

Dr. Cardiel replies

To the Editor:

We appreciate these interesting comments from Dr. Abud-Mendoza and colleagues¹. We share their concerns that prevalence studies in general pose a great number of methodological challenges. One of those is having a representative sample of participants to be evaluated. Our country has important social, cultural, and linguistic diversity, so a regional approach seems to be the best initial step to investigate burden of illness. Our study² with a large sample of several regions using a standardized COPCORD methodology provides this initial information, and significant regional variations were detected.

Epidemiology researchers understand that precise estimates on prevalence of musculoskeletal diseases in minorities have additional methodological and practical limitations. Other studies tend to publish prevalence data according to ethnicity. In our region, a new study group has been created, "Gladerpro," the Grupo latinoamericano de estudio de enfermedades reumáticas en pueblos originarios [Latin American study group of rheumatic diseases in native groups]. There are several ongoing projects combining epidemiology, anthropology, and genetic components. The same COPCORD core questionnaire has been translated into several native languages

in Venezuela, Argentina, and Mexico. We are sure that this approach will answer some of the issues raised by Dr. Abud-Mendoza, *et al.*

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