We read with interest the article recently published in the British Journal of Rheumatology entitled 'The antiperinuclear factor in spondyloarthropathies' [1], in which the authors report finding antiperinuclear factor (APF) in 26.8% of such patients. We have investigated the presence of APF in the sera from a group of these patients, data that we would like to present here.

We studied 57 patients with some type of inflammatory spondyloarthritis (Table I) from whom we collected serum for APF and rheumatoid factor (RF) detection at the time of the clinical evaluation. The mean age of these patients was 43 yr, ranging from 19 to 74 yr, and there were 37 (65%) men and 20 women (35%). In addition, we studied a group of 68 healthy blood donors as a control group. APF was detected by an indirect immunofluorescence assay previously described in detail [2-4] with dilution of sera and criteria of positivity based on a previous study [5].

We found only three patients (5.3%) with a positive APF test. All of them had a psoriatic arthritis and this means that 21.4% (3/14 patients with this diagnosis) were positive. In addition, two patients (3.5%, one with Reiter’s syndrome and another with ankylosing spondylitis) had a positive RF at low levels. From the APF- and RF-positive patients, one psoriatic arthritis patient (APF+/RF−) fulfilled the 1987 ACR criteria for the classification of rheumatoid arthritis (RA) [6].

From the healthy control group, four (5.9%) had a positive APF test. There were no differences in the presence of APF between the two groups. When we compared only psoriatic patients with the control group by the Fisher exact test, the difference was near to being significant (P = 0.078). However, one of the three APF-positive psoriatic patients could also have RA.

APF has been found by different authors in 0–7.4, 0–11 and 0–17% of cases of ankylosing spondylitis, reactive arthritis and psoriatic arthritis, respectively [7-13]. The highest percentage of APF-positive patients has been reported by Manera et al. [12] in psoriatic arthritis (17%). A significant difference between spondyloarthropathies and healthy persons has not been described in any of the mentioned studies. However, Saraux et al. [1] have found a surprisingly high percentage of APF-positive patients. As the authors suggest, the value of this finding is very limited and they could not identify any specific pattern of disease based on the APF test, except to suspect the presence of associated RA.
Our data do not show differences in the percentage of APF positivity between patients with spondyloarthropathies and healthy persons. In psoriatic arthritis, we found three APF-positive patients out of 14 studied (21.4%), but one of these fulfilled the ACR criteria for RA and could have two diseases. With the exclusion of this patient, we can say that APF is present in 14% of psoriatic arthritis patients, a percentage very similar to the 17% described by Manera et al. [12] and without differences when compared with the control group.

Finally, we agree with Saraux et al. [1] in their conclusion that the only interest for APF in spondyloarthropathies is to investigate the presence of associated RA. We think that this test cannot help either to diagnose or to identify any subset of spondyloarthropathy.

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Reply
SIR—We thank Muñoz-Fernández et al. for their comments on our article. They raise several issues which we would like to address.

First, there were differences in the prevalence of antiperinuclear factor (APF) found by different authors in spondyloarthropathies. These discrepancies could be attributed to interlaboratory variability of the APF test but, without harmonizing their methods, five distinct laboratories were able to produce results showing only small variations [1]. Another explanation is the difference in the threshold of significance. We used a 1/80 serum dilution, but when a titre of 1/100 was considered significant, only six of the 123 patients had APF in our study.

Secondly, Muñoz-Fernández et al. and Manera et al. [2] found a higher prevalence of APF in psoriatic arthritis than in other spondyloarthropathy patients, but the number of patients is not sufficient to draw a conclusion.

Finally, we think that the low number of patients in some studies and serum dilution differences (and the threshold of significance) might account for most of these discrepancies.

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Patient Education: Treatment or Nice Extra.
The British Experience
SIR—Kate Lorig recently made a plea for planned documented patient education programmes to be considered an essential part of the management of people with arthritis, rather than a ‘nice extra’ [1]. Our experience of running such arthritis education/self-management groups over the past 5 yr for people with rheumatoid arthritis (RA) would certainly support this. We have quantitative data suggesting that the programme produces immediate improvements in knowledge, skills and beliefs about RA [2], and reduced pain and disability [3]. Furthermore, we have qualitative data concerning the value of such a programme to participants and their relatives 1 yr later.

Sixty-six people with RA attended the out-patient-based, 6 week self-management course adapted from Lorig and Fries [4]. Of these, 50 participants plus 35