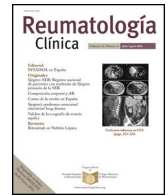




Sociedad Española  
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## Letter to the Editor

### Comment: The reality of rheumatology in Spain and its autonomous communities before the pandemic<sup>☆</sup>



#### Comentario a: Realidad de la Reumatología en España y sus comunidades autónomas antes de la pandemia

Dear Editor,

We have carefully read the original by Sánchez Piedra et al. and we would like to comment upon it.<sup>1</sup>

The authors estimate a rate of 2.17 rheumatologists per 100,000 inhabitants in Spain, without considering Ceuta and Melilla. Our first comment is to ask why these autonomous cities, which ceased to depend on Cadiz and Granada respectively in 1995, were excluded.<sup>2</sup>

The rate – as the authors comment – is imperfect, but it is a measure used by different rheumatological scientific societies. From our point of view, studies of this type are fundamental for the future of our speciality. They are a faithful portrait of the status quo in rheumatology, which can be negotiated at local, regional and national level. It is also a fact to be considered in the hospital itself. We must not forget the associations of rheumatology patients who can mobilise to put pressure on the administration due to the low number of rheumatologists in any city or autonomous region.

The *Societat Catalana de Reumatologia* has been sponsoring this type of study for more than 30 years.<sup>3–7</sup>

The differences between the number of rheumatologists in the Sánchez Piedra et al. and Grados et al. study: 189 versus 141, can be explained in different ways. Our study focused only on rheumatology in the public sector, while Sánchez Piedra covers both public and private sectors. Also the difference in years of the studies is three: 2017–2020. Both are important reasons. It was also observed that some rheumatologists worked in several hospitals, not full time, so it is possible that by assuming full time, the same rheumatologist was counted as two. Regarding the gender change in the speciality and the age distribution, both studies are consistent.

Lastly, the lack of a census of rheumatologists is a pending issue, at least in Catalonia. It was a real and recurrent difficulty in our study to contact all the specialists. Sánchez Piedra et al. assume that 95% of active rheumatologists in Spain are members of the Spanish Society of Rheumatology (SER for its initials in Spanish).

As the authors comment, the disparity in the results of different studies is a product of heterogeneous methodologies. For this reason, EULAR has developed supply and demand criteria that are a spearhead for future studies.<sup>8</sup>

Finally, it is worth noting how quickly this type of work becomes obsolete. The authors are right to emphasise “before the pandemic” in the heading. Indeed, the current pandemic has changed the contractual dynamics of many centres in Spain, increasing the number of doctors in most hospitals.<sup>9</sup> It is therefore an encouragement to the regional rheumatology scientific societies in Spain and therefore to the SER to continue promoting this type of study.

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