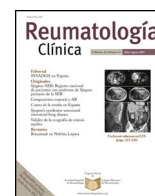




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Letter to the Editor

Development and feasibility of four checklists for the evaluation of comorbidity in patients with rheumatoid arthritis, spondyloarthritis axial and psoriatic arthritis: GECOAI project[☆]



Desarrollo y viabilidad de cuatro checklists para la evaluación de la comorbilidad en pacientes con artritis reumatoide, espondiloartritis axial y artritis psoriásica: proyecto GECOAI

Dear Editor,

In an article recently published in your journal, Santos Castañeda et al. aimed to develop a way to correlate the comorbidities of patients with rheumatoid arthritis, axial spondyloarthritis and psoriatic arthritis using four checklists. This study was carried out using the method of the GECOAR, GECOAX and GECOAP,^{1–3} projects, and the use of external pages for the bibliographic search of the comorbidities of these diseases, in order to select those that are most closely related to each other.

In terms of strengths, we found that it is the only published study which groups the comorbidities of the 3 diseases in a systematic way in order to achieve adequate management in the future. We observed that it has a didactic design as it took into account the degree of understanding of medical language of the participants in relation to the comorbidities (first checklist), as well as in the checklists developed by the health personnel. The study also considered the opinion of the patients with this type of disease, for a better elaboration of the checklists.

With regard to its weaknesses, we found that there are few participants in the study, and there could be a selection bias in the selection of participants for such a small study. There is no evidence of how long the study was conducted and there is no follow-up of the participants, so there is no evidence that the proposed

checklists help prevent the common comorbidities of rheumatoid arthritis, axial spondyloarthritis⁴ and psoriatic arthritis.

We believe that more evaluations need to be done in the country of origin and in other countries, with more participants, as well as a follow-up to demonstrate positive or negative results of the checklists at a multicentre level, so that it can be presented in health centres as a useful tool for clinical use, as well as a follow-up of the participants to determine if the checklists have sensitivity and specificity.

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