

### Plantar Fasciitis

**To the Editor:** We have read with interest the article by Lafuente et al<sup>1</sup> "Plantar Fasciitis: an Evidence-Based Review of Treatment," which updates in a clear and concise manner those aspects related to the treatment of this great and interesting problem encountered in the daily practice. However, we would like to discuss some aspects of the subject in order to complement the review with the latest evidence that was not included in the article and, in doing so, purvey the reader with a new update.

Regarding the treatment with plantar orthosis we have found a single randomized clinical trial,<sup>2</sup> which compared the efficacy of "taylor-made" orthosis, prefabricated orthosis and false or placebo orthosis, for the reduction of pain. No statistically significant differences were found between the groups, but there was a small reduction of pain with the use of "taylor-made" orthosis and the prefabricated ones with respect to the false ones.<sup>2</sup> In addition, there were no differences in treating patients with "taylor-made" orthosis or prefabricated ones.<sup>2</sup>

With respect to treatment with oral non-steroidal antiinflammatory drugs (NSAID), a randomized clinical trial<sup>3</sup> compared treatment using celecoxib (200 mg/day) with placebo, in subjects who also received conservative treatment with Achilles tendon stretching, viscoelastic heel pads and nocturnal orthosis, and found no significant differences between the both groups, although the NSAID group experimented an improvement of the pain and loss of functionality.

Regarding the stretching exercises, one randomized clinical trial was found,<sup>4</sup> which did not show significant differences in pain improvement upon the "first step," in foot pain and in the function of the foot or the general health of the feet, when analyzing differences between Achilles tendon stretching and placebo, therefore leading to the conclusion that there is no evidence backing the effectiveness of Achilles tendon stretching. Among the limitations of this study one can mention the stretching technique that was employed and the short period in which the results were measured (2 weeks).<sup>4</sup>

The article by Lafuente et al<sup>1</sup> also comments that there is no evidence regarding general health measures such as weight reduction and, although this is true, we would like to comment some aspects that the readers might find interesting. A systematic review<sup>5</sup> found an association between the an elevated body mass index (BMI) and the risk of presenting plantar heel pain in subjects who do not practice sports; among those articles evaluated there is a case-control study<sup>6</sup> which found that a BMI>30 is associated to an increase of almost 6 times the risk of plantar fasciitis when compared to a BMI≤25. Another case-control study,<sup>7</sup> not included in the review, also found an increase in the risk of heel pain associated to an increased

BMI. Faced with this data, and although it is still not clear the role an increase in BMI plays in the development of heel pain,<sup>5</sup> a reduction of this index could be an effective way of prevention and/or treatment.

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### Indexing of *Reumatología Clínica* in MEDLINE

**To the Editor:** I have read with great interest the recent editorial by Vázquez Mellado et al<sup>1</sup> and would like to share some thoughts on the subject. *Reumatología Clínica* is the official organ for transmission of scientific knowledge of the Mexican College of Rheumatology and the Spanish Society of Rheumatology. Therefore I believe that its inclusion on MEDLINE should be a fundamental strategic objective for all rheumatologists from both countries. We must become convinced that it is the responsibility of each one of us to try from here to the year 2009 to achieve the indexing of our journal. How can this be done? I believe that the only useful and practical way would be to always include a reference from the articles published in *Reumatología Clínica* in the "Introduction" and "Discussion" of the articles that both Mexican and Spanish rheumatologists send to journals that are already indexed. This simple measure would divulge the content of our journal among the readers of those journals and could

even have a multiplying effect regarding the number of citations of *Reumatología Clínica*. In order to facilitate this job I proposed the edition of CD-ROM that contains a thematic index of rheumatology, with the articles, reviews and editorials published by *Reumatología Clínica* on each topic. This CD-ROM would be sent to the members of both scientific societies, enormously facilitating the inclusion of citations of our journal when redacting an original with the valid intention of attempting to publish it in an indexed journal.

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## Reply

**To the Editor:** We greatly appreciate the letter from Dr Andreu Sánchez and his proposals. For us, as the Editorial Group responsible, it is very important to know that a great number of Spanish and Mexican rheumatologists assume that *Reumatología Clínica* is a personal and group responsibility, as well as to identify the persons interested in improving it on a day to day basis and achieving its inclusion in MEDLINE; we will do everything possible to do so.

The proposal that the articles of *Reumatología Clínica* be cited by the members of the Spanish Society of Rheumatology and the Mexican College of Rheumatology in indexed journals will be a point we will insist on and thank you for the proposal.

Regarding the CD-ROM, a search by topics can be done through the web page of *Reumatología Clínica* in the option "search," something that we have been improving and we take this opportunity to remind our colleagues. In the name of the Editorial Group, once again, thank you.

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