alcohol on young people. We, like Mary-Ann McKibben, believe that a voluntary code is an inadequate means of regulating a multimillion pound industry with multiple producers. In addition to tighter controls on alcohol producers there needs to be stricter enforcement of existing laws on the sale of alcohol to young people. Increasing taxation on particular products may offer a further way of influencing young people's alcohol buying behaviour. Such a move should not be confined to the alcopops but should include white ciders, fruit wines, and vodka, which our report showed to be the drinks of choice of many schoolchildren.

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Algorithm to predict radiological erosions in early rheumatoid arthritis

Messages from paper are incorrect

EDITOR,—Paul Brennan and colleagues found that rheumatoid factor, disease lasting longer than three months, the involvement of at least two large joints, and male sex were significant predictors of radiological erosions in patients with arthritis in primary care.¹ The first two findings are consistent with, but the latter two conflict with, previous data. Is this important, and why has it arisen?

Entry criteria—The authors used the American College of Rheumatology's criteria for rheumatoid arthritis. These criteria, however, were not devised or intended to be used for early presentation in hospital, let alone in the community.

Study design—Baseline observations were correlated with radiological findings at roughly one year; thus an existing erosion (which in a community setting may be asymptomatic and unrelated to disease²) was equated with a new erosion. Radiological examination was also performed a variable time after the start of drug treatment (which influences the development of erosions). Finally, clinical features were not validated: in early disease repeated observation may be required to confirm a diagnosis.

Male sex—In table 5 of the authors' paper the entry "No" in the column headed "Male sex" means that there was a positive association with female sex. The one association with male sex shown in this table is incorrect as the paper showed increased radiological damage in women. The paper is said to include all recent studies of over 100 patients. However, the largest paper is cross sectional and cannot relate to prediction, several papers are not confined to early disease, and the well recognised genetic association with erosions is not discussed—nor is a longitudinal study that, consistent with all subsequent longitudinal studies, showed associations between rheumatoid factor, genetic factors, and erosions³ (and validated the previous original observation⁴).

The new element in the algorithm proposed by the authors is the involvement of two large joints. Misleadingly, the authors do not discuss the pathogenic relation in rheumatoid arthritis whereby small joint disease leads sequentially to large joint involvement. "Isolated" large joint disease has a good prognosis; the paper shows that only two of 10 patients with this developed erosive disease.

The new messages from this paper are not only incorrect but possibly harmful to patients. Doctors may think that women have a good prognosis and delay referral until large joints are involved. The more relevant question of whether disability is truly preventable will be answered by interventional studies currently in progress.

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- 1 Brennan P, Harrison B, Barrett E, Chakravarty K, Scott D, Silman A, *et al.* A simple algorithm to predict the development of radiological erosions in patients with early rheumatoid disease: prospective cohort study. *BMJ* 1996;313:471-6. (24 August.)
- 2 Lawrence JS. *Rheumatism in populations*. London: Heinemann Medical, 1977:164.
- 3 Caruso I, Santandrea S, Sarzi Puttini P, Boccassini L, Montrone F, Cazzola M, *et al.* Clinical, laboratory and radiographic features in early rheumatoid arthritis. *J Rheumatol* 1990;17:1263-7.
- 4 Gough AK, Faint JM, Salmon M, Hassell A, Wordsworth P, Pilling D, *et al.* Genetic typing of patients with inflammatory arthritis at presentation is predictive of outcome. *Arthritis Rheum* 1994;37:1166-70.
- 5 Emery P, Salmon M, Bradley H, Wordsworth P, Tunn E, Bacon PA, *et al.* Genetically determined factors as predictors of radiological change in patients with early symmetrical arthritis. *BMJ* 1992;305:1387-9.

Authors' reply

EDITOR,—Paul Emery and colleagues' letter shows several misunderstandings of our study. We agree that the American College of Rheumatology's criteria for rheumatoid arthritis were not devised for early disease and have ourselves questioned their use in epidemiological surveys.¹ In the absence of an alternative, however, we used these criteria to enable comparability with previous studies. Indeed, Emery and colleagues used the criteria in their study.²

The authors suggest that misclassification of new erosions and clinical features might have occurred but do not discuss how this would affect our conclusions. If any substantial misclassification did exist it would tend to be non-differential and to disguise an association—that is, the true relation between clinical features and outcome would be stronger than we detected. Given the design of our study and the training of the metrologists, the extent of any misclassification is likely to have been minimal. Drug treatment was treated as a possible confounder in our study and had no effect on our results.

Emery and colleagues criticise our review of previous studies because many of them are flawed. It was the weakness of previous work that stimulated us to conduct this prospective study in a well defined population. We are aware of the authors' contribution regarding the role of the HLA DRB1 genotype in predicting radiological outcome.³ Our aim, however, was to identify clinical predictors that are routinely measurable at presentation. The HLA DRB1 genotype is not routinely assessed. The reference to male sex is not relevant as this variable was not an independent predictor of erosions or included in the final algorithm.

In two independent samples large joint involvement predicted erosions more strongly than other patterns of joint involvement. We commented on the relation between large joint involvement and small joint erosions in our discussion. We did not refer to "isolated" large joint involvement but instead referred to large joint involvement in the absence of positivity for rheumatoid factor and delayed presentation.

Finally, Emery and colleagues misinterpret our algorithm by suggesting that treatment should be delayed until large joints are involved. This is incorrect. We identified subgroups of patients without large joint involvement but still at high risk of developing erosions. We did not imply that treatment should be withheld from women without large joint involvement. Instead we discussed how decisions about treatment should be made on the basis of current symptoms (for example, disability) and future prognosis. We welcome discussion of the potential limitations and benefits of this algorithm. Emery and colleagues' criticisms are minor and do not affect its validity.

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- 1 MacGregor AJ, Bamber S, Silman AJ. A comparison of the performance of different methods of disease classification for rheumatoid arthritis. Results of an analysis from a nationwide twin study. *J Rheumatol* 1994;21:1420-6.
- 2 Gough AK, Faint JM, Salmon M, Hassell A, Wordsworth P, Pilling D, *et al.* Genetic typing of patients with inflammatory arthritis at presentation is predictive of outcome. *Arthritis Rheum* 1994;37:1166-70.

Health workers and the baby food industry

Subject deserves much more serious consideration

EDITOR,—I was concerned to read the editorial about the baby food industry by R K Anand.¹ I have listened to Anand at two scientific meetings, one about 10 years ago in Bombay and the other just some weeks ago at the Royal Society of Medicine. Neither his discourse nor his subject have changed noticeably in that time, and his editorial is along the same lines. His utterances and writings, including this editorial, are devoid of scientific content and emanate from a narrow, quasipolitical obsession with the infant food industry; he shares this obsession with a fanatical band of activists, a few of them doctors, many of whom came along to the Royal Society of Medicine to cheer.

Ten years ago, in Bombay, I questioned him on the important matter of breast feeding by malnourished mothers. What I said seems to have found its target, since 10 years later at the Royal Society of Medicine he mentioned me by name as one who had "gone round India" saying that malnourished women could not breast feed. Of course I said no such thing. Neither have I "gone round India," except on some pleasurable holidays. The same criticism of me was repeated, I am told, at a lecture at the Institute of Child Health during Anand's recent trip.

Anand's editorial contains 11 references and two personal communications, one from an activist journalist. As far as I can tell, only one of the 11 references would have been peer reviewed, and this was written by fellow activists. One reference is to one page in a book by Swami Vivekananda entitled *Raja-Yoga* and published in Calcutta by Advaita Ashram; I have not been able to trace it. Another is a newspaper article, and another a political pamphlet.

It is pointless trying to answer this editorial in any detail, in the same way that one would make no progress in talking to a Jehovah's Witness about blood transfusion. My sadness that it was