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

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Potential competing interests: No potential competing interests to declare.

Nicely put together article which highlights poor resources in the area. However, given that the clinical diagnosis (given the absence of radiology) is osteoarthritis, I think discussing the barriers of treatment (such as accessing physiotherapy) should be emphasised as part of the discussion (for example can someone come daily for access to physiotherapy), can someone who is put on a DMARD be appropriately monitored.

Specific data and a figure/table on how many joints/presentations to a clinic with warm swollen joints would be beneficial (how many monoarthritic, oligoarthritic and polyarthritic). 31/271 patients had a joint aspirate; which in the context of the high rates of OA would want you to consider other diagnosis such as CPPD as well as other diganosis in the context of infection such as ReA, urate gout.

I would be interested to know if there was any measure of monitoring osteoporosis (prev in SSA 18-65%); as from what I understand from the article; that a majority of back pain was assumed to be from degenerative lumbar spine disease. Other diagnosis such as minimal trauma fracture would be important to consider in vulnerable populations. I think it would eb important to discuss differential diagnosis as part of the discussion.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7445704/

I would be interested if the authors would consider a future study on clinicians involved in the study and whether they would be able to confidently diagnose different inflammatory arthritis conditions based on clinical exam alone. This would highlight the importance of education and the need for increased availability for medical resources such as plain films to minimise morbidity in these populations.

Unsure if osteoarthritis is 'life-limiting' do the authors mean negative impact on quality of life?

I am confused as to whether clinicians from individual clinics classified patients using ACR criteria or if the authors retrospectively did this. Did AS patient/s really have a XR/B27, inflammatory markers? If authors have retrospectively applied criteria, may be worth suggesting actual prevalence may be higher, as clinical synovitis in the absnece of imagign can be difficult to detect, especially with limited experience (i.e. polyarthritic presentations with small joints of the hands for RA).