

## Dr. Gunderson et al reply

*To the Editor:*



We thank Drs. Liao, Liao, and Liaw for their interest in our article on multimorbidity burden in patients with rheumatoid arthritis (RA).<sup>1</sup> We agree that not all morbidities were included in the assessment of multimorbidity in our article, and further research is warranted to more comprehensively assess multimorbidity in patients with RA.

We agree that extraarticular manifestations are important and that Felty syndrome (FS) contributes to multimorbidity in patients with RA. However, in our past work, we have found that FS occurs in only 0.5% of patients with RA within the first 10 years of RA disease duration.<sup>2</sup> Thus inclusion of FS would have little effect on our estimates of the overall burden of multimorbidity in patients with RA.

We also agree with the inclusion of osteoporosis as a multimorbidity. In fact, we did include spine, hip, and leg fractures from the Rheumatic Disease Comorbidity Index in our article.<sup>1,3</sup> While inclusion of fractures rather than a diagnosis of osteoporosis will exclude some of the patients with bone loss, the patients with fractures have more severe osteoporosis that is more likely to be symptomatic and have an effect on quality of life.

We also agree that data on alcohol intake could be helpful in understanding the relationship between RA and multimorbidity. Unfortunately, these data are not available in our retrospective cohort study. We did include alcohol abuse as a morbidity in our analysis. Alcohol abuse occurred in 3% of patients with RA within the first 10 years of RA disease duration and was not more common in patients with RA than in comparators.<sup>1</sup>

We are currently working on additional research that involves a more comprehensive assessment of multimorbidity in patients with RA and hope to publish it soon.

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This work was funded by grants from the National Institutes of Health (NIH), National Institute of Arthritis and Musculoskeletal and Skin Disease (R01 AR46849), and National Institute of Aging (NIA; R01 AG068192). Research reported in this publication was supported by the NIA of the NIH under Award Number R01AG034676. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.

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

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