I. N. Bruce has received funding support for departmental developments from Wyeth and Abbott Laboratories. D. J. Armstrong has declared no conflicts of interest.

D. J. ARMSTRONG, I. N. BRUCE

ARC Epidemiology Unit, University of Manchester, and Department of Rheumatology, Manchester Royal Infirmary, Manchester, UK

Accepted 8 April 2005

Correspondence to: D. J. Armstrong, Specialist Registrar, Department of Rheumatology, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL, UK.

E-mail: oswald17727@hotmail.com


Rheumatology 2005;44:1204
doi:10.1093/rheumatology/keh682
Advance Access publication 3 May 2005

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 3mg/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.

P. Durez was a consultant for Schering Plough for this study. N. Vastesaeger is a Schering Plough employee. A. Geldhof is an employee of Centocor BV. R. Westhoven was a consultant for Schering Plough for this study. The other authors have declared no conflicts of interest.

P. DUREZ, F. VAN DEN BOSCH1, L. CORLUY2, E. VEYS1, L. DE CLERCK3, A. PERETZ4, M. MALAISE5, J.-P. DEVOGELAER, N. VASTESAEGER6, A. GELDHOF7, R. WESTHOVEN5

Université Catholique de Louvain, Cliniques Universitaires Saint-Luc, Rheumatology, Louvain, 1University Hospital R.U. Ghent, Rheumatology, Ghent. 2University Hospitals K.U. Leuven, Rheumatology, Leuven. 3University Hospital Antwerp, University of Antwerp, Rheumatology, Antwerp. 4University Hospital Brugmann, Brussels, Rheumatology, Brussels. 5University Hospital Liège, Rheumatology, Liège. 6Schering Plough Belgium, Belgium and 7Centocor BV, Leiden, The Netherlands

Accepted 8 April 2005

Correspondence to: R. Westhovens. E-mail: rene.westhovens@uz.kuleuven.ac.be

