the discrepancy between the prevalence and incidence estimates. For example, in women the prevalence increases from 1.75% in those aged 60–69 years to ~2.1% in those aged 70–79 years. Assuming no major changes in the risk of RA over years, this increment in prevalence (0.35% over a 10-year period) suggests that the average annual incidence rate of RA in women aged 65–75 years is approximately 345 per 100,000 women. However, Englund et al. [1] calculated a much lower incidence rate of 130 per 100,000 women. This could be the result of too strict criteria for RA cases, such as requiring the diagnosis of seropositive arthritis or other RA on at least two separate occasions.

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Reference


Comment on: Prevalence and incidence of rheumatoid arthritis in southern Sweden 2008 and their relation to prescribed biologics: reply

Sir, We appreciate the comment by Chodick [1] recognizing the value of health care register data in the study of the epidemiology of rheumatic disease. However, we question his assumption and the calculation (based on the observed 0.35% increment in prevalence of RA between two adjacent 10-year-wide age strata), suggesting that the incidence of RA should be substantially higher than we reported [2].

We tried to replicate the author’s calculation, i.e. using an assumption of identical mean survival among RA patients and the general population (and no major changes in the risk of RA over the years), the expected incidence in this age category would actually be 10 times lower than that proposed in the comment, about 35 per 100,000 women per year.

Importantly, prevalence of chronic disease without true cure is a function of both incidence and survival, making inferring incidence from estimates of prevalence only hazardous. The incidence of RA in 65- to 79-year-old women that we reported in the article was derived directly from the observed number of incident RA cases during 2008 [2]. The estimate we obtained (135 per 100,000 women per year) is probably closer to the true incidence. An even higher increment in prevalence of RA than 0.35% between 60- to 69-year-old and 70- to 79-year-old women is likely suppressed by the increased mortality associated with the disease.

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