

 **2010 Rheumatoid Arthritis Classification Criteria – Major Update after 1987** (*Ann Rheum Dis* 2010;69:1580-1588 doi:10.1136/ard.2010.138461)

The 1987 American College of Rheumatology (ACR) classification criteria for rheumatoid arthritis (RA) have been criticized for their lack of sensitivity in early disease. A joint working group from the ACR and the European League Against Rheumatism (ELAR) developed, in three phases, a new approach to classifying RA. The work focused on identifying, among patients newly presenting with undifferentiated inflammatory synovitis, factors that best discriminated between those who were and those who were not at high risk for persistent and/or erosive disease—this being the appropriate current paradigm underlying the disease construct ‘RA’. In the new criteria set, classification as ‘definite RA’ is based on the confirmed presence of synovitis in at least one joint, absence of an alternative diagnosis better explaining the synovitis, and achievement of a total score of 6 or greater (of a possible 10) from the individual scores in four domains: number and site of involved joints (range 0-5), serological abnormality (range 0-3), elevated acute-phase response (range 0-1) and symptom duration (two levels; range 0-1). This new classification system redefines the current paradigm of RA by focusing on features at earlier stages of disease that are associated with persistent and/or erosive disease, rather than defining the disease by its late-stage features.

 **Newborn Behavior to Locate the Breast when Skin-to-Skin with Mother: A Possible Method for Enabling Early Self-regulation** (*Acta Paediatrica* DOI:10.1111/j.1651-2227.2010.01983.x)

How an infant is sensitized to mother’s breast and gets breast feed is an important physiological reflex to understand early establishment of breast feeding. In this study, full-term infants were videotaped immediately after birth. A video protocol was developed to examine infant behaviors identified

from five random videotapes. When birth crying had stopped, the babies showed a short period of relaxation and then successively became alert. They went through an “awakening phase”, an “active phase” with movements of limbs, rooting activity and looking at the mother’s face, a “crawling phase” with soliciting sounds, a “familiarization phase” with licking of the areola, and a “suckling phase” and last a “sleeping phase”. Inborn breastfeeding reflexes were depressed at birth, possibly due to a depressed sensory system. It is hypothesized that when the infant is given the option to peacefully go through the nine behavioral phases - birth cry, relaxation, awakening, activity, crawling, resting, familiarization, suckling and sleeping when skin-to-skin with its mother, it is helpful to stimulate early breast feeding.

 **Oral Immunotherapy - Cure for Food Allergies?** (*Curr Opin Allergy Clin Immunol*, 2010 10: 214-219)

The only available treatment for food allergy is strict dietary avoidance. Food Oral Immunotherapy (OIT) is a promising therapy and was tested recently in USA. Desensitized state, defined as the ingestion of a substantial amount of food in the home diet that protects from severe reactions to accidental exposures, can be achieved by approximately 50-75% of the children treated with OIT. The rate of permanent tolerance is unknown; the longer duration of OIT may result in permanent tolerance. Side effects are common both during the initial dose escalation and during home dosing. Most reactions are mild and decrease in frequency with the longer duration of OIT. These preliminary data on OIT are encouraging. Answers are yet to be obtained on the optimal dose, ideal duration of oral/sublingual immunotherapy, degree of protection, efficacy for different ages, severity and type of food allergy responsive to treatment, and need for patient protection during home administration.

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