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Letter

Further Simplified Clinimetry Using a Multidimensional Health Assessment Questionnaire

To the Editor:

We agree that it is "good to simplify clinimetry in chronic inflammatory joint diseases," as suggested by DiCarlo and Salaffi in a recent editorial[1] concerning an article by Schneeberger et al, which showed that a Simplified Ankylosing Spondylitis Disease Activity Score (SASDAS) was similar to an ASDAS.[2] We note that the very high correlations of the SASDAS with the ASDAS[2] are largely predictable, as the 5 measures in the 2 indices are identical, albeit with weighting in the ASDAS, although confirmation is reassuring.

The reported measures are from a clinical trial setting, as a formal ASDAS (or SASDAS) generally is not collected in most busy routine care settings.[3] We suggest that more feasible "simplified clinimetry" is provided by Routine Assessment of Patient Index Data 3 (RAPID3) on a Multidimensional Health Assessment Questionnaire (MDHAQ), which has been documented in several studies to be strongly correlated with the ASDAS.[4-7] In addition, the Fibromyalgia Assessment Screening Tool 4 (FAST4) index on the MDHAQ[8] can screen effectively for fibromyalgia (FM), a problem discussed in the editorial,[9] which can raise ASDAS, RAPID3, Disease Activity Score in 28 joints (DAS28), or any index in patients with little or no inflammatory activity. FM often is easily recognized but underdiagnosed, and may be associated with poor responses to therapies, information that is helpful to the rheumatologist.

The MDHAQ is informative in patients with all rheumatic diseases studied.[10] The patient does 95% of the work, and the rheumatologist or an assistant can calculate RAPID3 and FAST4 scores in 20 to 30 seconds.

We suggest that any routine care can be enhanced in any setting by asking all patients to complete an MDHAQ in the waiting area, to provide quantitative data for better clinical decisions and patient outcomes.

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Dr. Pincus holds a copyright and trademark on MDHAQ and RAPID3, for which he receives royalties and license fees from for-profit entities, but none from physicians for patient care. All revenues are used to support further development of quantitative questionnaire measurements for patients and doctors in clinical rheumatology care. JS declares no conflicts of interest relevant to this article.

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