

LETTERS

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Recognizing the scale of joint hypermobility burden: comment on the article by Mulvey et al

To the Editor:

We read with interest the article by Mulvey et al published recently in *Arthritis Care & Research* (1). We are pleased our 5-part questionnaire (2) was used in the large-scale population survey of joint hypermobility (JH) undertaken by the authors (1). We consider the prevalence of JH found, and the variation with age, typical of an adult population.

We recognize this study focused on chronic widespread pain (CWP). However, the reader is left uninformed of the overall importance of identifying JH and risks dismissing or misinterpreting JH based on the conclusions.

There are studies in the literature that describe the need for adaptation of therapies to account for the presence of JH, poor proprioception, increased risk of soft tissue injury, and delayed recovery (3–7). Patient-perceived outcomes support such adaptations (8). Mulvey et al identified ~1 in 5 individuals with CWP had JH. These individuals might receive less effective therapy if the presence of JH is not taken into account. There are further burdens beyond CWP for many individuals with JH. Mulvey et al made no mention of JH syndrome (JHS) (9), Ehlers-Danlos syndrome (10), multisystemic involvement (11,12), anxiety (13), and resulting disability (14). These too are at risk of being missed.

We calculated a population prevalence of 3.4% for JH and CWP based on the data provided in the study. It is disappointing that this aspect was not discussed because it describes a potential population with JHS. In addition, it is less the association with CWP and more the actual presence of JH that is key in determining the therapeutic choices clinicians make. Clinicians need to recognize the scale of this burden and the resources and skills it demands.

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Reply

To the Editor:

We thank Hakim and Grahame for their contribution to the debate on JH and CWP. As mentioned, the primary aim of our study was to establish the population prevalence of JH within an unselected general population-based sample using the 5-point JH questionnaire. The secondary aim was to determine whether the presence of JH was associated