

## Three Common Drugs Causing Oedema of Legs

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1. N.S.A.I.D. group of drugs
2. Nifedipine and Amlodipine

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3. Pioglitazone

Unfortunately, these drugs are being used in daily practice.

### **An appealing new agent for treating cholestatic pruritus**

The results of this trial show that a new ASBT inhibitor, GSK2330672, is able to decrease serum concentrations and increase faecal excretion of bile acids, and significantly modify the levels of other components associated with the pathogenesis of cholestatic pruritus.

Although the agent was well tolerated, a number of patients experienced mild diarrhoea and as specified by the authors, the occurrence, duration, and impact of this, being most common adverse event, could limit the long-term use of this drug.

**Albert Pares, The Lancet, March 2017, Vol 389, 1114**

### **The value of old drugs for juvenile idiopathic arthritis**

Intra-articular corticosteroids and methotrexate have been used for juvenile idiopathic arthritis throughout the world since the late eighties. These drugs are cheap and effective but there is little firm evidence to substantiate their effect.

A large multicentre study was done to compare oral and subcutaneous high-dose methotrexate in patients with juvenile idiopathic arthritis who were resistant to standard (lower-dose oral methotrexate dose and found **no** additional clinical benefit when the dose of methotrexate was increased. There have been no randomised studies to compare oral methotrexate with subcutaneous methotrexate and clinical practice varies greatly from country to country. Apart from the studies described above there are no randomised controlled trials using a combination of methotrexate plus intra-articular corticosteroids as early therapy in the most prevalent form of juvenile idiopathic arthritis - oligoarticular arthritis.

Both oral and subcutaneous methotrexate are associated with nausea or intolerance symptoms in up to 40% of patients, which often causes non-compliance in children and adolescents.

In their study, Ravelli and colleagues excluded children with a first episode of knee arthritis because they are known (in clinical practice) to respond favourably to steroid injection monotherapy.

**The Lancet, March 2017, Vol 389, 909**