agents such as the bisphosphonates when using corticosteroids in younger individuals [8]. The report by Hickling et al. [4] suggests that the use of 7.5 mg/day of corticosteroids is not a problem and not associated with long-term problems.

In conclusion, the discussion on the efficacy and safety of corticosteroids only mirrors similar issues when other anti-rheumatic therapies are thoroughly reviewed. It is interesting to note that while fewer and fewer rheumatologists are using gold and D-penicillamine, they continue to use corticosteroids in most of their patients with severe RA. Their efficacy appears even better when used in combination with DMARDs.

The major issue for this editor is not whether they work, but how I can best use them as safely as possible. Clinical use has already shown that they are efficacious and now they appear to be disease modifying.

D. E. Yocum
Arizona Arthritis Center, University of Arizona Health Sciences Center, Tucson, AZ 85724, USA

REFERENCES
1. International Rheumatoid Arthritis Disease Management Group. Management of rheumatoid arthritis: Data base from criticism to creativity: the genesis of the ARC/BSR clinical trials group

FROM CRITICISM TO CREATIVITY: THE GENESIS OF THE ARC/BSR CLINICAL TRIALS GROUP

Many of us suffer the pressures of working in isolation, and regularly contemplate the nature of the evidence which drives our clinical practice. The benchmark for evaluation of management strategies in clinical medicine is the randomized controlled trial, and ideas for such trials regularly arise during busy clinical practice. However, the translation from these ideas to the design, execution, analysis and publication of the finished product is a difficult task, and one where the busy clinician is limited by lack of time, resources, and a supporting infrastructure—a view eloquently expressed by Professor Ian Haslock in a letter to the British Journal of Rheumatology [1].

This cri de coeur initiated a series of debates within the Research Subcommittee and Scientific Coordinating Committee of the Arthritis Research Campaign, leading to the formation of an ARC Think Tank on clinical trials. This group took advice from many sources, including members of the Medical Research Council who have considerable expertise in multicentred randomized trials and now an accepted base for much of haematological and oncological practice.

In recognition of the difficulties encountered by the clinical rheumatologists in the UK, a combined response from the ARC and BSR led to the evolution of a structure of support incorporating the skills of relevant professional bodies to promote clinical research on a multicentre basis, with a national direction. The ultimate objective is to enable the clinicians throughout the UK to network together and participate in clinical trials relevant to the spectrum of rheumatic diseases both common and rare. The product of these deliberations was the ARC/BSR Clinical Trials Group, which has now been “pump-primed” with a £1.5 million budget from the ARC.

We believe that the current membership of the group incorporates the appropriate expertise, including clinical trials methodology, health services research and rheumatology, in order to set up and oversee the venture. All members of the BSR will shortly receive a letter outlining the purpose of the group and how it will facilitate multicentre trials. A request will be made for members to define two key questions which need to be addressed in rheumatological practice and to provide an outline proposal giving brief details of the objectives, methodology and background. Proposals received will be prioritzed using a Delphi approach (the postal request for questions followed by an analysis of the complete response after anonymization), followed by a nominal group process involving the ARC/BSR Clinical Trials Committee in which an explicit ranking of proposals will be undertaken. It is envisaged that 2–3 programmes will be supported during 1999. When the programmes have been identified, the group will
provide active support facilitating the integration of investigators and defining key investigators who will drive each proposal. The BSR in particular will assist specialist registrars in training who would be eager to join such initiatives.

This initiative represents a major commitment by both the ARC and BSR to promote directly clinically relevant research in our speciality. We encourage you to take part in this important venture, which we believe will benefit the busy clinician and our speciality, develop a ‘research ethos’ for our trainees and promote the highest quality of care to rheumatology patients.

D. R. Blake, B. Hazleman, C. Cooper, D. Isenberg and R. L. Edwards

The Royal National Hospital for Rheumatic Diseases, NHS Trust, Upper Borough Walls, Bath BA1 1RL

Correspondence to: D. R. Blake.

Reference