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 numer-
ically 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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