Reply to Comment on: Reclassification into very-high cardiovascular risk in psoriatic arthritis as well as axial spondyloarthritis

Sirs,

We thank Dr Martínez-Vidal *et al*. for their interest in our work "Reclassification into very-high cardiovascular risk after carotid ultrasound in patients with axial spondyloarthritis" (1). In the letter submitted by Martínez-Vidal *et al*. it is presented that, in a series of patients with psoriatic arthritis (PsA) recruited by these authors, carotid plaque was present in 30.7%, and as much as 30.1% were reclassified into the very high-risk SCORE group according to carotid ultrasound. They, therefore, argue that in PsA patients, similarly to what we have described in axial spondyloarthritis (axSpA) (1), carotid ultrasound assessment would be of benefit in stratifying patients into its correct SCORE risk category.

The data presented by Martínez-Vidal *et al*. support the concept that inflammatory arthritides are poorly and incorrectly classified according to cardiovascular risk charts used in general populations. Moreover, carotid ultrasound assessment could be a useful tool to determine this risk more accurately. This has been extensively established in several publications of our group in patients with rheumatoid arthritis (2, 3) and systemic lupus erythematosus (4). Moreover, in a recent report of our group in PsA patients (5), we have demonstrated, as Martínez-Vidal *et al*. does, that these patients are more frequently reclassified into the very-high SCORE risk category following carotid ultrasound assessment than controls. However, in our report we did not fail to find an association between reclassification and the activity of the disease. In this sense, in our study (5), we consistently found that Disease Activity in PSoriatic Arthritis (DAPSA) score was significantly associated with reclassification after adjusting for age and traditional cardiovascular risk factors. Furthermore, a model containing SCORE plus age, statin use, and DAPSA score yielded a higher discriminatory accuracy compared to the SCORE alone model to determine the probability of reclassification (5).

Finally, we reiterate our thanks to Martínez-Vidal *et al*. letter information regarding patients with PsA. Their data support our findings and strengthen the concepts detailed in our manuscript. We also believe that future works will yield more information in this topic and will sustain similar conclusions regarding subclinical atherosclerosis in inflammatory diseases.

I. Ferraz-Amaro[1], *MD, PhD*
J. Rueda-Gotor[2], *MD, PhD*
M.A. González-Gay[2], *MD, PhD*

[1]*Division of Rheumatology, Hospital Universitario de Canarias, Tenerife, Spain;*
[2]*Division of Rheumatology, Hospital Universitario Marqués de Valdecilla, Santander, Spain.*

Please address correspondence to:
Iván Ferraz-Amaro,
Division of Rheumatology,
Hospital Universitario de Canarias,
Ofra s/n,
38320 Santa Cruz de Tenerife, Spain.
E-mail: iferrazamaro@hotmail.com

Competing interests: none declared.

References

1. Rueda-Gotor J, Quevedo-Abeledo JC, Corrales A *et al*.: Reclassification into very-high cardiovascular risk after carotid ultrasound in patients with axial spondyloarthritis. *Clin Exp Rheumatol* 2020; 38: 724-31
2. Corrales A, Parra JA, González-Juanatey C *et al*.: Cardiovascular risk stratification in rheumatic diseases: Carotid ultrasound is more sensitive than coronary artery calcification score to detect subclinical atherosclerosis in patients with rheumatoid arthritis. *Ann Rheum Dis* 2013; 72: 1764-70.
3. Corrales A, González-Juanatey C, Peiró ME, Blanco R, Llorca J, González-Gay MA: Carotid ultrasound is useful for the cardiovascular risk stratification of patients with rheumatoid arthritis: Results of a population-based study. *Ann Rheum Dis* 2014; 73: 722-7.
4. Quevedo-Abeledo JC, Rúa-Figueroa Í, Sánchez-Pérez H *et al*.: Disease damage influences cardiovascular risk reclassification based on carotid ultrasound in patients with systemic lupus erythematosus. *J Rheumatol* 2019; 46: 483-91.
5. Palmou-Fontana N, Martínez-Lopez D, Corrales A *et al*.: Disease activity influences cardiovascular risk reclassification based on carotid ultrasound in patients with psoriatic arthritis. *J Rheumatol* 2020: 47: 1344-53.