

L.C. Coates and P.S. Helliwell reply

To the Editor:

We thank Drs. Lubrano and Perrotta for their comments¹ on our paper², and for the new data they provide from their clinic.

Our paper was written to explore disease activity states closer to remission than the published cutoffs for low disease activity³. Clearly it is harder for patients to meet MDA 7/7 than 5/7, and this corresponds to numerically lower values for the Psoriatic Arthritis Disease Activity Score and the Composite Psoriatic Disease Activity Index. However, it must be noted that patients are satisfied with the level of disease activity equivalent to 5/7 MDA, as noted in our paper, an important consideration in treating to target⁴. We agree that further studies are required in relation to radiographic damage progression and complete control of inflammation in patients with PsA. Regarding radiographic data, it is likely that the remission definition of the Disease Activity Index for Psoriatic Arthritis (DAPSA) will be equally relevant. However, we are reluctant to recommend the adoption of the definition of remission for the DAPSA because this measure does not cover all aspects of the disease: a patient may be in remission by the DAPSA criteria and still have active enthesitis and psoriasis⁵.

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