blockers is likely, given the temporal relationship between the onset of signs with treatment, resolution after withdrawal of the drug and flare after reintroduction. These results suggest that TNF blockers could trigger systemic necrotising vasculitis.

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Agreement of Mexican rheumatologists with the ASsessment in Ankylosing Spondylitis International Working Group and the EUROpean League Against Rheumatism recommendations for the management of ankylosing spondylitis

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By combining a systematic review of the literature and expert consensus,^{1,2} the ASsessment in Ankylosing Spondylitis (ASAS) International Working Group and the EUROpean League Against Rheumatism (EULAR) produced 10 recommendations for the management of ankylosing spondylitis (ASAS and EULAR-REMAS), including a general statement about patient and disease characteristics, evaluation of efficacy, non-pharmacological and pharmacological treatment, and invasive and surgical treatment. Following ASAS advice, we investigated the level of agreement with the ASAS and EULAR-REMAS among Mexican rheumatologists.

A total of 350 board-certified rheumatologists were sent the ASAS and EULAR-REMAS and a questionnaire in two sections: (1) general data and (2) the 10 ASAS and EULAR-REMAS, each presented as a heading in Spanish followed by a 10-box scale ranging from 0 (no agreement at all) to 10 (complete agreement), where participants marked their level of agreement. Answers, including some written comments and face-to-face observations, were received by e-mail or fax within 4 weeks. We carried out a descriptive analysis, and determined the association between demographic variables and the level of agreement with the ASAS and EULAR-REMAS recommendations. We arbitrarily set the level of agreement for each specific recommendation at ≥ 8 (strong) and < 8 (moderate).

In all, 117 responses were analysed (response rate 43.8%; 150 rheumatologists did not respond and 103 were not contacted). Two thirds were men, their mean (SD) age and years in clinical practice as rheumatologists were 45.3 (9.4) and 14 (8.9) years, respectively, and they consulted a mean (SD) 15.25 (15.3) patients with ankylosing spondylitis a month. Pharmacological treatment included non-steroidal anti-inflammatory drugs (95.6%), sulfasalazine (66.3%), methotrexate (50.9%), anti-tumour necrosis factor blockers (29.2%), local glucocorticoids (25.5%) and systemic glucocorticoids (12.6%).

Overall, $\geq 75\%$ of the Mexican rheumatologists strongly agreed with all 10 ASAS and EULAR-REMAS, except recommendations 6 (73.9%) and 7 (69.0%) (fig 1, upper panel). The overall agreement for the 10 recommendations was 78.3%. The mean agreement for each recommendation was > 8 (8.1–9.8; fig 1, lower panel). The mean (SD) overall agreement for the 10 recommendations was 8.85 (0.98).

Most comments referred to the inadequacy of including more than one statement in the same recommendation and the pertinence of some therapeutic recommendations. Rheumatologists who strongly agreed with recommendation

Abbreviations: ASAS, ASsessment in Ankylosing Spondylitis; EULAR, EUROpean League Against Rheumatism; REMAS, recommendations for the management of ankylosing spondylitis

Figure 1 Agreement of Mexican rheumatologists with the ASessment in Ankylosing Spondylitis and EUropean League Against Rheumatism recommendations for the management of ankylosing spondylitis. Upper panel: percentage of Mexican rheumatologists scoring ≥ 8 in the 0–10 numerical scale of agreement. Lower panel: mean (SD) agreement scores.

2 treated fewer patients without axial involvement ($p = 0.001$) and used anti-tumour necrosis factor blockers more often ($p = 0.03$); those with more years in clinical practice moderately agreed more often with recommendation 3 ($p = 0.01$), those in private practice with recommendation 5 (0.01) and those who did not work in university hospitals with recommendation 10 ($p = 0.05$). Moderate agreement with recommendation 7 was associated with a greater use of systemic ($p = 0.006$) and lower use of local ($p = 0.004$) glucocorticoids. The fact that the group was able to state their level of agreement with each of the recommendations and comment on some of them suggests that the ASAS and EULAR-REMAS were adequately understood.

In conclusion, the level of agreement of most Mexican rheumatologists who agreed with the 10 ASAS and EULAR-REMAS was strong. Moderate agreement seemed related to therapeutic practice and less often to other factors.

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