

Review of: "Arthritis in East Africa: An Observational Study"

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Potential competing interests: No potential competing interests to declare.

This article addresses an important issue namely the lack of data on the prevalence of MSK diseases in subsahara Africa. Great to see how the authors try to draw attention to this matter. However I have some questions and comments and for the authors.

In general:

- The article is very long, with some duplicate information in the introduction and discussion.
- Explain more clearly why this research is important.
- It would be of added value if the authors would elaborate more on how changes in the immune system contribute to the increase in auto-immune diseases in the urban areas of Africa.
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Regarding Introduction:

- the first reference is referred to as 'very recently', however this is a 1991 study
- please write out the acronym COPCORD
- COPCORD is referred to as a 'programme' and a 'study', please unify.
- In the 3^d paragraph my advice would be to use reference²¹ (Nature: rheumatic diseases in Africa) instead of¹¹. This is a wonderful and up to date review and provides an overview of all available publications from Africa on chronic inflammatory arthritis and connective tissue diseases.
- in the paragraph about gout, reference²¹ is linked to Nigeria, but the article describes the prevalence of gout in many more African countries (including Kenya).
- SLE is referred to as a systemic auto-inflammatory disease, which is not correct.

Regarding Methods

- Please write down the design of your clinical research. Observational research is mentioned in the title, but not elsewhere in the text.
- Naming irrelevant equipment such as an ophthalmoscope or blood sugar measurement might be omitted.
- Please explain how measurements were made (e.g. diagnosis of CTS) and what calculations were performed.

Regarding Results

- numbers and percentages are used interchangeably, which makes it confusing. Please unify.
- As far as I know there are no 'EULAR criteria for inflammatory joint disease (IJD)'. There are ACR/EULAR criteria for RA, CASPAR criteria for PsA and ASAS criteria for SpA.
- In table 2, inflammatory joint disease and reactive arthritis are 2 different groups, but reactive arthritis is also belongs to the group of IJD.
- Sometimes RA is abbreviated and sometimes written out, please unify.

Regarding Discussion

- The discussion describes that some disorders are seen more often in elderly women, which is not reflected in the results. A table with baseline characteristics could be of added value.
- Please move the sentence '*this was corroborated by ..*' to the method section.
- In the discussion you state that patients reported dramatic benefit from the introduction of a intra-articular steroid injection: was there a follow up visit? Or how/where did you get this information?
- You write that only three African countries have a registry of the use of biologic agents in RA, but this is old data from 2014. More countries have been registered since (like Egypt).
- In the discussion you describe that the 2 patients with reactive arthritis had a prior streptococcal infection and sexually acquired infection: have these diagnosis been confirmed? Or only suspected?
- Several references are missing in the discussion.