

adrenomedullin levels of SLE patients to increased production, rather than to reduced renal clearance.

Mak and colleagues speculate that adrenomedullin might alleviate lupus nephritis: this protein could have antiproliferative and anti-inflammatory effects that suppress the pathologic processes triggered by immune damage to glomeruli.

Original article Mak A *et al.* (2006) Adrenomedullin—a potential disease activity marker and suppressor of nephritis activity in systemic lupus erythematosus. *Rheumatology* 45: 1266–1272

Sex-specific differences in patients with RA

Rheumatoid arthritis (RA) affects three times more women than men, and it is possible that sex-related differences in RA disease manifestations might also exist. Jawaheer and colleagues, therefore, conducted a study to detect differences in clinical, demographic and genetic factors between male and female patients with RA.

The study assessed 1,004 patients with RA, from 467 white, multigenerational families recruited by the North American RA Consortium. Male patients had a later onset of RA than female patients, but they were also more likely to have a history of smoking, extra-articular manifestations, higher frequencies of the HLADRB1 shared epitope and the DRB*0401 allele, and be seropositive for rheumatoid factor and antibodies to cyclic citrullinated peptides (CCP), than female patients. Women with RA who had an affected brother had higher titers of antibodies to CCP, more-severe disease, and higher frequencies of the HLADRB1 shared epitope and the DRB*0401 allele than female patients without an affected brother. These findings indicate that high titers of antibodies to CCP are a feature of RA families with an affected male, rather than an inherent feature of males with RA.

Enrollment of families in the North American RA Consortium meant that only patients with severe disease were included in this study. In addition, the sex differences observed might be specific to familial RA. Further studies to identify sex-specific differences in RA are justified.

Original article Jawaheer D *et al.* (2006) Influence of male sex on disease phenotype in familial rheumatoid arthritis. *Arthritis Rheum* 54: 3087–3094

Pamidronate relieves the pain of osteoporotic vertebral compression fractures

A study in France has found that pamidronate (a bone antiresorptive agent) provides rapid and sustained pain relief in patients with osteoporotic vertebral compression fractures (VCFs), although the mechanism underlying this analgesic effect remains unclear. Few treatments for the acute back pain caused by VCFs have previously been studied, and strong analgesics are commonly administered, although they are poorly tolerated by some patients.

This 30-day, double-blind, randomized, placebo-controlled trial enrolled 32 patients with a recent osteoporotic vertebral compression, and acute pain of <21 days' duration. In total, 16 patients received intravenous pamidronate 30 mg on three consecutive days, and 16 patients received placebo. Both groups received concomitant treatment with paracetamol 1 g three times daily and were advised to rest. Patients who had been taking bisphosphonates, raloxifene or estrogen-replacement therapy for ≥ 3 months before enrollment continued such treatment.

On day 7, the mean decrease in standing pain (evaluated by a visual analog 0–100 mm scale) was 42 mm in the treatment group, compared with 23 mm in the placebo group. More patients achieved 20% and 50% reductions in standing pain on days 7 and 30 in the pamidronate-treated group, compared with the placebo-treated group. Only two patients experienced fever and transient muscle pain associated with pamidronate infusions.

The authors conclude that pamidronate provides effective and well-tolerated pain relief for osteoporotic VCFs, and might also help to prevent further vertebral fractures.

Original article Armingeat T *et al.* (2006) Intravenous pamidronate for pain relief in recent osteoporotic vertebral compression fracture: a randomized double-blind controlled study. *Osteoporos Int* 17: 1659–1665

Anterior uveitis in patients with spondyloarthropathies

Anterior uveitis is common in patients with spondyloarthropathies; for instance, it can affect up to 40% of patients with ankylosing spondylitis (AS). It has previously been associated with