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Timing of DAS28 in infliximab therapy: reply

We very much appreciate the careful reading by Armstrong and Bruce of our paper on dose adjustment in patients with rheumatoid arthritis not optimally responding to a standard dose of infliximab of 3 mg/kg every 8 weeks [1].

We agree with them that the time-point of measurement is crucial, and we support their interpretation on the results reported in the paper of Sidiropoulos *et al.* [2]. Of course the instrument for measuring disease activity or response is also crucial. We have already been interested in analysing the 'mirror-image' as defined in Armstrong and Bruce's letter to the Editor.

In a sub-analysis of a non-selected sub-group of 241 patients from our cohort, we analysed differences in response scoring, and these data were presented at the EULAR Stockholm Meeting in 2002 [3]. One hundred and seventy-five of the 241 patients were clinical responders as judged by the expert. Twenty-three of these 175 clinical responders were ACR non-responders but DAS responders, six of the 175 clinical responders were ACR responders but not DAS responders and 25 of the 175 were ACR and DAS28 non-responders. So, 54 of the 175 clinical responders or almost 31% of all patients continued the same dose although they did not fulfil one of the classical response criteria used in clinical trials, or even failed both.

At present we are performing a further in-depth analysis of our data to contribute to a better understanding of which measures to use in daily practice, aiming for treatment optimization.

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