
In the last decade, progress has been made in the treatment of rheumatoid arthritis (RA) patients with a better use of traditional drugs and increased knowledge of underlying mechanisms of inflammation that led to the development of new drugs, the biologicals.

However, RA is still a chronic disease without definite cure. Therefore—and this is recognized by Omeract—more attention is paid to patient-centred outcomes. Patient's perception of disease is recognized as an important issue and does not always correspond with the physician's perception of disease severity. Moreover, active coping with chronic disease seems to improve the patient's well-being.

In this context, the present booklet, written by a woman who started to train as an occupational therapist after a diagnosis of RA was made, helps to better understand the patient's perception of disease and related problems. As her diagnosis was delayed for years, she was already confronted with major destructions and decreased functional capacities, which is reflected in the focus on occupational therapy, exercises with damaged joints and adaptations in this book.

This makes this work perhaps less suitable for patients in a very early phase or without major destructions, although active coping is also highlighted as beneficial. Less attention is given to early intensive treatment strategies and patient education in the early-disease phase.

The content is very well-balanced between theory and a 'personal scenario' and confirms the need for a multidisciplinary approach. As such, this work is very useful for healthcare providers in rheumatology, also for rheumatologists, and will help not to forget the patient's perspective of the disease. On the other hand, also patients—especially those in a later-disease phase—and their relatives, will benefit from this overall very positive book.

The author has declared no conflicts of interest.

R. Westhoven


With Fibrosis Research: Methods and Protocols, John Varga, David A. Brenner and Sem H. Phan present another highlight of the successful Methods in Molecular Medicine series. At a time when researchers all over the world are focusing increasingly on the elucidation of the different pathways that lead to fibrosis in various disease entities, the release of such a book is more than overdue both for the molecular biologist and for the translational researcher in the laboratory. The key strength of this book—following the structure of the series—is in providing not only the theoretical background of the mechanisms that finally result in an enhanced and frequently irreversible matrix production, but also the respective technical procedures to address the details of these mechanisms in an easy-to-follow cookbook style. In my personal view, when sitting at the bench the distinct emphasis on the potential pitfalls when following individual laboratory procedures makes this book and the series exceptional.

The book is divided into four parts, beginning with a description of the main diseases resulting from fibrosis or in which fibrosis is the most prominent mechanism; these include predominantly pulmonary and renal fibrosis. Most importantly, one chapter specifically updates the reader on the profibrotic cytokine and growth factor TGF-β as the prototype molecule in fibrosis. The second part addresses cell-dependent matrix production, especially by fibroblasts derived from the target organs, such as the skin, the liver and the lung. In a logical progression from cells to models, the following chapter describes the existing animal models for studying fibrosis, including the process of wound healing. The final chapter addresses the current status and techniques of genomics and genetics in fibrosis research. For most of the current molecular biology-driven approaches in this field, this might constitute the central part of the book, especially as the majority of mesenchymal cells are substantially more difficult to obtain, cultivate and analyse than blood-borne cells.

The duties of a book reviewer include the identification of the shortcomings of a book, but they are hard to find in this exceptional work. The only topic and the only disease that is not addressed as extensively as necessary is systemic sclerosis, but this can easily be overcome in a subsequent second edition.

In summary, this book is a must for the shelf of every researcher and physician interested in fibrotic diseases.

The author has declared no conflicts of interest.

U. Müller-Ladner


The stated purpose of this book is to cover the biological and clinical aspects of metabolic and genetic disorders of the skeleton. Its main focus is clinical. Nonetheless, in the second chapter, the authors attempt the difficult task of complementing the clinical description with a concise update of the most recent achievements in the molecular, cellular and developmental biology of the skeleton and of the molecular mechanisms of the disease.

The remaining chapters deal first with the most common metabolic diseases of the bone (including osteoporosis, osteomalacia, rickets, parathyroid-related bone disease), Paget's disease and bone neoplasia, followed by a detailed description of the less common or rare genetic disorders of the skeleton such as