute arthritis after clopidogrel intake to the ADP receptor antagonist itself,⁴ our case shows that clopidogrel need not be discontinued and that the arthritis may be self limiting.

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Accepted 26 September 2005

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FORTHCOMING EVENTS

12TH Eular Sonography Course

18–21 June 2006; Oranjewoud, The Netherlands

An introductory course on musculoskeletal ultrasound in rheumatology

Further information from: EDRA Spa - Medical Publishing & New Media

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EULAR 2006

21–24 June 2006; Amsterdam, The Netherlands

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Further events can be found on the website at <http://annrheumdis.com>

CORRECTION

FOXP3 TRANSCRIPTION FACTOR IS NOT CONFINED TO REGULATORY T (Treg) CELLS: HUMAN EPITHELIAL CELLS

EXPRESS FOXP3 mRNA (26th European Workshop for Rheumatology Research. *Ann Rheum Dis* 2006;**65**(suppl 1):abstr 010.

The addresses for the authors in the published abstract were incorrect. The correct details are given below.

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Corrections printed in the journal also appear on the *Annals* website <http://www.annrheumdis.com> and are linked to the original publication