Nature Reviews Rheumatology **10**, 512 (2014); published online 5 August 2014;
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IN BRIEF

PAIN

Reconsidering paracetamol for low back pain

The results of a double-blind, randomized, controlled trial of paracetamol for acute low back pain question the efficacy of this universally recommended therapeutic approach. Analysis of patients assigned to receive placebo ($n = 547$) or paracetamol, administered either at regular doses (total 3,990 mg per day; $n = 550$) or as-needed for pain relief (up to 4,000 mg per day, $n = 546$), demonstrated no between-group differences in time until recovery from low back pain in the 3-month follow-up period. Paracetamol was also no better than placebo in improving short-term pain levels, disability, function, sleep quality or quality of life.

Original article Williams, C. M. *et al.* Efficacy of paracetamol for acute low-back pain: a double-blind, randomised controlled trial. *Lancet* doi:10.1016/S0140-6736(14)60805-9

SURGERY

Bisphosphonates reduce risk of revision surgery

In a retrospective cohort study of a registry of Danish patients aged 40 years and older who underwent total joint replacement in 1998–2007, starting therapy with oral bisphosphonates after arthroplasty seemed to improve implant survival. Among bisphosphonate users, 27 out of 1,558 (1.73%) underwent revision surgery during the study follow-up period (median 2.61 years), compared with 399 of 8,966 (4.45%) matched non-users.

Original article Prieto-Alhambra, D. *et al.* Oral bisphosphonate use and total knee/hip implant survival: validation of results in an external population-based cohort. *Arthritis Rheum.* doi:10.1002/art.38789

AUTOIMMUNE DISEASE

Hydroxychloroquine is ineffective for Sjögren syndrome

In a double-blind, parallel-group, placebo-controlled trial, hydroxychloroquine was no more effective than placebo for alleviating the main symptoms of primary Sjögren syndrome over 24 weeks of treatment. The proportion of patients who met the primary endpoint of ≥30% reduction from baseline in two of three scores of dryness of the mouth and eyes, pain and fatigue (measured on a 0–10 analogue scale) did not differ between the hydroxychloroquine group (10 of 56; 17.9%) and the placebo group (11 of 64; 17.2%).

Original article Gottenberg, J. E. *et al.* Effects of hydroxychloroquine on symptomatic improvement in primary Sjögren syndrome: the JOQUER Randomized Clinical Trial. *JAMA* **312**, 249–258 (2014)

VASCULITIS DISORDERS

Re-treat relapses of AAV with rituximab

As part of the RAVE (rituximab in antineutrophil cytoplasmic antibody–associated vasculitis [AAV]) trial, patients who experienced a severe relapse of disease after achieving remission were eligible for open-label treatment with rituximab and prednisone, regardless of whether remission induction was accomplished with rituximab or with cyclophosphamide followed by azathisoprine. Overall, 23 of 26 (88%) patients who received treatment with rituximab and glucocorticoids for relapse of AAV achieved remission again, and this strategy generally seemed to be safe.

Original article Miloslavsky, E. M. *et al.* Rituximab for the treatment of relapses in ANCA-associated vasculitis. *Arthritis Rheum.* doi:10.1002/art.38788