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Comment on: Increased inflammation and disease activity among current cigarette smokers with rheumatoid arthritis: a cross-sectional analysis of US veterans: reply

Sir, We were pleased to read the letter by Dr Wilke in response to our recent article addressing the association of smoking with disease activity in RA [1]. Dr Wilke points out that depression and anxiety are associated with worse patient-related outcomes in RA. Indeed, our group has previously published, for the same cohort, the association of depression and/or anxiety with disease activity measures in RA, demonstrating robust associations with more patient-reported measures such as pain, tender joint counts, Multidimensional Health Assessment Questionnaire score and patient global assessment, and less striking associations with DAS-28 [2]. Using the same diagnostic codes that were used in this prior effort, we have now examined the associations of smoking with both DAS28 and cytokine score after accounting for confounding due to depression and/or anxiety. We found that the associations of current smoking (referent to former or never smoking) with DAS-28 and cytokine score were not changed following adjustment for depression and/or anxiety.

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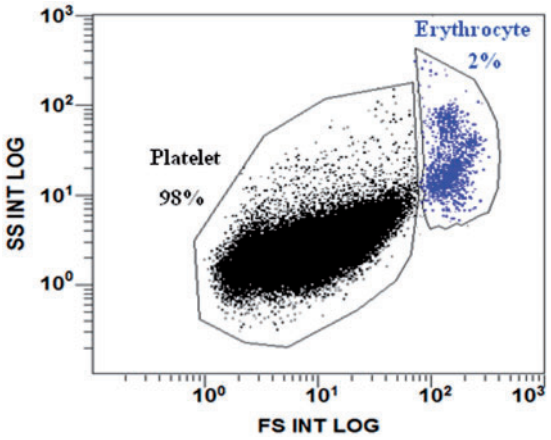
Comment on: Decreased platelet size is associated with platelet activation and anti-phospholipid syndrome in systemic lupus erythematosus

We read the article written by Lood *et al.* [1] with great interest. In this article we noticed that Fig. 1A shows the flow cytometry analysis of isolated platelets. Specifically,

Fig. 1 Representative platelet gating criteria for platelet detection



In this gating strategy, the discrimination value was set to zero; platelets (98%) and erythrocytes (2%) are displayed.