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Dr. Kiltz, *et al* reply

To the Editor:

We thank Dr. Queiro and colleagues for their interest in our editorial review and the fascinating field of axial spondyloarthritis (axSpA)[1]. Queiro and colleagues point out that disease-specific assessments used in routine care for patients with axSpA focus on assessment of disease activity and physical function but do not look much at the considerable variety of symptoms related to axSpA. We can only fully agree with this statement, as we already stressed in our editorial that "the management of patients with axSpA is especially challenging, since this complex disease entity has a wide variability of clinical signs and symptoms"[2]. Therefore, a standardized assessment is useful and often needed to address the wide range of potential impairments assessed by the Health Index (HI) that has been recently developed by the Assessment of Spondyloarthritis international Society (ASAS)[2] — the first disease-specific instrument that is based on the International Classification of Functioning, Disability and Health (ICF) concept, which takes impairments into account, not only for physical but also for emotional and social issues[3]. Thus, when studying global functioning in axSpA, all major domains of physical, emotional, and social functioning need to be assessed[4]. The ASAS HI is a standardized tool that increases the feasibility of such an assessment since it is an instrument that covers those domains "all in one"[2,5] instead of having one instrument each for physical, emotional, and social functioning, all of which are assessed separately. This aspect seems to differ from the opinion of Queiro, *et al*, who stated that "in very busy clinics, it can be materially impossible to use all these tools due to obvious time constraints." Nevertheless, the ASAS HI has indeed not been designed for use in clinical routine but for clinical studies. Indeed, it was recently used in the Tight Control in Spondyloarthritis (TICOSPA) trial, in which the percentage of patients with a significant improvement in the ASAS HI score (> 30%) over a 1-year follow-up was chosen as the main outcome[6]. However, a role also in clinical routine, as suggested by Queiro and colleagues[1], seems possible but requires more studies to understand its usefulness in daily practice.

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The authors declare no conflicts of interest.

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