Dear Editor,

We would like to discuss on the publication “Diagnosis delay in Egyptian rheumatoid-arthritis-patients: underlying factors and outcomes — retrospective observational study [1]”. This cross-sectional study included 167 rheumatoid arthritis (RA) patients who met the classification criteria of the American College of Rheumatology/European League Against Rheumatism in 2010. The study’s goal was to assess RA patients’ diagnostic delays, identify associated factors, and compare early and late diagnosis groups.

One of the study’s weaknesses is its cross-sectional design, which limits the ability to establish causality or assess long-term outcomes. Furthermore, the small sample size may not be representative of the entire RA patient population. Furthermore, the study does not provide information on the specific treatment that the patients received, which may have an impact on the outcomes. The study’s findings revealed that the median lag in diagnosis for RA patients was 12 months, with a significant positive correlation between delay in diagnosis and functional disability as measured by the Modified Health Assessment Questionnaire (MHAQ) score. When compared to the late diagnosis group, the early diagnosis group had patients who were urban residents, employed, had a higher level of education, lower MHAQ scores, and visited a rheumatology specialty earlier in the disease.

In terms of future directions, a larger sample size longitudinal study would be beneficial to examine the long-term outcomes and impact of early diagnosis on RA patients. Furthermore, investigating the causes of diagnostic delay and strategies to reduce it would be beneficial. Incorporating information about patients’ treatments could provide insights into the effectiveness of various interventions.

Conflict of interest: none

REFERENCES