at baseline showed significantly greater cartilage loss in the medial compartment, but to a lesser extent following treatment with licofelone than with naproxen, suggesting a protective effect of licofelone in this patient group at high risk of disease progression.

The results of this study show that quantitative MRI is superior to X-ray in assessing the disease-modifying effects of drug treatment in patients with knee OA and cartilage loss in the different anatomical regions of the knee.

Original article Raynauld JP *et al.* (2008) Protective effects of licofelone, a 5-lipoxygenase and cyclooxygenase inhibitor, versus naproxen on cartilage loss in knee osteoarthritis: a first multi-centre clinical trial using quantitative MRI. *Ann Rheum Dis* [doi:10.1136/ard.2008.088732]

Revised MRI criteria needed for juvenile osteochondritis dissecans lesions

The juvenile and adult forms of osteochondritis dissecans (OCD) of the knee have distinct clinical courses and variable prognoses. The stability of OCD lesions, determined by MRI, is the most important factor for predicting healing after conservative surgery; however, a recent study by Kijowski and colleagues has shown that existing criteria for defining instability have a high specificity for adult, but not juvenile, OCD lesions (100% [95% CI 81–100%] vs 11% [95% CI 1–33%]; $P<0.001$).

Using arthroscopic findings as the reference standard, radiologists retrospectively analyzed MRI findings in 65 patients who were classified as having juvenile ($n=32$) or adult ($n=33$) OCD on the basis of skeletal maturity. The existing MRI criteria, namely the presence of a rim of high T2 signal intensity, surrounding cysts, a high T2 signal intensity cartilage fracture line and a fluid-filled osteochondral defect, were useful in distinguishing stable and unstable adult OCD lesions. By contrast, the secondary MRI findings of a rim of fluid signal intensity, multiple breaks in the subchondral bone plate and an outer rim of low T2 signal intensity were highly sensitive and specific for instability in juvenile OCD lesions with a high-intensity T2 signal rim.

The authors argue that controversy over the best method for assessing patients with OCD has arisen from a failure to distinguish between the juvenile and adult forms of the disease, and that revised criteria, selected on the basis of skeletal maturity, could improve the usefulness of MRI for assessing OCD lesions.

Original article Kijowski R *et al.* (2008) Juvenile versus adult osteochondritis dissecans of the knee: appropriate MR imaging criteria for instability. *Radiology* **248:** 571–578

Bazedoxifene reduces the risk of fracture in women with postmenopausal osteoporosis

Pharmacologic agents for postmenopausal osteoporosis aim to prevent the incidence of fractures by maintaining or increasing bone mineral density (BMD) and decreasing the rate of bone turnover. The novel selective estrogen receptor modulator bazedoxifene has been shown to achieve these goals in clinical studies of healthy postmenopausal women with normal or low BMD; Silverman and colleagues have now reported that bazedoxifene is safe and effective in postmenopausal women with osteoporosis.

The study enrolled women aged 55–85 years with osteoporosis who were randomly allocated to receive bazedoxifene 20 mg ($n=1,886$), bazedoxifene 40 mg ($n=1,872$), raloxifene 60 mg ($n=1,849$) or placebo ($n=1,885$) once daily. After 36 months, the incidence of new vertebral fracture was lower in all treatment groups compared with placebo ($P<0.05$). No significant differences in the incidence of new vertebral fractures or nonvertebral osteoporosis-related fractures were observed among the treatment groups. Compared with placebo, both dosages of bazedoxifene resulted in significant increases in BMD of the hip and spine ($P<0.001$) and reduced serum levels of the bone turnover markers osteocalcin and type-1 collagen C-telopeptide ($P<0.001$). These effects were similar to those seen with raloxifene treatment; however, in a subgroup of patients at higher risk of fracture, bazedoxifene 20 mg reduced the risk of nonvertebral fracture by 50% and 44% relative to placebo ($P=0.02$) and raloxifene ($P=0.05$), respectively.

Overall, bazedoxifene was well tolerated over the study period, and could represent a promising therapeutic option in women with postmenopausal osteoporosis.

Original article Silverman SL *et al.* (2008) Efficacy of bazedoxifene in reducing new vertebral fracture risk in postmenopausal women with osteoporosis: results from a 3-year, randomized, placebo- and active-controlled clinical trial. *J Bone Miner Res* [doi: 10.1359/jbmr.080710]