

## Drs. Schneeberger and Citera reply

*To the Editor:*

We greatly appreciate the comments from Profs. Pincus and Schmukler.<sup>1</sup> We strongly agree that the Routine Assessment of Patient Index Data 3 (RAPID3) is an excellent instrument to provide quantitative data on the status of our patients with axial spondyloarthritis (axSpA), as shown by the studies cited. Our group cross-culturally adapted and validated the RAPID3 in 51 consecutive patients aged  $\geq 18$  years diagnosed with axSpA (according to modified New York criteria 1987 and/or Assessment of SpondyloArthritis international Society [ASAS] 2009).<sup>2–4</sup> RAPID3 has shown to be a questionnaire that is not only quick and simple to calculate and complete but also has very good correlation with Simplified Ankylosing Spondylitis Disease Activity Score (SASDAS;  $\rho$  0.87), Bath Ankylosing Spondylitis Disease Activity Index ( $\rho$  0.89), Bath Ankylosing Spondylitis Functional Index (BASFI;  $\rho$  0.8), and Ankylosing Spondylitis Quality of Life (ASQoL;  $\rho$  0.83), and a good correlation with Maastricht Ankylosing Spondylitis Enthesitis Score ( $\rho$  0.58).<sup>4</sup> “In multiple linear regression, using total RAPID3 score as a dependent variable and adjusting for age, sex, and disease duration, a significant association was observed” with BASFI ( $\beta$  0.25,  $P = 0.008$ ), ASQoL ( $\beta$  0.22,  $P = 0.02$ ), and mainly with SASDAS ( $\beta$  0.42,  $P = 0.001$ ) and BASDAI ( $\beta$  0.55,  $P = 0.0001$ ).<sup>4</sup> In relation to Fibromyalgia Assessment Screening Tool 4 (FAST4), we have no experience with it; however, we believe it is important to include in clinical practice a simple tool that allows health practitioners to identify patients with fibromyalgia since it is a prevalent comorbidity in these patients.

However, the ASDAS has shown excellent performance in the evaluation of patients with axSpA<sup>5–7</sup>: it is part of the ASAS-Outcome Measures in Rheumatology (OMERACT) core domain set for axSpA<sup>8</sup> and has been chosen as a point of reference for treat-to-target strategy in axSpA.<sup>9</sup> This composite index includes both subjective variables related to axial involvement and an objective laboratory value such as C-reactive protein, and its cut-off points have excellent power of discrimination and allow definition of the different states of disease activity.

Finally, we consider that the SASDAS has a performance similar to that of the ASDAS but that it is simpler to calculate and does not require the weighting of its components.<sup>10,11</sup> However, it is the future task of our group to review the cut-off points of the SASDAS, to further improve its performance. Again, we thank Drs. Pincus and Schmukler, who certainly honor us with their letter.

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

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