of depressive symptoms over time were lacking, and methodological issues prevented conclusive assessment of the predictors of depression; therefore, the authors call for future research in these areas, and, furthermore, on the negative effect of disfigurement in these patients.

The authors recommend routine screening for depression in patients with SSc.

**Original article** Thombs BD *et al.* (2007) Depression in patients with systemic sclerosis: a systematic review of the evidence. *Arthritis Rheum* **57:** 1089–1097

## Validation of an accurate and reliable radiographic scoring system for chronic gout

Radiographic scoring of articular damage is useful for evaluating disease progression and response to treatment in patients with rheumatic diseases; currently, however, there is no validated radiographic scoring system for patients with chronic gout. Dalbeth and colleagues tested a variety of radiographic scoring systems against a consensus global score, and the method with the highest correlation with the consensus global score was evaluated for reproducibility and discriminatory accuracy.

The authors obtained radiographs of 95 proximal interphalangeal joints from 12 patients with chronic gout (median disease duration 17.5 years, range 3–38 years). These were scored by three different rheumatologists on a scale from 0 (normal) to 10 (extremely abnormal); the mean score formed the consensus global score. The same joints were then scored using the Sharp/van der Heijde erosion, Sharp/van der Heijde joint space narrowing, Ratingen destruction and Steinbrocker global scores. A combination of the Sharp/van der Heijde erosion and joint space narrowing scores showed the greatest correlation with the consensus global score ($P < 0.001$).

This combined scoring system was then used to score hand and foot joints (including distal interphalangeal joints) in 35 different patients with chronic gout (median disease duration 16 years, range 1–46 years). The results were found to be highly reliable; the intraclass correlation coefficients for intraobserver and interobserver reproducibility were 0.993–0.998 and 0.963–0.966, respectively. In addition, the modified Sharp/van der Heijde score discriminated between early and late disease.

**Original article** Dalbeth N *et al.* (2007) Validation of a radiographic damage index in chronic gout. *Arthritis Rheum* **57:** 1067–1073

## Diagnosis of true osteoporotic vertebral fractures in men

Osteoporotic vertebral fractures (VF) occur in both sexes, but few studies have investigated the condition in men. In spinal radiographs, VF and non-osteoporotic vertebral deformities can appear similar. The latter are more common in men, making differential diagnosis potentially more problematic.

Quantitative or semiquantitative methods are used to identify short vertebral height; however, these cannot differentiate between height decline caused by osteoporotic VF and developmentally short vertebrae, normal variants, degenerative modeling or long-standing reduced height related to an earlier traumatic event. Ferrar *et al.* compared the differential diagnostic ability of a semiquantitative method, a triage-quantitative morphometric method and an algorithm-based qualitative assessment (ABQ) in 732 men aged >65 years. ABQ primarily identifies osteoporotic vertebral fracture at the baseline examination when there is evidence of central endplate depression, with no minimum threshold for reduction in vertebral height.

The ABQ method identified VF in 10% of the men, compared with 13% and 11% for the semiquantitative and the triage-quantitative morphometric methods, respectively. Much of the discordance between methods occurred because the ABQ method classified some cases of VF identified by the other two methods as mild thoracic wedging or possible traumatic VF. The accuracy of the ABQ method was confirmed by measurements of mean bone mineral density. Densities were significantly lower in men diagnosed by ABQ as having true osteoporotic VF than in men with other spinal deformities.

The authors conclude that the ABQ method could be used in men to accurately diagnose true vertebral fractures related to osteoporosis.

**Original article** Ferrar L *et al.* (2007) Identification of vertebral fracture and non-osteoporotic short vertebral height in men: the MrOS Study. *J Bone Miner Res* **22:** 1434–1441