Early Arthritis Clinics

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BJD
Global Alliance for musculoskeletal Health
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The burden of Inflammatory arthritis

Prevalence: 3-5%

- Rheumatoid arthritis (RA): 1%
- Gout
- Psoriatic arthritis
- Spondylarthropathies
- Undifferentiated arthritis
Rheumatoid Arthritis is a destructive disease

Impact:
- QOL: pain
- disability
- impaired participation
  40% work disabled after 5y
  up to 70% disabled after 15y
- Premature death
Early arthritis clinics: early RA diagnosis

2010 ACR/EULAR

1987 ACR

Pre-articular phase | Arthralgia phase | First clinical phase | Second clinical phase | Third clinical phase

Early arthritis clinics: window of opportunity

Early diagnosis and intensive treatment lead to better outcomes
Early arthritis clinics: challenges

Awareness
  • Rheumatologists
  • GP’s
  • Population

Need
  • Campaign
  • Referral criteria

External factors
  • Money (GNP)
  • Organisation of health care
  • Access to care
  • Number of professionals
Round table discussion

- How to set up an early arthritis clinic
- What would you like to achieve locally
- What is necessary to reach goal
  - Referral criteria
  - Educational program
  - GP campaign
Early referral of inflammatory arthritis

- The Leiden Early Arthritis Clinic (EAC) experience 1993-1997
- The Rotterdam Early Arthritis CoHort (REACH) experience >2003
Campaign for GPs

- Explain advantages of early referral
- Facilitate early referral by simple instructions:

Pain
Swelling
Limited joint mobility
2 out of 3 present
Call number........,
Appointment <2 weeks

Early arthritis recognition clinic (EARC)
Suspicion of inflammatory arthritis (synovitis)
Rotterdam Early Arthritis CoHort (REACH) 2004-

Inclusion criteria:

- < 1 year symptoms
- Presence of arthritis
  
or
- Inflammatory joint complaints
  
≥ 2 following criteria:
  
  MS ≥ 1 hour
  Complaints of hands and feet
  Non fitting rings or shoes
  Bilateral compression pain of forefeet
  RA in family
  Symmetry
  Paraesthesia fingers
  Recent unexplained fatigue <1 year

Not mechanical or traumatic
Early arthritis clinics: window of opportunity

REACH criteria: 51% of RA seen < 12 weeks
EARC: 53% of RA seen < 12 weeks
<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Direct</th>
<th>Indirect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis, RA/other</td>
<td>27 (2-358)*</td>
<td>56 (0-357)</td>
</tr>
<tr>
<td>Inflam. complaints</td>
<td>36 (2-364)*</td>
<td>62 (1-323)</td>
</tr>
</tbody>
</table>
Patient’s lag time

Patients who were referred to EAC by routine (not directly) also waited approximately 2 months longer to first contact their GP’s because of their symptoms

⇒ patient lag time 2 months
<table>
<thead>
<tr>
<th></th>
<th>GP-EAC/REACH</th>
<th>Routine</th>
</tr>
</thead>
<tbody>
<tr>
<td>RF, %</td>
<td>59%</td>
<td>50 %</td>
</tr>
<tr>
<td>Erosive</td>
<td>25%</td>
<td>28 %</td>
</tr>
<tr>
<td>Median symp. Duration, days</td>
<td>31</td>
<td>164*</td>
</tr>
<tr>
<td></td>
<td>GP-EAC/REACH</td>
<td>Routine</td>
</tr>
<tr>
<td>--------------------------</td>
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</tr>
<tr>
<td>Female, %</td>
<td>Leiden: 48 %</td>
<td>Leiden: 59 %</td>
</tr>
<tr>
<td>Median age</td>
<td>47</td>
<td>53</td>
</tr>
<tr>
<td>Median symp. Duration,days</td>
<td>31</td>
<td>122 *</td>
</tr>
<tr>
<td>Acute onset,%</td>
<td>73 %</td>
<td>54 %*</td>
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</tbody>
</table>
Health-Related Quality of Life (SF-36) in REACH

Score on subscales of the SF-36 (0-100)

- Dutch population (Picavet et al., 2004)
- Rheumatoid arthritis
- (Non-RA) arthritis
- Inflammatory joint complaints without synovitis
Conclusions

✓ Early referral of recent onset arthritis is possible
✓ GPs still do not recognise RA early
✓ RA tends to have an insidious onset and relative long patient delay
✓ Patients’ discomfort appears to be similar in all patients with inflammatory complaints irrespective of clinically recognizable arthritis
Figure. Mean values of DAS28, MD Global estimate and PROs in 21 countries in the QUEST-RA study.