

## IN BRIEF

## CONNECTIVE TISSUE DISEASES

Four “new-generation” enzyme immunoassays for detecting antibodies against double-stranded (ds) DNA could replace more traditional diagnostic screening tests for connective tissue diseases. The sensitivity and specificity of the newer tests, which use distinct antigenic DNA sources—synthetic oligonucleotide, circular plasmid, or recombinant or purified extract—were compared with those of the more traditional Farr assay and *Crithidia luciliae* assay in sera of patients with systemic lupus erythematosus and other connective tissue diseases. Not only were the newer assays more sensitive than the older assays for detecting anti-dsDNA antibodies in these patients, but, with the exception of synthetic oligonucleotide, they were also more specific for anti-dsDNA antibodies.

**Original article** Antico, A. *et al.* Diagnosing systemic lupus erythematosus: new-generation immunoassays for measurement of anti-dsDNA antibodies are an effective alternative to the Farr technique and the *Crithidia luciliae* immunofluorescence test. *Lupus* doi:10.1177/0961203310362995

A study from the UK suggests that atorvastatin is no better than placebo for improving endothelial dysfunction in patients with systemic sclerosis. Thirty-six patients were randomly assigned to receive 20 mg per day atorvastatin or placebo for 8 weeks. The researchers found no differences between the groups in the primary outcome measure of endothelial-dependent vasodilation or in secondary outcome measures such as microvascular structure. They suggest that future studies should be of longer duration and conducted in patients with early disease who might not have irreversible structural damage.

**Original article** Sadik, H.Y. *et al.* Lack of effect of 8 weeks atorvastatin on microvascular endothelial function in patients with systemic sclerosis. *Rheumatology (Oxford)* doi:10.1093/rheumatology/keq003

## THERAPY

The findings of a multicenter study suggest that cognitive behavioral therapy combined with “best practice” management advice could be an effective, low-cost option for the treatment of low back pain. Following an initial active management consultation, 701 patients with chronic or subacute low back pain were randomly assigned to receive further assessments and up to six sessions of group cognitive behavioral therapy, or no further intervention. At 12-month follow-up, the investigators noted considerable improvements from baseline in Roland Morris disability questionnaire scores and in modified von Korff disability and pain scores in the intervention group compared with controls.

**Original article** Lamb, S. E. *et al.* Group cognitive behavioural treatment for low-back pain in primary care: a randomised controlled trial and cost-effective analysis. *Lancet* 375, 916–923 (2010)