

## Uncertainties in colchicine response criteria in elderly familial Mediterranean fever

Sir,

The article “Characteristics of familial Mediterranean fever after 65 years of age” provides valuable information on an understudied patient group (1). However, one of the most essential methodological limitations of the study is the ambiguity of the criteria for clinical response to colchicine treatment. While the authors state that 55% of patients had a complete clinical response, specific criteria for how this response was defined were unclear.

Furthermore, only 27% of patients were reported to have normalised CRP levels in the inter-attack period, further complicating the interpretation of treatment success. Standard response criteria for treating familial Mediterranean fever (FMF) are determined by evaluating clinical and biological parameters. Clinical response criteria include reducing the frequency and severity of attacks, symptom relief, and improving quality of life. For biological response, normalisation of C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), and serum amyloid A (SAA) levels are essential. Treatment compliance, regular colchicine use, and prevention of AA amyloidosis are critical elements. In addition, the use of alternative therapies such as inter-

leukin-1 inhibitors in case of colchicine resistance should also be considered as part of the response to treatment. A clear definition of these criteria is necessary to standardise treatment efficacy and to ensure comparability between different studies (2, 3). The lack of clearly defined clinical and biological response criteria limits meaningful inferences about the efficacy of colchicine in elderly FMF patients. This lack of standardisation limits the study’s internal validity and hinders its comparability with existing and future research, as in the study identified by Begenik (4). Addressing these uncertainties by adopting generally accepted standardised response criteria would significantly improve the robustness and interpretability of such studies.

This issue deserves further clarification and discussion to strengthen the credibility and applicability of the study’s findings. Thank you for the opportunity to contribute to this critical dialogue.

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