

## Dr. Tebib replies

*To the Editor:*

We thank Roig-Vilaseca and Hoces-Otero<sup>1</sup> for bringing some more weight to our work with concordant clinical conclusions. As suggested by Mäkinen and Hannonen<sup>2</sup>, an effort has to be made to improve our measurement of disease activity in patients with RA and concomitant FM by using a careful clinical examination, which can diagnose FM and lead the clinician not to use a classical tool of disease activity measurement like the DAS28. In this case, clinical experience may help to assess globally the burden of the 2 diseases but suffer from a lack of objectivity. Another possibility could be to create a correction of the DAS28 when FM is present by using the statistical tool, as we suggest, by analysis of both correlation equation<sup>3</sup> when comparing 2 similar populations, as we and Roig-Vilaseca and Hoces-Otero did. However, while this correction could alleviate the problem of overestimation of disease activity, and then allow a stricter adaptation of real inflammatory status to therapeutic strategies, it does not take into account the pain magnification that is increased in FM, leading to the poor tolerance of RA in these patients<sup>2</sup>.

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## REFERENCES

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*J Rheumatol* 2009;36:7; doi:10.3899/jrheum.090172