The ESR returned to below 20 mm/h on at least one occasion in all except 3 of the 101 cases in which a follow-up result was available. The elevation of the ESR was only modest in these 3 cases (32,28,24 mm/h) and could be explained by continuing activity of the disease (2 cases) and a long-standing benign monoclonal gammopathy. The lowest recorded ESR was below 15 mm/h in 95% of the 101 cases and 10 mm/h or less in 76% of the patients. However, like Ellis and Ralston we observed several patients who were successfully managed on their symptoms alone and do not advocate that the dose of prednisone should be adjusted with the sole aim of keeping the ESR at a normal level. This may not prevent complications. One patient developed permanent loss of vision in one eye 2 months after the institution of corticosteroids, when she was completely symptom-free with an ESR of 3 mm/h. However, we feel that the ESR remains a most useful investigation in the diagnosis of PMR/GCA and recommend that, if a normal result is obtained initially, the ESR should be repeated at short intervals, as it may well be elevated subsequently. We should also recommend that the CRP should be measured in the suspected case with a normal ESR.

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References

Statistical power calculations
Sir, When papers report a difference between 2 groups of patients they are expected to give the probability that such a difference (or an even bigger one) could have occurred by chance (the p value). Reports of negative findings may provide important information, and these too should be supported by statistical calculations—in this case giving the probability that the failure to find a difference between patient groups may have occurred purely by chance (the 'power' of the investigation).

In the Annals for June 1983 you published 2 investigations which reported negative findings: the failure of hyperuricaemia to contribute to increased risk of vascular disease and the failure of the type of onset of rheumatoid arthritis to predict subsequent outcome. The conclusions of both these papers are of interest, but they would have been strengthened by the inclusion of power calculations.

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References

Book reviews


This book is an excellent up-to-date account of our present knowledge of this disorder, the English summaries (pp. 475–485) giving a short abstract of the contents of the book. Illustrations are black-and-white, clear, and not over-numerous, references up to date from all countries, mostly in English. One criticism could be that 'Still's syndrome' is called juvenile rheumatoid arthritis, 'the equivalent form of rheumatoid disease' below 16 years of age. The book in general shows that the disorder otherwise seems much the same as we see in our patients here in Great Britain, and gives good wide references from the world's recent literature on the subject.

F. DUDLEY HART

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