Reviewer’s report

Title: Reliability and validity of CDAI and SDAI in comparison to DAS-28 in Moroccan patients with rheumatoid arthritis

Version: 2 Date: 19 June 2014

Reviewer: Bernhard Rintelen

Reviewer’s report:

Review: Reliability and validity of CDAI and SDAI in comparison to DAS-28 in Moroccan patients with RA

The results presented show that RA patients and rheumatologists in Morocco do not distinguish from other countries. Making a comparison of DAS28, CDAI and SDAI, the results should always yield the same except ESR and CRP are different in other countries’ patients and PGA or PHGA are evaluated in a different way. So the results are quite the same as already published with kappa 0.525 (DAS28 and CDAI) and 0.551 (DAS28 and SDAI) in an Austrian milder diseased RA population (Rintelen B et al. Scand J Rheumatol. 2009;38(5):336-41) According to these results this is mainly due to different strengthens of remission criterion of the indices, because if remission and mild disease activity is amalgamated to one group, kappa rises to 0.671 and 0.707 respectively.

If this should be new information for the rheumatologic community, possible differences in ESR or CRP in Moroccan RA patients or differences in PGA or PHGA to the other world would be of interest. However this paper confirms others.

Major Compulsory Revisions:

What do you mean with “with only minor modification” in the abstract conclusion, on page 5 line 139 and again on page 6 line 126. I do not understand what you mean with this repeated statement. If you want to change the SDAI or CDAI criteria for Moroccan RA patients I do not believe, this is the right way.

Minor Essential Revisions:

Page 4, line 98, section methods: You propose Fleiss’s guidelines for interpretation of the kappa values. When you do so, please use these guidelines also in the paper. Both in the abstract as well as later on page 4 line 115 and 116 you differentiates “good” and “moderate” agreement which are not conform Fleiss’s criteria. Even using Landis and Koch guidelines, your classification is not correct.

I miss references for DAS 28 and SDAI in the section “Backround” page 2, line 53.

Backround, page 3, line 55: Why is DAS28 the gold standard? DAS28 was “the gold standard” as long as SDAI or CDAI did not exist. Today, SDAI and CDAI are
on a level with DAS28 although not comparable especially in a single patient. And, SDAI remission is one of the two recently proposed EULAR/ACR remission criteria. Ref 4 and 5 do not explain, why DAS28 should be the gold standard. Perhaps you mean, DAS28 is the most validated score? In reference 5 all of the three indices are recommended. One patient should be followed up with the same index.

Page 3, line 65: 7 is not the right reference, this one should be 3.

Page 3, line 65-74: The greatest advantage of CDAI is not the simplicity of calculation (it is the same with SDAI) but the omitting of a laboratory test.

Page 3, line 84: Do you mean the ACR classification criteria 1987 published by Arnett FC? If yes, reference 4 should be changed.

Page 3, line 93: Please give us references for DAS28, CDAI and SDAI cut off values.

Page 4, line 98: Reference for Fleiss´s guidelines is missing.

Page 4 line 107: ± 11.4 years: Do you mean SD, than please indicate.

Page 4 line 107 (also concerning table 1): (3-14): as I read in table 1, these numbers mean quartiles. Which quartile do you mean? Please indicate.

Page 5, line 125: I think you should add, that the excellent correlation is “on group level” (but not for the single patient).

You have to revise the references. Once you start with the surname and once with the first name of the author. Once only 2 authors are listed, once 3 etc. Also see above.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests'