

Potential confounding in colchicine and cardiovascular disease study

We appreciate the interest in our recent paper.¹ As Nielsen² notes, we were explicit about potential limitations of the observational methods. The author's suggestion to pick a random index date for non-users is a widely employed method, but we strongly believe that the intensity of healthcare use of colchicine users and non-users should be as similar as possible. This is why we picked an index date for non-users associated with a healthcare visit.

A randomised controlled trial would be the ideal method to examine whether or not colchicine prevents cardiovascular events in patients with gout. While we agree with Nielsen that our study may not have ideally balanced potential confounders, this is nearly impossible to achieve (and prove!) in observational studies.

We suggest that the rheumatology community should focus attention on determining the feasibility of a large multi-site colchicine trial among patients with gout. This would be a study that would move the field forward with high-grade evidence.

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