

Letter

**Extraarticular Manifestations and Comorbidities
in Patients With Rheumatoid Arthritis**

To the Editor:


We read with great interest the article by Gunderson et al, which reported the multimorbidity burden in rheumatoid arthritis (RA).¹ We appreciate that the authors estimated comorbidities in RA with a novel perspective, thus giving us a chance to further clarify the RA patient complexity. We would like, however, to discuss some key points.


First, in this article,¹ rheumatic disease (ie, RA) and its extra-articular manifestations (eg, interstitial lung disease, secondary Sjögren syndrome, vasculitis) were not included as comorbidities. We suggest that the authors take Felty syndrome (FS) into account² because FS is characterized by the triad of seropositive RA with destructive joint involvement, splenomegaly, and neutropenia. Additionally, normocytic and normochromic anemia are also kinds of FS complications. As deficiency anemia was considered one of the comorbidities discussed in this article, differentiating it from anemias caused by FS can make the analysis clearer.

Second, we suggest that the authors include osteoporosis as one of the comorbidities.³ The glucocorticoid medications often prescribed for the treatment of RA have the possibility of triggering bone loss.⁴ Moreover, the pain and loss of joint function caused by RA can result in inactivity, further putting patients with RA at risk of osteoporosis.

Third, we recommend collecting the drinking status of patients, if possible. There have been many studies focused on the link between alcohol intake and RA in recent years. Some studies considered moderate drinking as a preventing factor for developing RA,⁵ while others quantified the hepatotoxic risk of alcohol consumption in patients with RA.⁶ Adding information on the drinking status of patients can make the association between RA and multimorbidity more thoroughly understood.⁷

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The authors declare no conflicts of interest relevant to this article.

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