- 9 Baraliakos X, Brandt J, Listing J, Haibel H, Sorensen H, Rudwaleit M, et al. Outcome of patients with active ankylosing spondylitis after two years of therapy with etanercept: clinical and magnetic resonance imaging data. *Arthritis Rheum* 2005;53:856-63.
- 10 Balint PV, Kane D, Wilson H, McInnes IB, Sturrock RD. Ultrasonography of enthesal insertions in the lower limb in spondyloarthropathy. *Ann Rheum Dis* 2002;61:905-10.
- 11 Cairns AP, Wright SA, Taggart AJ, Coward SM, Wright GD. An open study of pulse pamidronate treatment in severe ankylosing spondylitis, and its effect on biochemical markers of bone turnover. *Ann Rheum Dis* 2005;64:338-9.
- 12 Zochling J, van der Heijde D, Burgos-Vargas R, Collantes E, Davis J, Dijkmans B, et al. ASAS/EULAR recommendations for the management of ankylosing spondylitis. *Ann Rheum Dis* 2006;54:442-52.
- 13 Zochling J, van der Heijde D, Dougados M, Braun J. Current evidence for the management of ankylosing spondylitis: a systematic literature review for the ASAS/EULAR management recommendations in ankylosing spondylitis. *Ann Rheum Dis* 2006;65:423-32.
- 14 Dagfinrud H, Kvein TK, Hagen K. Physiotherapy interventions for ankylosing spondylitis. *Cochrane Database Syst Rev* 2004;(4):CD002822.
- 15 Wanders A, Heijde D, Landewe R, Behier JM, Calin A, Olivieri I, et al. Nonsteroidal anti-inflammatory drugs reduce radiographic progression in patients with ankylosing spondylitis. *Arthritis Rheum* 2005;52:1756-65.
- 16 Chen J, Liu C. Sulphasalazine for ankylosing spondylitis. *Cochrane Database Syst Rev* 2005;(2):CD004800.
- 17 Maksymowych WP, Jhangri GS, Fitzgerald AA, LeClerq S, Chiu P, Yan A, et al. A six-month randomised, controlled, double-blind, dose-response comparison of intravenous pamidronate (60 mg versus 10 mg) in the treatment of nonsteroidal anti-inflammatory drug-refractory ankylosing spondylitis. *Arthritis Rheum* 2002;46:766-73.
- 18 Gorman JD, Sack KE, Davis JC Jr. Treatment of ankylosing spondylitis by inhibition of tumour necrosis factor alpha. *N Engl J Med* 2002;346:1349-56.
- 19 Davis JC Jr, Van Der Heijde D, Braun J, Dougados M, Cush J, Clegg DO, et al. Recombinant human tumour necrosis factor receptor (etanercept) for treating ankylosing spondylitis: a randomised, controlled trial. *Arthritis Rheum* 2003;48:3230-6.
- 20 Calin A, Dijkmans BA, Emery P, Hakala M, Kalden J, Leirisalo-Repo M, et al. Outcomes of a multicentre randomised clinical trial of etanercept to treat ankylosing spondylitis. *Ann Rheum Dis* 2004;63:1594-600.
- 21 Braun J, Brandt J, Listing J, Zink A, Alten R, Golder W, et al. Treatment of active ankylosing spondylitis with infliximab: a randomised controlled multicentre trial. *Lancet* 2002;359:1187-97.
- 22 Van der Heijde D, Dijkmans B, Geusens P, Sieper J, DeWoody K, Williamson P, et al. Efficacy and safety of infliximab in patients with ankylosing spondylitis. Results of a randomised controlled trial (ASSERT). *Arthritis Rheum* 2005;52:582-91.
- 23 Van der Heijde D, Kivitz A, Schiff M, Sieper J, Dijkmans B, Braun J, et al. Adalimumab therapy significantly reduces signs and symptoms in patients with ankylosing spondylitis (AS): results of the ATLAS trial. [abstract] *Rheumatology (Oxford)* 2006;45(suppl 1):OP15.
- 24 Sieper J, Baraliakos X, Listing J, Brandt J, Haibel H, Rudwaleit M, et al. Persistent reduction of spinal inflammation as assessed by magnetic resonance imaging in patients with ankylosing spondylitis after 2 years of treatment with the anti-tumour necrosis factor agent infliximab. *Rheumatology (Oxford)* 2005;44:1525-30.
- 25 Keat A, Barkham N, Bhalla A, Gaffney K, Marzo-Ortega H, Paul S, et al. BSR guidelines for prescribing TNF- α blockers in adults with ankylosing spondylitis. Report of a working party of the British Society for Rheumatology. *Rheumatology (Oxford)* 2005;44:939-47.
- 26 Garrett S, Jenkinson T, Kennedy LG, Whitelock H, Gaisford P, Calin A. A new approach to defining disease status in ankylosing spondylitis: the Bath ankylosing spondylitis disease activity index. *J Rheumatol* 1994;21:2286-91.
- 27 Rudwaleit M, Listing J, Brandt J, Braun J, Sieper J. Prediction of a major clinical response (BASDAI 50) to tumour necrosis factor alpha blockers in ankylosing spondylitis. *Ann Rheum Dis* 2004;63:665-70.
- 28 Quinn MA, Conaghan PG, O'Connor PJ, Karim Z, Greenstein A, Brown A, et al. Very early treatment with infliximab in addition to methotrexate in early, poor-prognosis rheumatoid arthritis reduces magnetic resonance imaging evidence of synovitis and damage, with sustained benefit after infliximab withdrawal: results from a twelve-month randomized, double-blind, placebo-controlled trial. *Arthritis Rheum* 2005;52:27-35.
- 29 Cairns AP, Taggart AJ. Tumour necrosis factor inhibitors: maximizing patient safety. *Rheumatology (Oxford)* 2003;42:188-9.

doi 10.1136/bmj.38954.689583.DE

Health and money

A man in his early 30s was admitted for severe head injury after a fall from height. He was brought to Tribhuvan University Teaching Hospital, a tertiary centre for neurosurgical care. During admission he was hemiplegic and had even lost the power of speech. After surgical intervention, his power over his limbs slowly improved and he began speaking a few words. He and his wife were delighted with his improvement, and he was always eager to greet the surgical team during the morning ward round. After four weeks, the neurosurgical team planned to discharge him, and the patient seemed very happy. The day before his discharge, some of his relatives and neighbours came to visit him and to help take him back to his home village.

The next day the patient, who had been jubilant over his recovery, looked very sad; he did not say a word and soon started crying. When we asked what had happened to him, his wife replied: "Yesterday a few relatives and friends came to meet him, and they said that, during his stay at the hospital, all his property was sold for his treatment; and, although he is alright now, he would have to face difficulties to look after his family of seven. This made him worried since yesterday, and he hasn't even spoken a word to me." Depression was diagnosed, and he spent three more weeks in hospital before he was discharged.

Economic burden has been the main setback of health systems in Nepal and many other areas in the developing world. As most people live below the poverty line and have to pay for their medical

treatment, many cannot afford to seek even primary care. Those who need a hospital stay run out of money within days. Many have to sell the small piece of land (their sole property) which supports their family. Although their disease gets treated, their subsequent rehabilitation is totally uncared for in Nepal so psychiatric problems often arise.

Every morning during the ward rounds, patients always ask if a free bed (less than 1% of the hospital beds) is available or if rather cheaper beds are available. Many patients do not get any care (food and drugs) after they are admitted because they cannot pay for these basic requirements. So ward rounds become economic rounds where patients and their families tell of their poverty and inability to pay for their treatment.

Laxmi Vilas Ghimire *student, Institute of Medicine, Sundhara, Kathmandu, Nepal (laxmivilasg@gmail.com)*

We welcome articles up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. Please submit the article on <http://submit.bmj.com>. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.