warranted. The findings of this study, taken alongside our previous work, suggest that the association between gout and OA is mediated by local mechanical factors rather than systemic or genetic factors.

**Rheumatology key message**

- OA influences local MSU crystal deposition but does not appear to be a risk factor for the development of gout per se.

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**Letters to the Editor**

We monitored her for months, she sometimes attended, sometimes did not. By the end of a year she was clearly better. I felt triumphant. Clearly the benefit of a concerted effort by the multidisciplinary team, an intervention shown to be effective when managing patients who have chronic unexplained pain.

We overran our clinic appointment time and I booked her to come back within a fortnight. We discussed tablets, physiotherapy, occupational therapy and she seemed happier in herself. We overran our clinic appointment time and I booked her to come back within a fortnight. We discussed tablets, physiotherapy, occupational therapy and she seemed happier in herself.

As a doctor, I reflected on the number of patients ‘healed’ by my evidence-based interventions. But how many times had the patient received other help without my knowledge? How many times had the patient not taken the tablets and yet not told me? How many times had the patient not taken the tablets and yet not told me? How many times had the patient not taken the tablets and yet not told me? How many times had the patient not taken the tablets and yet not told me?

**How much of what we do is iatrocebo?**

SIR, ‘Iatrocebo’ derives from the Greek ‘iatro’ meaning ‘physician, medicine or treatment’ and ‘placebo’ meaning ‘an inert substance given as a medicine for its suggestive effect’. Iatrocebo is defined as ‘an observed therapeutic effect erroneously put down to an evidence-based medical intervention’.

The lady in question presented with an unusual pain syndrome affecting her right hand. She had been seen by several physicians with no clear diagnosis nor successful treatment plan. She was angry and frustrated about her lack of direction and deterioration in functioning, evidenced by her complete inability to play the piano, an instrument she had previously used proficiently. She described how her arpeggios had lost their accuracy, how her writing had changed and how depressed she had got as a result. I listened and examined. I summarized the investigations: normal blood tests, normal nerve conduction studies, normal thermographic images and normal MRI scans of her brain and neck.

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During a recent study, in which we looked at the effect of infliximab on the tuberculin test [5], we had included 82 BS

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**Purified protein derivative reaction is not augmented in Behc¸et’s syndrome patients**

SIR, In a recent position paper about the emerging role of TNF-α antagonists in managing Behçet’s syndrome (BS), the importance of screening BS patients for latent tuberculosis before starting treatment with these agents has been emphasized [1]. This is especially important since in geographies where BS is endemic, the prevalence of tuberculosis is also relatively high. Guidelines recommend screening all patients with a tuberculin test and chest X-ray before starting treatment with TNF-α antagonists [2]. Case reports suggest that false positive results can be obtained with the tuberculin test due to the pathergy phenomenon observed in BS patients [3, 4]. However, this has not been formally surveyed.

During a recent study, in which we looked at the effect of infliximab on the tuberculin test [5], we had included 82 BS