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Letter to the Editor (matters arising from published papers)

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Comment on: Tumour necrosis factor inhibitor survival and predictors of response in axial spondyloarthritis—findings from a United Kingdom cohort: reply

SIR, We thank Al Arashi *et al.* [1] for their interest and comments on our recent report on tumour necrosis factor inhibitor (TNFi) survival and predictors of response in axial spondyloarthritis—findings from a United Kingdom cohort [2].

We did not focus specifically on sex differences in our analysis but have now undertaken further analyses on sex differences in our study population. We found a higher prevalence of acute anterior uveitis (44.9 *vs* 33.9%, $P = 0.03$) and family history of SpA (45.2 *vs* 30.4%, $P = 0.02$) in females, but not for IBD (females 16.8% *vs* males 11.9%, $P = 0.19$) or psoriasis (females 24.3% *vs* males 19.5%, $P = 0.29$). This is similar to previous studies, which reported that women are more affected by uveitis in SpA [3] and AS [4].

In our cohort, BASDAI50 response 3–6 months after initiation of index TNFi was achieved by 56 (58.3%) females and 219 (61.5%) males ($P = 0.64$). Discontinuation rates for index TNFi were higher in females (females $n = 56$, 37.3%; males $n = 168$, 33.5%). In addition, females had higher rates of adverse events (44.6 *vs* 33.9%), and males had a slightly higher proportion of primary non-response (15.5 *vs* 14.3%) and secondary non-response (20.8 *vs* 16.1%). None of these differences reached statistical significance.

In conclusion, there are differences between our cohort and those reported by Al Arashi *et al*. [1]; however, sample sizes are small. Larger prospective studies are required to evaluate sex differences in axSpA.

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