This week in BMJ

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Ankylosing spondylitis and vertebral compression fractures

It is often assumed that the spines of patients with ankylosing spondylitis are mechanically strong because of the formation of new bone in the paraspinal ligaments. A study by Ralston *et al* on p 563 suggests that this is not true. They found evidence of vertebral osteoporosis and compression fractures in 15/108 patients with ankylosing spondylitis. In addition, most of those with fractures had previously been admitted to hospital with severe back pain, which may suggest that fractures had been overlooked until lateral radiography was performed during the study. Compression fractures may also have contributed to spinal deformity as patients with fractures had more severe spinal deformity and less spinal mobility than age matched controls with the same condition.

Coffee consumption and death from coronary heart disease in middle aged Norwegian men and women

The subject of the relation between coffee consumption and coronary heart disease and between coffee consumption and plasma cholesterol concentration has been debated and disputed for at least two decades. The major uncertainty relating to previous published studies has been whether the apparent relation is mediated through correlated lifestyle factors such as stress or intake of total and saturated fat. On p 566 Tverdal *et al* present evidence of increased mortality from coronary heart disease related to high coffee consumption, over and above the cholesterol raising effect of coffee. They allowed for age, smoking, and cholesterol concentration and took other lifestyle factors into account. They analysed the effects of increased coffee consumption in various subgroups and conclude that a potential causal role is weakened by the varying strength of the relation in the different subgroups.

Is angioplasty effective in renovascular hypertension?

Angioplasty has become an accepted treatment for renovascular hypertension, but there have been no randomised trials comparing it with medical or surgical treatment. On p 569 Ramsay and Waller review 10 published case series which included a total of 691 patients treated with angioplasty. They found that inclusion criteria were generally ill defined and definitions of cure and improvement varied widely. Policies on drug treatment, measurement of blood pressure, and follow up were often inadequate. The overall cure rate for hypertension was 24%, but in each series the rate was higher for patients with fibromuscular lesions than for those with atherosclerotic lesions. They conclude that renal artery angioplasty for fibromuscular disease is probably effective but for atherosclerotic lesions the benefit seems to be small and randomised trials are still required.

Association between recombinant human erythropoietin and quality of life and exercise capacity of patients receiving haemodialysis

Recombinant human erythropoietin is given to patients with end stage renal disease to control anaemia. It is thought to improve the general wellbeing of such patients, although several side effects have been reported. The Canadian Erythropoietin Study Group (p 573) has conducted a multicentre trial of the effects of erythropoietin and reports a significant improvement in physical symptoms and fatigue and a moderate increase in tolerance to exercise. At the doses given patients given erythropoietin were more prone to hypertension and clotting of the vascular access than patients given placebo.

INSTRUCTIONS TO AUTHORS

The BMJ has agreed to accept manuscripts prepared in accordance with the Vancouver style (BMJ, 6 February 1988, p 401) and will consider any paper that conforms to the style. More detailed and specific instructions are given below.

The following are the minimum requirements for manuscripts submitted for publication.

Manuscripts will be acknowledged; letters will not be unless a stamped addressed envelope is enclosed.

Authors should give their names and initials, their posts at the time they did the work, and one degree or diploma. All authors must sign their consent to publication.

Three copies should be submitted. If the manuscript is rejected these will be shredded.

Typing should be on one side of the paper, with double spacing between the lines and 5 cm margins at the top and left hand side of the sheet.

Abbreviations should not be used in the text.

SI units are used for scientific measurements, but blood pressure should continue to be expressed in mm Hg.

Statistical procedures should be described in the methods section or supported by references.

References must be in the Vancouver style and their accuracy checked before submission. They should be numbered in the order in which they appear in the text.

Letters to the editor submitted for publication must be signed personally by all authors, who should include one degree or diploma.

The editor reserves the customary right to style and if necessary shorten material accepted for publication and to determine the priority and time of publication.

Detailed instructions are given in the *BMJ* dated 6 January 1990, p 38.