A major challenge is to evaluate the severity of the disease and its impact on patients' lives so that appropriate treatment and interventions can be implemented. Comprehensive assessments need to monitor disease activity, the extent of accumulated tissue damage and health-related quality of life (HRQOL). Various questionnaires validated for other conditions are used currently, but none of these are specific for SLE; they miss important features of the disease and they include irrelevant questions.

McElhone *et al*. set out to devise an SLE-specific HRQOL questionnaire. The items and response scale used were generated by patients as the primary source in a series of semi-structured interviews. The draft questionnaire was then reviewed by an expert panel, revised, subjected to patient evaluation and feedback and then rigorously checked for validity and reliability.

The resulting HRQOL instrument, the LupusQoL, is confirmed as valid and reliable, and has 34 questions categorised into eight domains or themes—physical health, emotional health, body image, pain, planning, fatigue, intimate relationships and burden to others.

Original article McElhone K *et al*. (2007) Development and validation of a disease-specific health-related quality of life measure, the LupusQoL, for adults with systemic lupus erythematosus. *Arthritis Rheum* **57:** 972–979

A short questionnaire to assess physical function in children with JIA

The Childhood Health Assessment Questionnaire (C-HAQ), a 52-question measure of physical function in juvenile idiopathic arthritis (JIA), is widely used in clinical trials but has not been routinely adopted in clinical practice, possibly because of its length and complexity. To address this issue, researchers in Italy have devised and validated a simplified, 15-question instrument—the Juvenile Arthritis Functionality Scale (JAFS)—that measures physical function in patients with JIA.

The JAFS questionnaire comprises three groups of five questions, dealing with the lower limbs, hand and wrist, and upper segment. Validation was performed with a group of 211 consecutive patients aged 2.2–18 years who presented with JIA. A parent of each patient completed both the JAFS and the C-HAQ in random order. Correlations with other JIA outcome measures (e.g. physician's and parent's global assessments, swollen and painful joint counts) were higher for the JAFS than for the C-HAQ, and the JAFS was comparable to the C-HAQ in responsiveness and ability to discriminate between Steinbrocker disability classes. The JAFS was preferred by 89 parents (65.4%), the C-HAQ by 40 (29.4%), and 7 parents had no preference.

The authors conclude that the JAFS is a reliable instrument to assess physical function in children with JIA that is suitable for use in clinical practice, and might also be useful in trials.

Original article Filocamo G *et al*. (2007) Development and validation of a new short and simple measure of physical function for juvenile idiopathic arthritis. *Arthritis Rheum* **57:** 913–920

Gout is associated with increased overall and cardiovascular-related mortality

Gout is associated with several features that tend to reduce survival (e.g. insulin resistance and obesity), and has recently been shown to significantly increase the risk of acute myocardial infarction (MI); however, no prospective data exist that demonstrate gout to be an independent risk factor for mortality. Choi and Curhan, therefore, performed a prospective evaluation of gout and its associated risk of mortality.

The analysis included data from 51,297 male participants of the Health Professionals Follow-Up Study. History and current status of gout and coronary heart disease (CHD) were obtained at baseline, with new cases of gout and incidents of MI identified through biennial self-report. All deaths were recorded as being caused by CHD, cardiovascular disease (CVD), or by other causes.

In men with a history of gout and no CHD history at baseline, the multivariate relative risks (RR) of all-cause death, CVD deaths and fatal CHD (compared with men without history of gout at baseline) were 1.28, 1.38 and 1.55, respectively. In men with history of gout and pre-existing CHD, the corresponding RRs of all-cause death, CVD death and fatal CHD were 1.25, 1.26 and 1.24, respectively. Participants with gout had an increased risk of nonfatal MI compared with those without gout (RR 1.59, 95% CI 1.04–2.41).