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IN BRIEF

OSTEOARTHRITIS

MRI detects OA-like features 'in absence of OA'

In 631 (89%) of 710 people aged >50 years, all of whom had no radiographic evidence of knee osteoarthritis (OA) and only 29% of whom had experienced knee pain in the past month, MRI detected features that are suggestive of knee OA. Most frequent among these 'abnormalities' were osteophytes (detected in 74% of participants), followed by cartilage damage (69%) and bone marrow lesions (52%). The prevalence of all such abnormalities correlated with increasing age and was not associated with BMI.

Original article Guermazi, A. *et al.* Prevalence of abnormalities in knees detected by MRI in adults without knee osteoarthritis: population based observational study (Framingham Osteoarthritis Study). *BMJ* doi:10.1136/bmj.e5339

SPONDYLOARTHRITIS

Causes and consequences of switching biologic therapies

Among Danish patients ($n = 1,436$) receiving TNF inhibitors for ankylosing spondylitis in routine care, 30% switched to a second drug and 10% switched to a third biologic agent. Median drug survival times for these first, second and third treatments were 3.1, 1.6 and 1.8 years, respectively, regardless of switching. Women were more likely to switch than men, and switching was more frequent in those with highest disease activity at initiation of therapy. 63% of those who did not change drug responded to therapy after 2 years, compared with 52% of those who switched.

Original article Gllintborg, B. *et al.* Clinical response, drug survival and predictors thereof in 432 ankylosing spondylitis patients after switching tumour necrosis factor α inhibitor therapy: results from the Danish nationwide DANBIO registry. *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2012-201933

METABOLIC BONE DISEASES

Stick with PTH therapy for postmenopausal osteoporosis

A 6-month open-label extension and 12-month follow-up in 781 women receiving full-length parathyroid hormone, PTH(1–84), has revealed the benefits of adherence to the daily injections. The participants had already received PTH(1–84) for 18 months; treatment over 24 months increased BMD at the lumbar spine by 6.8% above baseline. In those with $\geq 80\%$ adherence to the regimen, however, the increase was 8.3%, as compared with 4.9% in patients with poor adherence. Correspondingly, fewer fractures were sustained by those with greater adherence.

Original article Black, D. M. *et al.* Improved adherence with PTH(1–84) in an extension trial for 24 months results in enhanced BMD gains in the treatment of postmenopausal women with osteoporosis. *Osteoporosis Int.* doi:10.1007/s00198-012-2098-3

CONNECTIVE TISSUE DISEASES

An assay panel for the diagnosis of SLE

Testing for the level of complement C4d on erythrocytes and on B cells, alongside ELISAs for anti-dsDNA antibodies and antinuclear antibodies, provides an index score with 80% sensitivity for systemic lupus erythematosus (SLE). In a multicentre study that enrolled 210 patients with SLE, 178 people with other rheumatic diseases and 205 healthy controls, the specificity for SLE of this score was 87%.

Original article Kalunian, K. C. *et al.* Measurements of cell bound complement activation products enhance diagnostic performance in systemic lupus erythematosus. *Arthritis Rheum.* doi:10.1002/art.34669