The Role of Modern Management in Preventing Deformities in Rheumatoid Arthritis

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Rheumatoid arthritis (RA) is a chronic inflammatory joint disease that affects 1 percent of the population [1]. The common clinical manifestation is the symmetrical polyarthritis involving the small joints of the hands, wrists, elbows, shoulders and knees [1]. Untreated, then the patients could have complications of rheumatoid arthritis which include deformities, interstitial lung diseases and cardiovascular disease [2].

Once rheumatoid arthritis is diagnosed, treatment in the form of Disease Modifying Anti-Rheumatic Disease Drugs (DMARDS) will be initiated [3]. And if these drugs failed then biologics will be started [3].

A study done by Japanese researchers had proven that DMARDS can repair erosions. They found that there was statistical significance improvement of the radiographic scores in the observed repaired group [4]. This will mean that early and correct management of rheumatoid arthritis with DMARDS could prevent joint erosions and thus deformities.

Biologics also have this effect. Zwerina J., et al did a study to investigate the successful blockade of tumor necrosis factor (TNF), interleukin-1 (IL-1), and RANKL pathways on cartilage and bone tissue destruction in a TNF-driven arthritis model [5]. This team of researchers found that synovial inflammation was inhibited by anti-TNF (-51%), bone erosion was effectively blocked by anti-TNF (-79%) and cartilage destruction was inhibited by anti-TNF (-43%). The combination of anti-TNF with IL-1Ra was the most effective double combination therapy in preventing cartilage destruction (-80%). In all analyses, the triple combination of anti-TNF, IL-1Ra, and OPG was not superior to the double combination of anti-TNF and IL-1Ra [5].

In addition to treat RA with DMARD and biologics, approach to this chronic disease has always been multidisciplinary. The treatment is now recommended to be more personalised and unique to each individual [6]. The team should consist of rheumatologists, orthopaedic surgeons, physiotherapists, occupational therapists and podiatrists.

On the other hand, the burden of referrals to orthopaedics and rheumatologists were also scrutinised by a study done by CA Speed., et al [7]. The team found that out of 682 referrals received by orthopaedic surgeons, 42% should see a rheumatologist and 94% of 393 rheumatologists’ referrals were appropriate [7]. Thus, there seem to be inadequate knowledge among health practitioner regarding appropriate referrals to both disciplines.

Therefore, the close working relationship between orthopaedic and rheumatology should then be fostered and nurtured in order to manage RA.

Bibliography


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