Encore

Osteoporosis and calcium supplementation
Women who take calcium supplements within the first five years of their menopause exert no effect on their bone loss, but beyond that time they significantly reduce bone loss from their hip and radius but less so from the spine. Calcium citrate malate was more effective than calcium carbonate.
N Engl J Med 1990; **323**: 878–83.

Osteoporosis and disturbances of ovulation
The *New England Journal of Medicine* publishes many articles on osteoporosis reflecting the current great interest in the subject. A study of premenopausal women with asymptomatic disturbances of ovulation showed that they lose spinal bone density whether they exercise or not.
N Engl J Med 1991; **323**: 1221–7.

Fraudulent drug registration
The *Lancet* has recently drawn attention to the uncovering by the Bundesgesvudheitsant (the German drug administration) of a large number of attempts by the use of forged documents to obtain drug registration. They were generic products and the results used to back up the potential registrations were just too good to be true. This makes for grim reading.
Lancet 1991; **337**: 968.

Hip replacement and bone grafting
Sometimes it is necessary when carrying out hip arthroplasty in rheumatoid arthritis to use a bone graft for acetabular protrusion. How well do they last? Very well apparently, and without major complications.
Acta Orthop Scand 1991; **62**: 110–2.

The joint and walking
In a study of over 5000 patients aged over 45 from Sweden a third were found to have longlasting joint complaints: 14% had degenerative joint disease and over 2% had inflammatory joint problems with all that that implies for walking disability. It is going to get worse. *Acta Orthop Scand* 1991; **62** (suppl 241): 6–9.

How does sulphasalazine work in rheumatoid arthritis?
That sulphasalazine is an effective drug in rheumatoid arthritis is no longer open to doubt, but how does it work? It looks as if it might be by its action in stopping endothelial cell proliferation in new blood vessels in the synovium.
J Rheumatol 1991; **18**: 199–202.

Systemic lupus erythematosus and nephritis
When patients with systemic lupus erythematosus have persistent rheumatoid arthritis-like symptoms they are less likely to develop nephritis than those who have no arthralgia. Are they a genetically identified subset bearing the HLA-DR4 allele?
J Rheumatol 1991; **18**: 223–9.

Non-steroidal anti-inflammatory drugs (NSAIDs) and osteoarthritis
Because osteoarthritis is so often (but not always) associated with pain patients with the disease are given NSAIDs to try to control it. This may well be positively harmful, as has repeatedly been emphasised, but still we do it. Should we not grapple with this problem head on?
J Rheumatol 1991; **18** (suppl 27): 120–1.

Survival of total knee arthroplasty
The Mayo Clinic analysed survival of total knee arthroplasty in 9200 operations. The implant was 97% likely to be still in situ at both five and 10 years if the following criteria were present: that the patient was over 60 years of age, had rheumatoid arthritis, had a total knee arthroplasty, and a condylar prosthesis was used with a metal backed tibial component.
J Bone Joint Surg [Am] 1991; **73**: 397–409.

Arthritis and human immunodeficiency virus (HIV) infection
We are becoming uncomfortably aware that patients infected with HIV may develop arthritis. Nearly 2% have Reiter's syndrome and a similar percentage psoriatic arthritis. In fact over one tenth have arthritic symptoms and this seems to occur when the disease is well advanced and progressive. Its development is likely to be associated with a poor prognosis.
Arthritis Rheum 1991; **34**: 257–63.

Hospital costs
With the current reorganisation of Britain's National Health Service the pressures to reduce the average length of stay are ever increasing. Fair enough you might say, but recent evidence from the US suggests that cost containment by this means has just about reached its limit: after this with any further reductions achieved hospital costs begin to rise.
N Engl J Med 1991; **324**: 1037–42.

Publication bias
A recent leader in the *Lancet* draws attention to undoubted publication bias: those papers that show statistically significant results are more likely to be published than negative studies and also are more likely to engender a great number of publications in prestigious journals. Nevertheless, negative studies may be very valuable and if reputable should they not also be published?
Lancet 1991; **337**: 867–72.

Treatment of rheumatoid arthritis with monoclonal antibody
Large numbers of T lymphocytes, including the CD4+ T helper/inducer cell subset, infiltrate the synovium in rheumatoid arthritis. Treatment with an anti-CD4 monoclonal antibody drastically depleted the numbers of CD4+ cells and induced a remission of the disease. Whether this is long lasting remains to be seen and it is not without some unpleasant side effects, but immunosuppressive therapy certainly seems worth looking at.
Arthritis Rheum 1991; **34**: 129–40.

Polymyositis and T lymphocytes
In polymyositis muscle fibres are attacked by CD8+ cytotoxic T cells. They most commonly use the α/β T cell receptor for recognition of the antigen, but a patient has been described recently in whom the T cells expressed the much rarer γ/δ receptor. These recognise heat shock proteins incidentally. In other words, polymyositis is a heterogeneous group of disorders.
N Engl J Med 1991; **324**: 877–81.

Osteonecrosis of the knee
This has been deemed to have a poor prognosis and a recent Swedish study confirmed this. Most did poorly and went on to develop osteoarthritis and a quarter eventually required an operation.
Acta Orthop Scand 1991; **62**: 19–23.

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