What is already known on this topic

Multiple myeloma is an important differential diagnosis in patients with suspected osteoporosis as it affects patients of the same age and often causes bone fragility

Monoclonal gammopathy of undetermined significance is a benign disorder, but patients should be monitored for progression to malignancy

What this study adds

One in 20 patients presenting with osteoporosis have an M component in serum

Multiple myeloma is 75 times more common in patients with osteoporosis

Measurement of M component in serum may be particularly important in patients with fragility fractures

common in patients with osteoporosis compared with people with normal bone mineral density or osteopenia, stratifying for bone mineral density within the group with osteoporosis did not provide additional information. The three patients with multiple myeloma, however, all had evidence of established osteoporosis, suggesting that measurement of M component may be informative in this group.

Referral patterns vary between osteoporosis clinics, depending on guidelines and the availability of bone densitometry. In our clinic, 46% of referred patients fulfilled the World Health Organization definition of osteoporosis. This agrees closely with the 41% to 53%[9 10] reported by clinics in the United Kingdom and United States.[11] The most important limitation of our study was that we could not calculate the false negative rate. To do this we would have had to rule out non-secretory myeloma and light chain disease by carrying out skeletal x rays and marrow biopsies in all patients with osteoporosis referred to our clinic. It is possible, however, to estimate the number of false negative tests by extrapolating from Mayo clinic data on the distribution of multiple myeloma subtypes at diagnosis.

The number of patients with multiple myeloma in our study is a conservative estimate, because we did not assess urine Bence-Jones protein. Light chain disease, however, is less common and the expense would be greater. Thus, about 600 urine analyses would be needed to diagnose a single case of light chain multiple myeloma in patients with osteoporosis if 20%[12] of cases of secretory multiple myeloma are of the light chain variant.

We know from other studies that normal bone mineral density does not rule out multiple myeloma,[13 14] but owing to the low prevalence of the disease in referred patients without osteoporosis, we cannot make a strong case for vigilance for M component in the absence of osteoporosis.

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Corrections and clarifications

Short cuts: What's new in the other general journals
We lost a decade somehow when, in the 12 March issue, we cited the reference to the last item ("Review supports more optimistic view of phase I trials in adults with cancer") in this section (*BMJ* 2005;330:561-2). The article about risks and benefits of phase 1 oncology trials was of course published this year, not in 1995. The correct reference is therefore *New England Journal of Medicine* 2005;352:895-904.

Cognitive behaviour therapy for adolescents with chronic fatigue syndrome: randomised controlled trial
In the paper by Maja Stulemeijer and colleagues the drop-out rate from treatment in the group allocated to immediate cognitive behaviour therapy was given as 19% (*BMJ* 2005;330:14-7, 1 Jan). This should have been 17% (6/35). Also, in the footnote to table 4 (full version only) the cut-off score on the fatigue was given as ≥ 35.7. As the paper indicates that patients were considered to be improved if the score was <35.7, reflecting less fatigue, the cut off in the footnote would be better presented as <35.7 to match the presentation in the text.