Editorial Comment

This issue contains 4 interesting reviews. Two papers discuss the treatment of arthritis, an extremely common disorder. The rest concern aspects of treating other important disorders: anemia in patients with end-stage renal disease or cancer, and HIV infection in pregnant women living in malaria-endemic regions.

Dr. Fleischmann presents the rationale for an "inverted" approach to the treatment of rheumatoid arthritis based on evidence that early, aggressive therapy with disease-modifying drugs can prevent disease progression. This approach is the opposite of starting with symptomatic therapy, which consists largely of the use of nonsteroidal anti-inflammatory drugs (NSAIDs), including the new cyclooxygenase (COX)-2 inhibitors such as celecoxib (discussed later). This is a logical approach, and there is some support for its efficacy. However, its place in therapy and its eventual usefulness are still somewhat unclear. In part, this is because so many new disease-modifying drugs have been developed recently and will continue to be developed. It will take many years for the risks and benefits of each to be clarified in all subpopulations, including children and patients with other inflammatory or autoimmune arthritides. It will take even longer for the individual agents or combinations of agents to be studied adequately to allow clinicians to choose the most cost-effective, efficient, and least toxic therapy or therapies. This approach warrants continued research to see how well it will improve function and quality of life, and at what economic and toxicologic cost.

Dr. Goldenberg reviews celecoxib, the first of the COX-2–selective inhibitors. This and similar agents promise to produce anti-inflammatory activity equivalent to that of NSAIDs without as much gastrointestinal (GI) toxicity. Their place in the treatment of rheumatoid arthritis or other inflammatory conditions is still unclear, however, since they will need to be used for some time before we know how much less toxic they really are and whether they will have additional unrecognized toxicities. It is also unclear how effective they will be in relieving pain compared with other NSAIDs or which of the COX-2 inhibitors (another has already been approved for marketing) will be most effective or best tolerated. COX-1 inhibition also has many positive effects, including effects on platelets (exploited in cardiovascular disease) and tumor progression (lowered incidence of GI tumors) that theoretically should not be seen with the COX-2 inhibitors. Finally, although it is not generally recognized, there are already other relatively specific COX-2 inhibitors on the market (eg, etodolac) that have not been found to offer significant advantages in most patients. Only with time and experience will the advantages and disadvantages of these relatively expensive COX-2 inhibitors become clear.

In their review, Drs. Marsh and Rascati conclude that the efficacy of erythropoietin in the treatment of anemia in patients with end-stage renal disease or cancer depends largely on its cause. Obvious though it may seem, it is important for clinicians to remember that the results of trials of a specific agent in a specific population cannot necessarily be extrapolated to other populations with the same or similar conditions. This type of outcome analysis is especially important in the case of common conditions such as anemia treated with highly expensive agents like erythropoietin.

Finally, Dr. Okereke has written an ambitious review of a problem of global importance, although uncommon in developed countries. His review illustrates how difficult it is for clinicians to make important decisions based on the results of clinical trials carried out in highly selected patient populations. The population of pregnant women living in malaria-endemic regions is especially unlikely to be studied systematically—for economic, ethical, and practical reasons. Therefore, clinicians must make rational therapeutic decisions based on "pieced-together" information.

All of the reviews in this issue deal with the problems of making real-life therapeutic decisions. Each illustrates how difficult individual treatment choices can be, whether for a common or rare condition, here in the United States or in a developing country.

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