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Alterations in appendicular skeletal mass in patients with rheumatoid arthritis, psoriatic arthritis, and osteoarthritis

SIR, Cooper *et al* in their recent article on skeletal mass in rheumatoid arthritis, psoriatic arthritis, and osteoarthritis stated that lumbar bone mass is reduced in rheumatoid arthritis, irrespective of corticosteroid treatment.¹

For this statement they quoted, without any personal experience, one published reference.² In our opinion, however, this statement does not reflect the results of other reports concerning lumbar bone mass in rheumatoid arthritis. From the same author as the one referred to by Cooper *et al* there is a previous study of early rheumatoid arthritis, in which no diminution of bone mass could be shown when patients with rheumatoid arthritis were compared with controls.³ In our own study we found a normal lumbar bone mass when female, postmenopausal patients with rheumatoid arthritis were compared with controls matched for sex, age, and menopausal state, irrespective of corticosteroid treatment.

Moreover, when discussing the appendicular skeleton as measured by single photon absorptiometry the authors refer to 'one single study', whereas there are many studies of peripheral bone mass at the radial site in rheumatoid arthritis, treated with corticosteroids or not.⁴⁻¹¹ Some authors report a decreased peripheral bone mass in rheumatoid arthritis while others do not.

As the assessment of bone mass in arthritis is difficult owing to a variety of interfering factors, such as sex, age, menopausal state, disease activity and duration, local destruction, treatment (especially corticosteroid treatment), I feel that the discussion should have been expanded, with a better use of the available publications and a discussion of current controversies.

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SIR, As Dr Verstraeten indicates studies of bone mass at different anatomical sites in rheumatoid arthritis have produced conflicting results, and we stated this in our report. It was not our purpose to write an exhaustive review of published work but to highlight some of the inconsistencies, which are, quite naturally, open to various interpretations. We reported our own measurements of appendicular bone mass in three different polyarthropathies and considered these to be of interest. Dr Verstraeten's comments on corticosteroid treated patients do not really apply in this context owing to the deliberate exclusion of such patients from our study.

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Correction: Combined suppressive drug treatment in severe refractory rheumatoid disease: an analysis of the relative effects of parenteral methylprednisolone, cyclophosphamide, and sodium aurothiomalate. In the paper by Drs M Walters and M I D Cawley (*Ann Rheum Dis* 1988; **47**: 924-9) we regret that the first line of the second paragraph of the Discussion was omitted. The first sentence of this paragraph should have read 'The mode of action of both gold and MP in this situation is not clear'.