CORRESPONDENCE





Reply to: Comment on "effects of 1-year anti-TNF- α therapy on vascular function in rheumatoid arthritis and ankylosing spondylitis" by Cure et al.

Zoltán Szekanecz¹

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We thank Dr. Cure and Dr. Cure for their helpful comments. Authors list some studies that show numerical progression of cIMT over time despite biologic treatment [2–4]. They also refer to our paper [1]. However, we must point out that the numerical mean value does not mean a lot once differences are not statistically proven. In our case, the baseline cIMT, as also mentioned in the Comments, was 0.54 ± 0.09 mm, while after 6 months it was 0.59 ± 0.11 So, as the difference is not significant, one cannot say that there was progression (increase) of cIMT. Yes, the mean values suggest numerical increase, but because of the SD values are overlapping, there is basically no difference [1]. Finally, the authors mention the lack of healthy control group. We do not think that a control group of healthy subjects would have any relevance for anti-TNF-treated arthritis patients. (Such control group would just mean cIMT and other measurements in healthy volunteers). Ours is a self-controlled study showing changes upon treatment [1].

Compliance with ethical standards

Conflict of interest Author has no potential conflicts of interest.

Ethical approval The study was approved by the Hungarian Scientific Research Council Ethical Committee (approval No. 14804-2/2011/ EKU). Written informed consent was obtained from each patient and assessments were carried out according to the Declaration of Helsinki.

Human and/or animal participants This is a reply letter to a previously published research. The research of Vegh et al. [4] involved human subjects.

References

- Végh E, Kerekes G, Pusztai A, Hamar A, Szamosi S, Váncsa A, Bodoki L, Pogácsás L, Balázs F, Hodosi K, Domján A, Szántó S, Nagy Z, Szekanecz Z, Szűcs G (2019) Effects of 1-year anti-TNF-α therapy on vascular function in rheumatoid arthritis and ankylosing spondylitis. Rheumatol Int. https://doi.org/10.1007/ s00296-019-04497-0
- Herder M, Johnsen SH, Arntzen KA, Mathiesen EB (2012) Risk factors for progression of carotid intima-media thickness and total plaque area: a 13-year follow-up study: the Tromso study. Stroke 43:1818–1823
- Rosvall M, Persson M, Ostling G, Nilsson PM, Melander O, Hedblad B et al (2015) Risk factors for the progression of carotid intima-media thickness over a 16-year follow-up period: the Malmo diet and cancer study. Atherosclerosis 239:615–621
- 4. Stanek A, Cholewka A, Wielkoszynski T, Romuk E, Sieron K, Sieron A (2017) Increased levels of oxidative stress markers, soluble CD40 ligand, and carotid intima-media thickness reflect acceleration of atherosclerosis in male patients with ankylosing spondylitis in active phase and without the classical cardiovascular risk factors. Oxidative Med Cell Longev 2017:9712536

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Division of Rheumatology, Faculty of Medicine, University of Debrecen, Debrecen, Hungary