

Quarter of people with HIV are undiagnosed

According to the latest figures from the Health Protection Agency (2012) there were 6280 new HIV (human immunodeficiency virus) diagnoses in 2011, taking the total number of people living with HIV in the UK to around 96000.

The data show although late HIV diagnoses dropped slightly in 2011 (47%, from 50% in 2010), a quarter of people with HIV remained unaware of their status. The report also found:

- New diagnoses among men who have sex with men reached an all-time high in 2011 (3010) – nearly one in 12 men who have sex with men in London and one in 20 in the UK now has HIV (47 per 1000)
- The black African community also remained at higher

HIV risk in 2011 with 37 per 1000 living with the infection

- Nearly half of all new diagnoses were acquired heterosexually (2990, 48%). Of these, over half were probably acquired in the UK in 2011, compared to only 27% in 2002
- The small decline in the total new diagnoses (from 6400 in 2010 to 6280 in 2011) was driven by a reduction in diagnoses among people born outside the UK
- Overall HIV prevalence in the UK was 1.5 per 1000 population.

Dr Valerie Delpech, Health Protection Agency head of HIV surveillance, said: ‘These figures are a reminder of how

vital safe sex programmes remain. Promoting HIV testing and condom use is crucial to tackling the high rates of transmission, late diagnosis and undiagnosed HIV still seen in the UK.’

Professor Jane Anderson, Chair of the British HIV Association commented: ‘The high rate of HIV infection amongst heterosexuals, as well as the persistent trend of late diagnosis is particularly worrying. Many people are simply not being signposted to take an HIV test... We need a greater emphasis on HIV testing and on all aspects of prevention.’

Health Protection Agency (2012) HIV in the UK. www.hpa.org.uk/Publications/InfectiousDiseases/HIVandSTIs/ (accessed 29 November 2012)

Respiratory symptoms vary with stage of menstrual cycle

Respiratory symptoms vary significantly during different stages of the menstrual cycle, with higher frequencies during the mid-luteal to mid-follicular stages, according to a new study (MacSali et al, 2012).

A total of 3926 women with regular cycles who were not taking exogenous sex hormones were enrolled in the study. Menstrual cycles, respiratory symptoms, body mass index, asthma and smoking status were determined by postal questionnaire.

Significant variations over the menstrual cycle were found for each symptom assessed in all subjects and subgroups. Reported wheezing was higher on cycle days 10–22, with a mid-cycle dip near the putative time of ovulation (–days 14–16) in most subgroups. Shortness of breath was highest on days 7–21, with a dip just before mid-cycle in a number of subgroups.

The incidence of cough was higher just after putative ovulation for asthmatics, subjects with body mass index ≥ 23 kg/m², and smokers, or just before ovulation and the onset of menses in subgroups with a low incidence of symptoms.

MacSali F, Svanes C, Sothorn RB et al (2012) Menstrual cycle and respiratory symptoms in a general Nordic-Baltic population. *Am J Respir Crit Care Med* Nov 29 (Epub ahead of print)

Adalimumab achieves three key treatment goals for patients with rheumatoid arthritis

A post-hoc analysis has been undertaken of data on use of adalimumab (Humira) in early and long-standing moderate-to-severe rheumatoid arthritis patients from three randomized controlled trials – DE019, OPTIMA and PREMIER.

The analysis evaluated the simultaneous achievement of three key treatment goals: low disease activity, normal physical function, and the absence of radiographic progression at 1 year. These results were presented at the American College of Rheumatology Annual Scientific Meeting in Washington DC.

Data analysis for long-standing rheumatoid arthritis patients showed 19% (40/207) of patients taking adalimumab plus methotrexate simultane-

ously achieved all three goals at 1 year *vs* 5% (10/200) of patients treated with placebo plus methotrexate.

Of early rheumatoid arthritis patients who received open label adalimumab plus methotrexate following inadequate response to 26 weeks of methotrexate monotherapy, 29% (102/348) achieved all three goals at 1 year.

Presenting the results, Dr Edward Keystone, Professor of Medicine, University of Toronto, Canada, said: ‘This analysis evaluates whether or not this is a realistic treatment goal for rheumatoid arthritis patients, and sheds light on Humira’s potential to help patients simultaneously achieve all three key treatment goals. It also supports that the

response rates are likely to be higher in patients diagnosed and treated earlier.’

Keystone EC, Breedveld FC, van der Heijde D et al (2012) Achieving comprehensive disease control in long-standing or early rheumatoid arthritis patients treated with adalimumab plus methotrexate versus methotrexate alone. American College of Rheumatology Annual Scientific Meeting, Washington DC: abstract 1303

Dr Edward Keystone, Professor of Medicine, University of Toronto, Canada

