Outreach

Your Outreach Librarian can help facilitate evidence-based practise for all Rheumatology members of staff, as well as assisting with academic study and research. We can help with literature searching, obtaining journal articles and books, and setting up individual current awareness alerts.

Literature Searching

We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research and introduce you to the health databases access via NHS Evidence.

Critical Appraisal Training

We also offer one-to-one or small group training in literature searching, accessing electronic journals, and critical appraisal/Statistics. These are essential courses that teach how to interpret clinical papers.

Books

Books can be searched for using SWIMS our online catalogue at www.swims.nhs.uk. Books and journals that are not available on site or electronically may be requested from other locations. Please email requests to: thomas.osborne@uhbristol.nhs.uk
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If you require full articles please email me @ Thomas.Osborne@UHBristol.nhs.uk

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Tumour necrosis factor blocking agents and progression of subclinical atherosclerosis in patients with ankylosing spondylitis
Evidence for oesophageal and anorectal involvement in very early systemic sclerosis (VEDOSS): report from a single VEDOSS/EUSTAR centre
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Risk of Incident Diabetes in Patients With Gout: A Cohort Study
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Magnetic Resonance Imaging — Key to Understanding and Monitoring Disease Progression in Spondyloarthritis?
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Systemic Sclerosis Classification: A Rose by Any Other Name Would Smell As Sweet?
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Etiopathogenic Role of Surfactant Protein D in the Clinical and Immunological Expression of Primary Sjögren Syndrome
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Projected Worldwide Disease Burden from Giant Cell Arteritis by 2050
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Obesity Is Associated with Greater Valgus Knee Alignment in Pubertal Children, and Higher Body Mass Index Is Associated with Greater Variability in Knee Alignment in Girls
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Pulmonary Nodular Amyloidosis in Sjögren Syndrome
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Hydroxychloroquine-induced Hyperpigmentation of the Skin
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Spontaneous Bronchopleural Fistula Caused by a Cavitating Rheumatoid Mass
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Spondyloarthritis in African Blacks
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Anti-NMDA Receptor Encephalitis in a Patient with Rheumatoid Arthritis
Full Text (PDF)

Intravenous Immunoglobulin Expands Regulatory T Cells in Autoimmune Rheumatic Disease (Letter)
Full Text (PDF)

Best Practice & Research Clinical Rheumatology –

A public health approach to musculoskeletal health
The role of mechanical stress in the pathogenesis of spondyloarthritis and how to combat it
Genetics of psoriatic arthritis
Preface
Pharmacologic treatment of psoriatic arthritis and axial spondyloarthritis with traditional biologic and non-biologic DMARDs
Epigenetic changes: The missing link
Small-molecule therapeutics in rheumatoid arthritis: Scientific rationale, efficacy and safety
Vagus nerve stimulation: A new bioelectronics approach to treat rheumatoid arthritis?
Treatment of spondyloarthritis beyond TNF-alpha blockade
Concepts of pathogenesis and emerging treatments for inflammatory arthritis – How undifferentiated arthritis evolves into chronic arthritis
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Burden of disability due to musculoskeletal (MSK) disorders
The concept of spondyloarthritis: Where are we now?
Inhibitors of angiogenesis: Ready for prime time?
The role of the gut and microbes in the pathogenesis of spondyloarthritis
Spontaneous, drug-induced, and drug-free remission in peripheral and axial spondyloarthritis
Disease activity measurements and monitoring in psoriatic arthritis and axial spondyloarthritis
Novel imaging modalities in spondyloarthritis
Bone formation in axial spondyloarthritis
Nonpharmacologic therapies in spondyloarthritis
Adverse effects of TNF inhibitors in SpA: Are they different from RA?
Molecular and cellular heterogeneity in the Rheumatoid Arthritis synovium: Clinical correlates of synovitis
Stroma: Fertile soil for inflammation
Mesenchymal stromal cells for treatment of arthritis
Does diabetes modify the effect of FRAX risk factors for predicting major osteoporotic and hip fracture?
A Frailty Index predicts 10-year fracture risk in adults age 25 years and older: results from the Canadian Multicentre Osteoporosis Study (CaMos)

Differences in persistency with teriparatide in patients with osteoporosis according to gender and health care provider

Associations of polymorphisms in the SOST gene and bone mineral density in postmenopausal Chinese Women

Association of stressful life events with accelerated bone loss in older men: the osteoporotic fractures in men (MrOS) study

Cost-effectiveness of training rural providers to identify and treat patients at risk for fragility fractures

Post-fracture pharmacotherapy for women with osteoporotic fracture: analysis of a managed care population in the USA

Estrogen alone or in combination with parathyroid hormone can decrease vertebral MEF2 and sclerostin expression and increase vertebral bone mass in ovariectomized rats

A trabecular plate-like phenotype is overrepresented in Chinese-American versus Caucasian women

Vitamin D insufficiency over 5 years is associated with increased fracture risk—an observational cohort study of elderly women

Bone quality of the newest bone formed after two years of teriparatide therapy in patients who were previously treatment-naïve or on long-term alendronate therapy

Comparison of the effect of 18-month daily teriparatide administration on patients with rheumatoid arthritis and postmenopausal osteoporosis patients


Comparison of the effects of three oral bisphosphonate therapies on the peripheral skeleton in postmenopausal osteoporosis: the TRIO study

Osteocyte control of bone remodeling: is sclerostin a key molecular coordinator of the balanced bone resorption–formation cycles?

Vitamin D and skeletal health in infancy and childhood

Latest relevant Systematic Reviews from the Cochrane Library

If you require full articles, or a more enhanced search of any of the below topics please email me @ Thomas.Osborne@UHBristol.nhs.uk

Uricosuric medications for chronic gout
Alison SR Kydd, Rakhi Seth, Rachelle Buchbinder, Christopher J Edwards and Claire Bombardier

Non-pharmacological interventions for preventing job loss in workers with inflammatory arthritis
Jan L Hoving, Diane Lacaille, Donna M Urquhart, Timo J Hannu, Judith K Sluiter and Monique HW Frings-Dresen

Interventions for tophi in gout
NHS Behind the Headlines

Our health news predictions for 2015

Friday Jan 2 2015

A few days ago we looked at The Guardian’s health news predictions for 2014. So we decided to see if we could better the newspaper’s efforts by providing our own health predictions for 2015…

Behind the Headlines 2014’s Top Five of Top Fives

Wednesday Dec 31 2014

As we move towards the end of the 2014, like all news sources, we fall back on that classic space filler – the list story. So without further ado, here is the official Behind the Headlines Top Five of Top Fives stories of 2014...

Behind the Headlines 2014 Quiz of the Year

Monday Dec 29 2014

In 2014, Behind the Headlines covered more than 500 health stories that made it into the mainstream media. Test your knowledge of 2014’s health news with our month-by-month quiz...

New activity in Uptodate/DynaMed

Tofacitinib safety and risk of herpes zoster in RA (October 2014, MODIFIED November 2014)
The relative safety of tofacitinib, the orally administered Janus kinase inhibitor, was examined in an analysis of data from randomized trials and long-term extension studies involving more than 4700 patients with rheumatoid arthritis (RA) with more than 8000 patient-years of exposure to the drug [12]. The frequency of serious infections, which was stable over time, and the all cause mortality rate were comparable to those previously reported in patients with RA receiving biologic disease-modifying anti-rheumatic drugs (DMARDs). Factors associated with an increased risk of serious infection with tofacitinib use were age, glucocorticoid dose, diabetes, tofacitinib dose, and lymphopenia.

Additional analysis of the trials and extension studies showed that the risk of herpes zoster (HZ) was significantly increased in patients receiving tofacitinib, compared with placebo, especially in older patients and those from Asia [13]. HZ occurred in 5 percent of patients (more than 200 cases) receiving tofacitinib; none involved visceral dissemination or death. (See "Treatment of rheumatoid arthritis resistant to initial DMARD therapy in adults", section on 'Tofacitinib'.)

**Hypogammaglobulinemia following rituximab therapy (November 2014)**

Rituximab, a monoclonal antibody used in the treatment of hematologic malignancies and several autoimmune and rheumatologic disorders, depletes B cells and may cause hypogammaglobulinemia in some patients. Early clinical trials suggested that hypogammaglobulinemia following rituximab administration was transient and not associated with serious infections. However, subsequent reports have described persistent hypogammaglobulinemia associated with significant infections in a small subset of patients. A retrospective review of 19 patients with persistent, symptomatic hypogammaglobulinemia included patients who had received rituximab for periods ranging from one month to four years for hematologic malignancies or autoimmune or rheumatologic disorders [2]. Most patients experienced sinopulmonary infections, but three had enteroviral meningoencephalitis (with one fatality). All but one required immune globulin replacement to prevent infections. Clinicians should be aware of this complication, particularly in patients receiving multiple courses of rituximab, although risk factors for and incidence of hypogammaglobulinemia remain poorly defined. (See "Secondary immunodeficiency induced by drugs and biologics", section on 'Hypogammaglobulinemia'.)

**Cytoplasmic 5'-nucleotidase 1A (cN1A) antibodies in inclusion body myositis (November 2014)**

There are no definitive diagnostic laboratory tests for inclusion body myositis. However, testing for autoantibodies directed against cytoplasmic 5'-nucleotidase 1A (cN1A) may be helpful in establishing the diagnosis of inclusion body myositis (IBM). A study evaluated the diagnostic performance of IgM, IgA, and IgG anticN1A serum antibodies detected by enzyme linked immunosorbent assay (ELISA) in 205 patients, 50 of whom had IBM [4]. A combination assay of all three autoantibody levels resulted in a sensitivity and specificity of 76 and 91 percent, respectively. This assay is not yet commercially available and additional studies are needed to confirm the diagnostic utility of such testing. (See "Clinical manifestations and diagnosis of inclusion body myositis", section on 'Laboratory testing'.)

**Abatacept in patients with proliferative lupus nephritis (November 2014)**
CTLA4-Ig (abatacept) is a fusion protein that competitively inhibits CD28-B7 T cell costimulation. In the Abatacept and Cyclophosphamide Combination Efficacy and Safety Study (ACCESS), 134 patients with proliferative lupus nephritis (half also had membranous lupus) were treated with cyclophosphamide and glucocorticoids and were randomly assigned to also receive abatacept or placebo [21]. All patients received azathioprine after the conclusion of cyclophosphamide until week 24. The complete response rate at 24 weeks was 33 percent with abatacept and 31 percent with placebo. The total response rate at 24 weeks (complete or partial) was 59 percent in both groups. At one year, 64 percent of patients in the abatacept group and 68 percent in the placebo group had a complete or partial remission. Adverse events were similar between the two groups. Thus, these data do not support the use of abatacept in the initial treatment of proliferative lupus nephritis. (See “Therapy of diffuse or focal proliferative lupus nephritis”, section on ‘Costimulatory blockade with CTLA4-Ig’.)

**Combination tacrolimus and mycophenolate mofetil in patients with lupus nephritis** (November 2014)

Cyclophosphamide or mycophenolate mofetil (MMF), in combination with glucocorticoids, are the preferred agents for initial therapy in patients with focal or diffuse proliferative lupus nephritis (LN). A “multitarget” regimen that combined tacrolimus, low-dose MMF, and prednisone was compared with high-dose cyclophosphamide and prednisone in 368 Chinese patients with LN [22]. At 24 weeks, the rate of complete remission, defined as 24-hour urine protein excretion of 0.4 g or less, serum albumin of 3.5 g/dL or more, normal serum creatinine, and absence of an active urine sediment, was greater in the multitarget group (46 versus 26 percent) as was the overall response rate (complete or partial remission; 84 versus 63 percent). Serious adverse events, particularly infections, were more common with multitarget therapy (7 versus 3 percent), as was dropout due to adverse events (6 versus 2 percent). The study was limited by the lack of long-term follow-up of kidney function and by the fact that tacrolimus can reduce proteinuria through a hemodynamic mechanism (which may be unrelated to immunologic recovery). Since all of the patients in this trial had a normal serum creatinine at baseline, proteinuria reduction without immunological recovery could have been classified as a remission. Pending further data, we do not advise this multitarget regimen as induction therapy for most patients with proliferative lupus nephritis. (See “Therapy of diffuse or focal proliferative lupus nephritis”, section on ‘Tacrolimus’.)

**Puffy fingers as an early sign of systemic sclerosis (scleroderma) (November 2014)**

Preliminary criteria have been proposed to identify important clinical features of early systemic sclerosis (SSc) that may precede the characteristic skin thickening and internal organ involvement. The prevalence of various clinical and laboratory features was evaluated in a cohort of 469 patients with Raynaud phenomenon (RP), and the presence of puffy, swollen digits was identified as an important feature that should raise suspicion for early SSc [16]. Almost 90 percent of ANA positive patients with RP and puffy swollen digits also had scleroderma-specific autoantibodies and/or a scleroderma pattern on nailfold capillaroscopy, and fulfilled criteria for early SSc. However, validation of the predictive value of these criteria is still needed. (See “Diagnosis and differential diagnosis of
Degenerative joint disease of the knee

bicipartmental knee arthroplasty may not improve knee symptoms or function compared to total knee arthroplasty in patients with knee OA in medial and patellofemoral compartments (J Arthroplasty 2014 Sep)

Degenerative joint disease of the knee

standing anteroposterior and 45 degree posteroanterior radiographic views may have low to moderate sensitivity but high specificity for severe knee osteoarthritis (Arthroscopy 2014 Oct 10 early online)

Degenerative joint disease of the low back

Kineflex-L and CHARITE lumbar total disk replacement devices may have similar treatment success in patients with disk degeneration having total disk replacement (Spine (Phila Pa 1976) 2014 May 20)

Ankylosing spondylitis

review of vaccines and biologics (Ann Rheum Dis 2014 Aug)

Sjogren syndrome

review of vaccines and biologics (Ann Rheum Dis 2014 Aug)

Mixed connective tissue disease

review of vaccines and biologics (Ann Rheum Dis 2014 Aug)

Behcet syndrome

Cochrane review of interventions for oral ulcers in Behcet syndrome (Cochrane Database Syst Rev 2014 Sep 25)

Degenerative

strength training may improve balance
<table>
<thead>
<tr>
<th>Condition</th>
<th>Summary</th>
<th>Date</th>
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<tr>
<td><strong>joint disease of the knee</strong></td>
<td>and reduce risk of falls in older patients with knee OA (Age Ageing 2015 Jan)</td>
<td>02:45:00 PM</td>
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<tr>
<td><strong>Ankylosing spondylitis</strong></td>
<td>sulfasalazine may not improve physical function, pain, or spinal mobility in patients with ankylosing spondylitis (Cochrane Database Syst Rev 2014 Nov 27)</td>
<td>12/17/2014</td>
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<tr>
<td><strong>Gout - prevention of recurrent attacks</strong></td>
<td>benzbromarone may have similar effect on acute gout attacks but lower risk of adverse events compared to probenecid in adults with chronic gout; limited evidence to compare uricosuric drugs to allopurinol (Cochrane Database Syst Rev 2014 Nov 14)</td>
<td>12/08/2014</td>
</tr>
<tr>
<td><strong>Marfan syndrome</strong></td>
<td>atenolol and losartan associated with similar progression of aortic root dilatation in children and young adults with Marfan syndrome (N Engl J Med 2014 Nov 27)</td>
<td>12/08/2014</td>
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Quick Exercise

Select the research design

<table>
<thead>
<tr>
<th>Randomised Controlled Trial</th>
<th>Systematic Review</th>
<th>Cohort Study</th>
<th>Case Control Study</th>
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<tbody>
<tr>
<td>Case Series</td>
<td>Case Report</td>
<td>Cross-Sectional Study</td>
<td>Qualitative</td>
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</table>

New mothers who don’t breast-feed are asked their views on breast-feeding

Children with a fever are given either paracetamol or ibuprofen to determine which is better at reducing the fever

50 young women with viral hepatitis and 50 young women without viral hepatitis were queried about recent ear-piercing to determine if ear piercing is a risk factor for viral hepatitis.

All the evidence on the effectiveness of clinical librarian services in supporting patient care is located, appraised and synthesised

An incidence of deficiency-related rickets in a set of twins aged 10 months is reported in an article

A large-scale population based questionnaire study examining the prevalence of stroke risk factors. Participants were surveyed once.

550 people who smoke cannabis are monitored over 15 years to determine whether they are at a higher risk of developing schizophrenia than people who do not smoke cannabis

An article describes the symptoms and clinical profile of 5 children who presented to an Emergency Department who were suspected to have abdominal epilepsy
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