Rheumatoid arthritis: predicting the diagnosis & preventing damage





Francesca Barone

Senior lecturer

University of Birmingham & Sandwell and West Birmingham Hospitals NHS Trust



Rheumatoid arthritis





Services for people with rheumatoid arthritis

REPORT BY THE COMPTROLLER AND AUDITOR GENERAL | HC 823 Session 2008-2009 | 15 July 2009

Common:

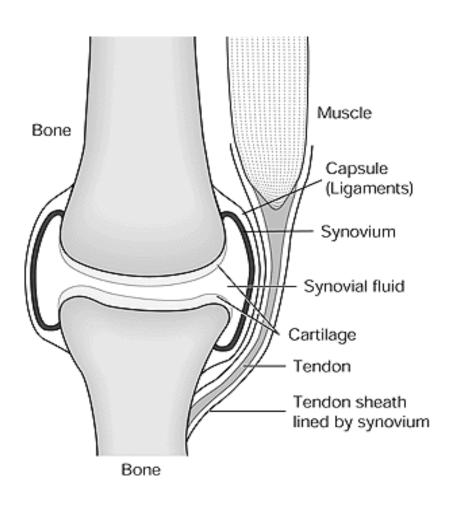
580,000 adults have RA in England 28,000 new cases per year

Costly:

Annual NHS costs: £560 million

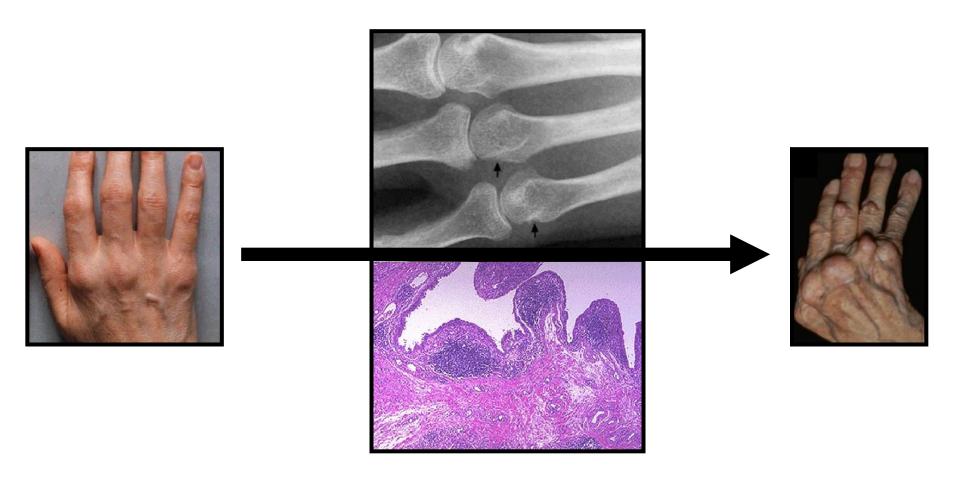
Annual cost to the economy: £1.8 billion

Synovial inflammation in RA

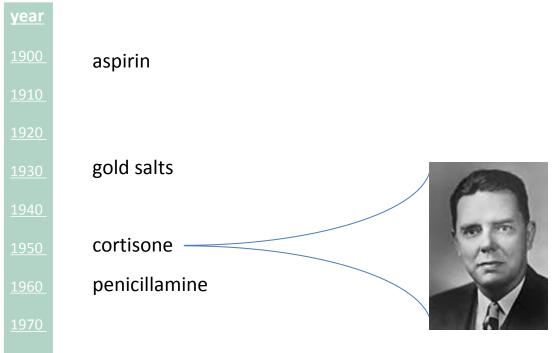




Synovial inflammation causes damage



"Almost any drug that has done any good in any other disorder has been tried in the treatment of rheumatoid arthritis, and if faith and optimism are present in either patient or doctor some good results will be obtained for a time in every case, the highest proportion occurring when abundant faith is present in both doctor and patient" Frank Dudley Hart

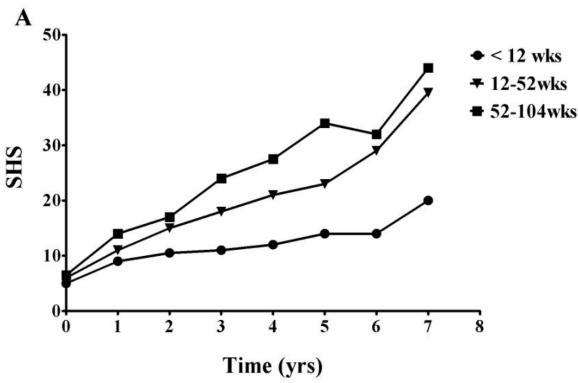


sulfasalazine methotrexate leflunomide

biologics: anti-TNFα (infliximab, etanercept, adalimumab, certolizumab, goliumuab), anti-CD20 (ritiximab), CTLA4Ig (abatacept), anti-IL6R (tociluzumab)

The impact of delayed treatment



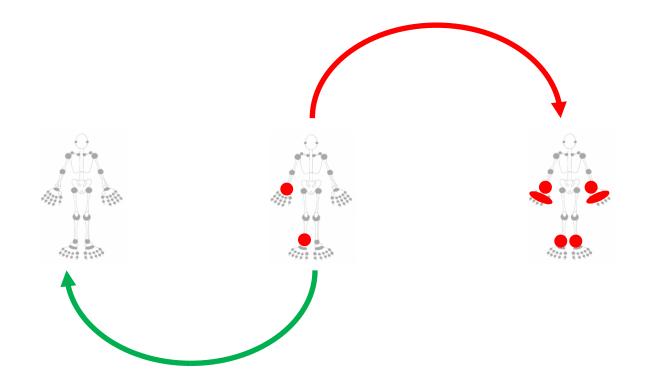


van der Linden M et al. Arthritis Rheum 2010

AutoCure

- curing autoimmune rheumatic diseases

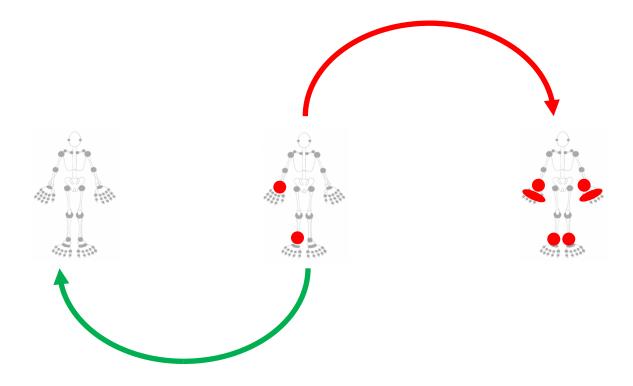
Inflammatory arthritis is common and not everyone develops RA









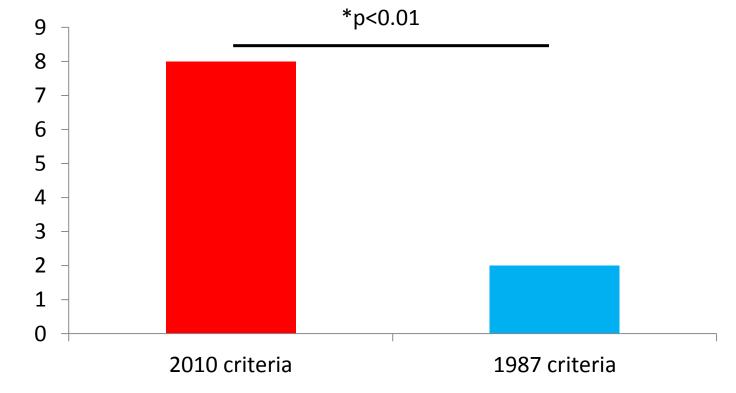




Classification criteria for RA identify patients whose disease spontaneously resolves

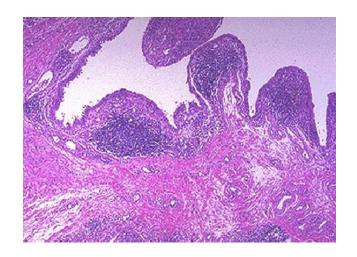


% of patients with a resolving disease course



Autoantibodies

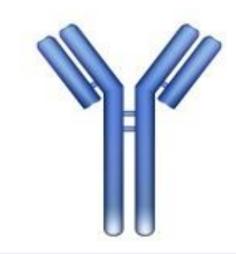
FROM THE PATHOLOGICAL-ANATOMICAL LABORATORY OF ULLEVAAL HOSPITAL, OSLO, AND THE BACTERIOLOGICAL INSTITUTE OF THE UNIVERSITY OF OSLO.



ON THE OCCURRENCE OF A FACTOR IN HUMAN SERUM ACTIVATING THE SPECIFIC AGGLUTINATION OF SHEEP BLOOD CORPUSCLES.

By Erik Waaler, M. D.

(Received for publication December 15th, 1939).



Autoantibodies predict the development of RA in patients with early arthritis

	RF	anti-CCP
Sensitivity	68	68
Specificity	92	96
PPV	68	81
NPV	92	93

Variable		Score
Age (years)		X 0.02
Female		1.0
Joint distribution	small joints hands / feet	0.5
	symmetry	0.5
	upper limbs	1.0
	upper & lower limbs	1.5
Morning stiffness	26-90mm	1.0
(on 100 VAS)	> 90 mm	2.0
Tender joints (n)	4-10	0.5
	> 10	1.0
Swollen joints (n)	4-10	0.5
	> 10	1.0
CRP	5-50	0.5
	>50	1.5
RF +ve		1.0
Anti-CCP Ab +ve		2.0



ARTHRITIS & RHEUMATISM

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Validation of a Prediction Rule for Disease Outcome in Patients With Recent-Onset Undifferentiated Arthritis

Moving Toward Individualized Treatment Decision-Making

Annette H. M. van der Helm-van Mil, ¹ Jacqueline Detert, ² Saskia le Cessie, ¹ Andrew Filer, ³ Hans Bastian, ² Gerd R. Burmester, ² Tom W. J. Huizinga, ¹ and Karim Raza³



The best predictive instrument we have?

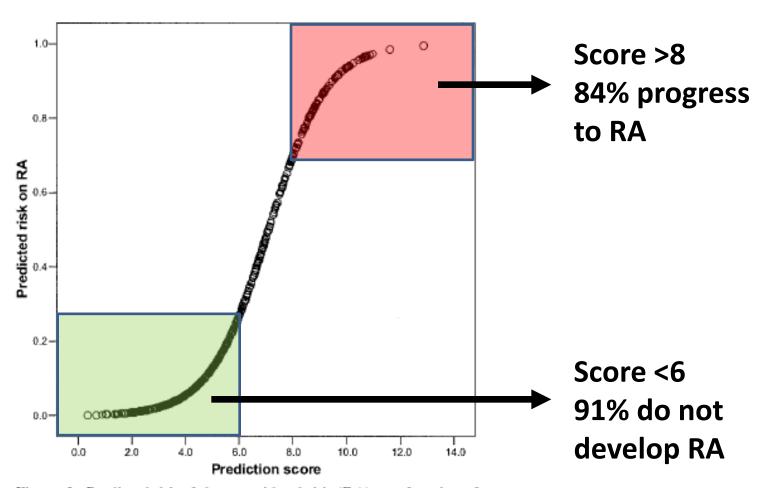


Figure 2. Predicted risk of rheumatoid arthritis (RA) as a function of the prediction score.

The best predictive instrument we have?

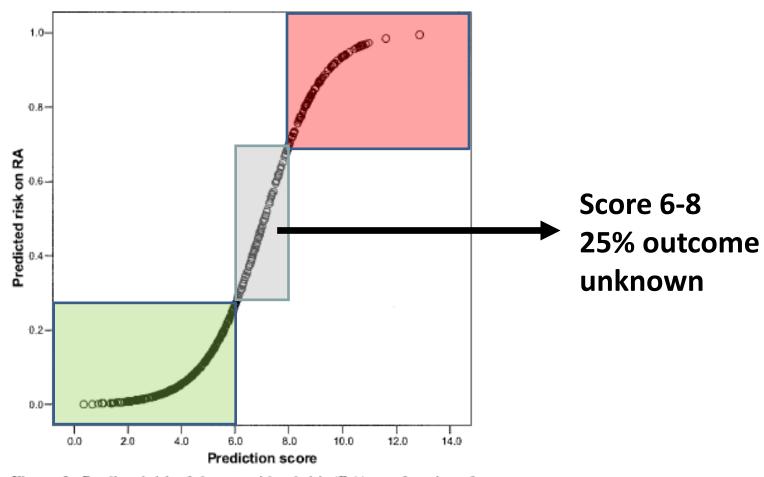
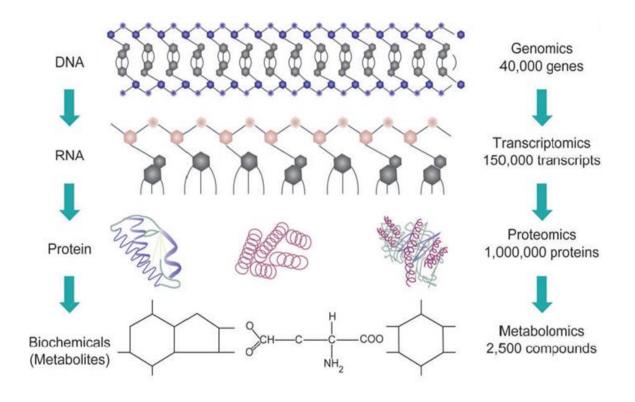


Figure 2. Predicted risk of rheumatoid arthritis (RA) as a function of the prediction score.

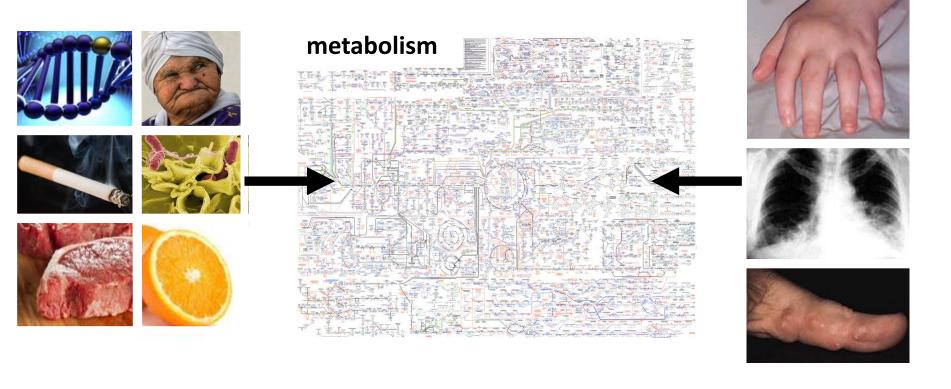


Measuring the metabolome to predict outcome in early arthritis



Measuring the metabolome to predict outcome in early arthritis

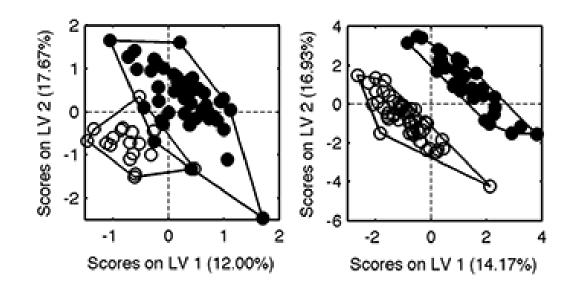
Risk factors Inflammation





The serum metabolome predicts outcome in early arthritis





- Resolving arthritis
- Rheumatoid arthritis

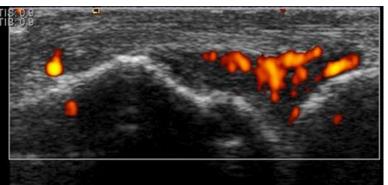


Aiming for better prediction tools

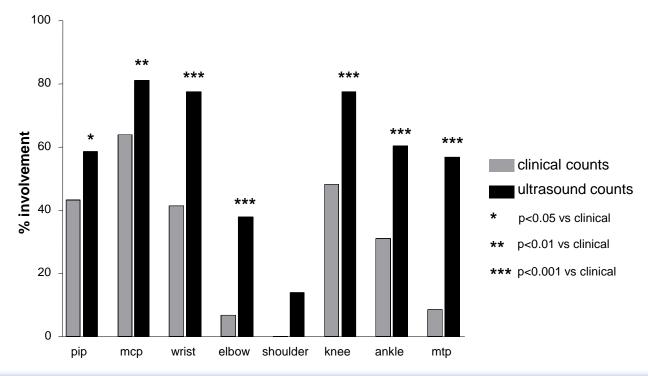
Variable		Score
Age (years)		X 0.02
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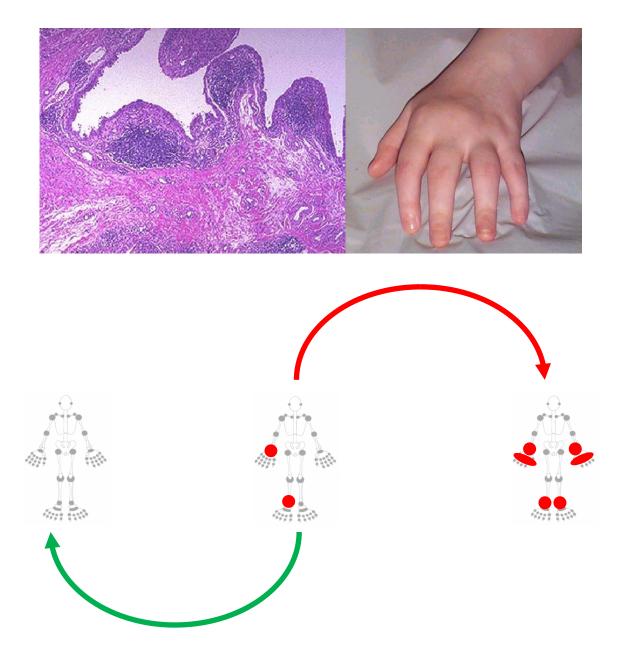
Ultrasound in very early synovitis





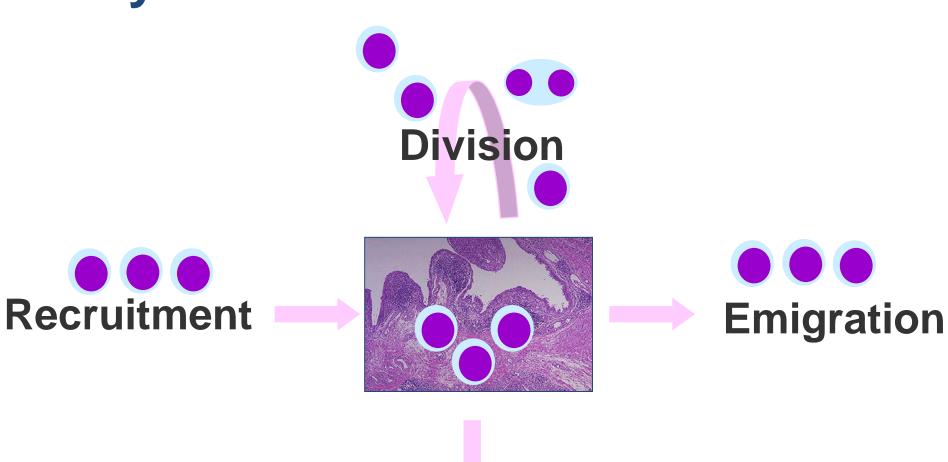




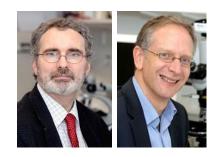


Gerlag DM, Raza K et al. EULAR recommendations for terminology and research in individuals at risk of rheumatoid arthritis. *Ann Rheum Dis* 2012;71:638-641.

Dynamics of a cellular infiltrate

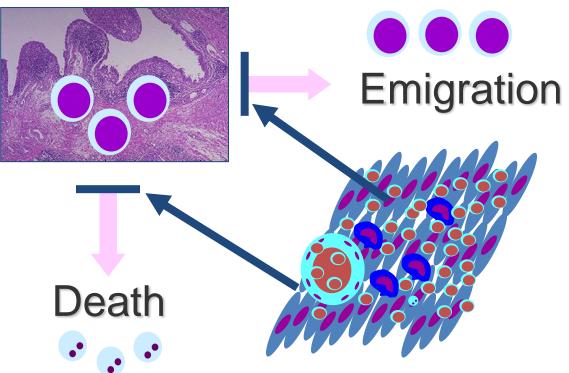




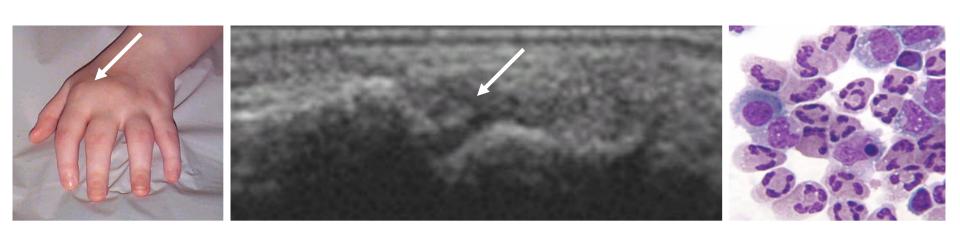




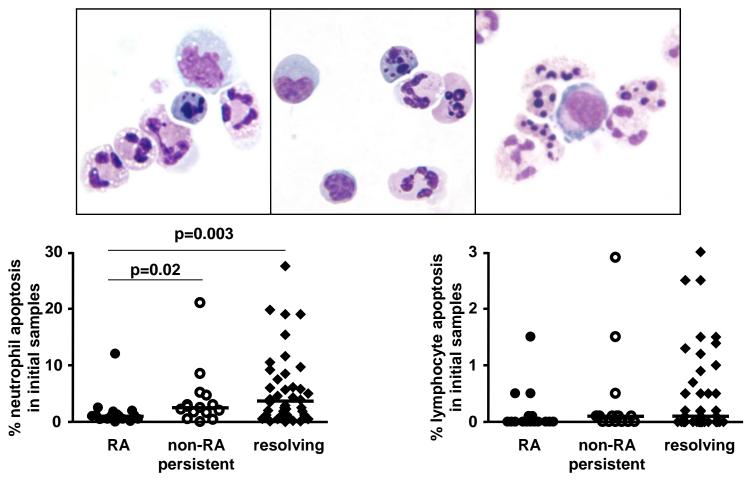




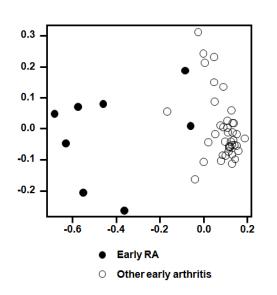
Synovial pathology in early arthritis

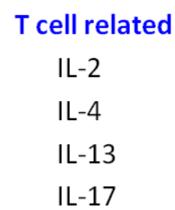


Leukocyte apoptosis is inhibited in very early RA

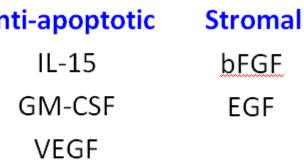


Synovial fluid cytokine and growth factor profiles in very early RA...





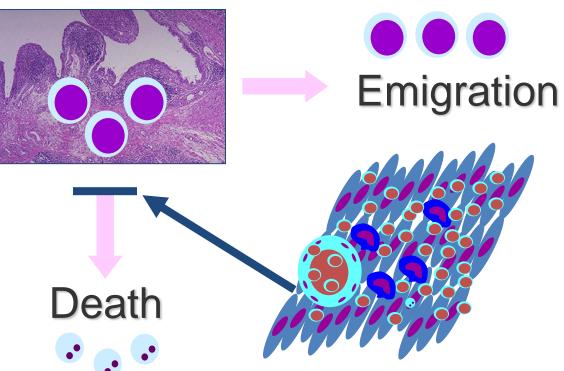






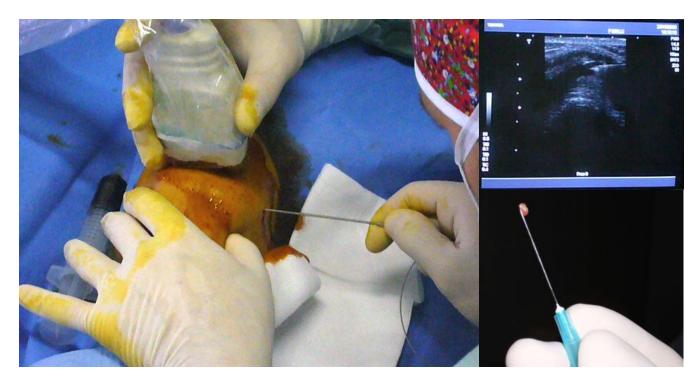






Ultrasound guided synovial biopsy





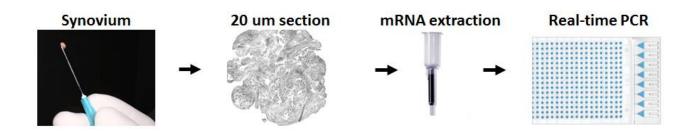
Ultrasound guided synovial biopsy





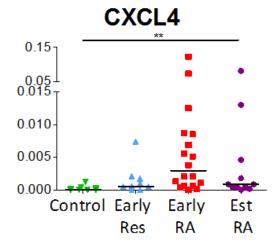
Synovial tissue cytokine expression

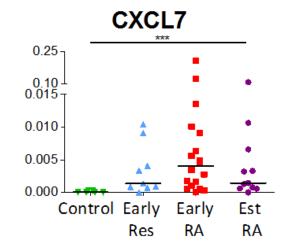


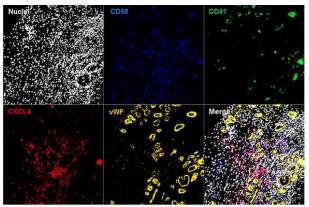


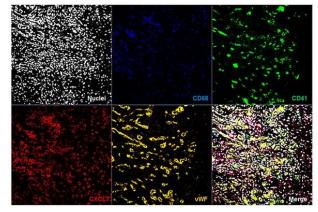
CXCL4 and CXCL7 mRNA expression in early arthritis

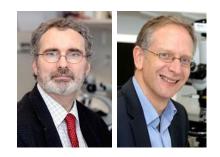






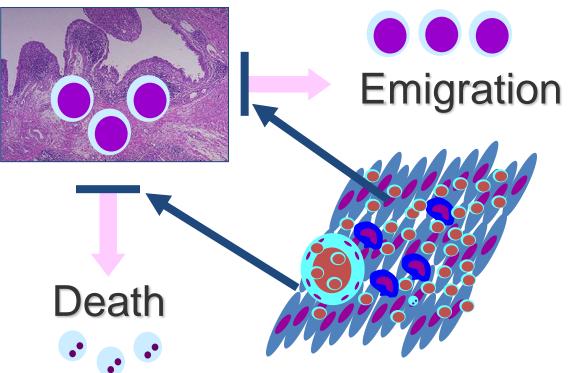


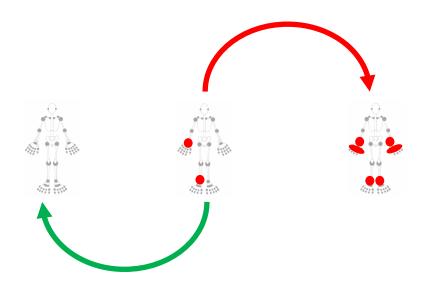


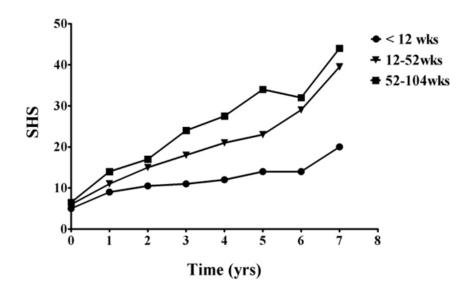










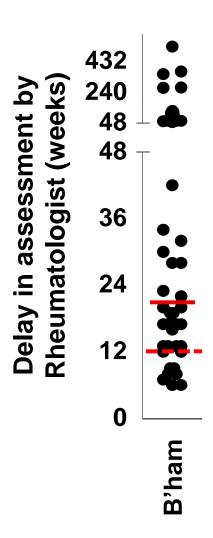


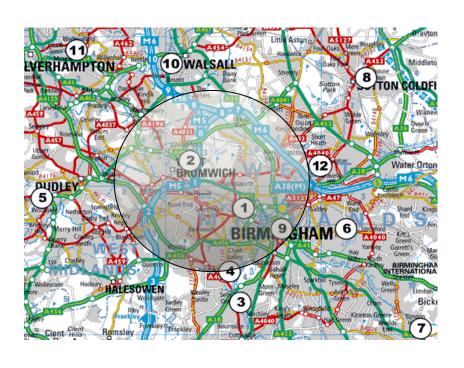
Early Arthritis Clinics: If You Build It Will They Come?



In this issue of *The Journal*, Raza and coworkers examine the utility of anti-cyclic citrullinated peptide (CCP) antibodies in patients with very early inflammatory arthritis⁷. Their findings clearly show the practicality and importance of serologic testing for both serum rheumatoid factor (RF) and anti-CCP antibodies in making an accurate diagnosis in those with persistent symptoms of RA. These findings serve as a challenge to the rheumatologist to amend the manner in which early arthritis patients are currently diagnosed and treated.

Capturing patients early: how well do we do?

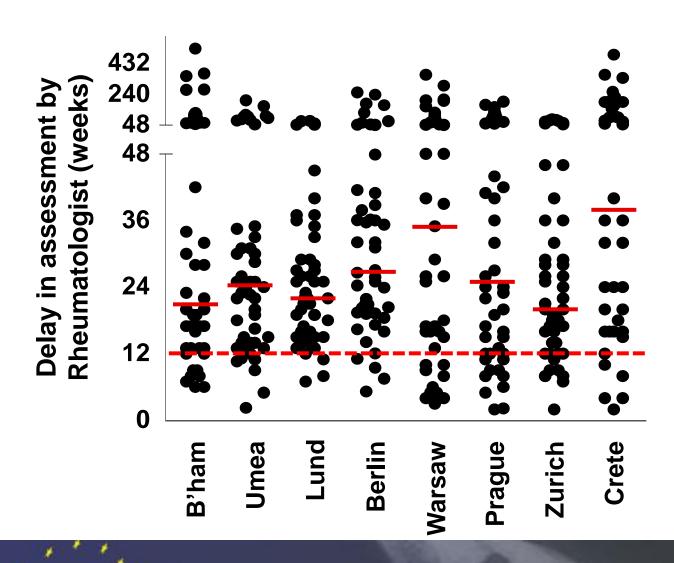


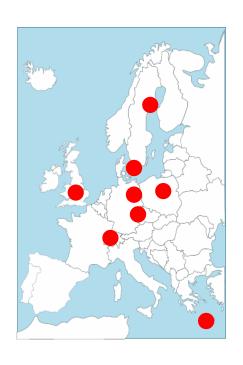






Capturing patients early: how well do we do?







Delays in assessment

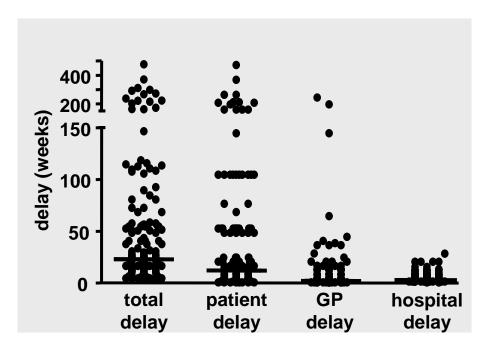


Symptom onset

Sees GP

Referred by GP

Sees Rheumatologist



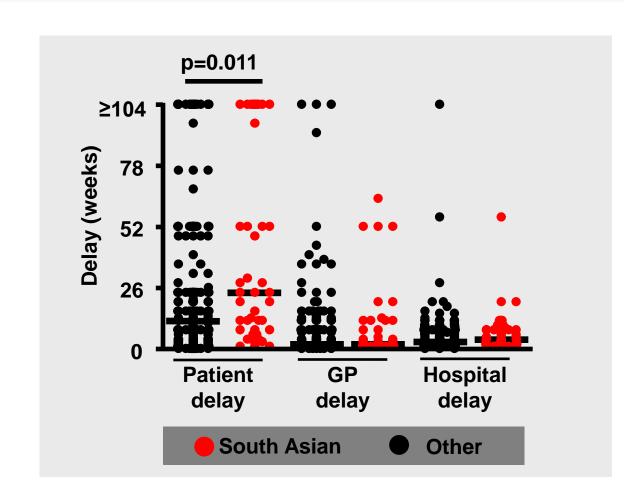
Delays in assessment in Birmingham: influence of ethnicity

Symptom onset

Sees GP

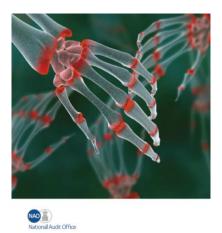
Referred by GP

Sees Rheumatologist



Four main themes explained patient delays

- Symptom experience: an insidious onset of mild symptoms.
- Symptom evaluation: an attribution of symptoms to specific inducing factors (e.g. exercise / lack of exercise).
- Lack of knowledge of RA and available therapies
- Negative experience of and attitudes towards health care providers



Services for people with rheumatoid arthritis



7 Productivity gains could be achieved and patient quality of life improved through better integration and coordination of services, leading to quicker diagnosis and earlier treatment, but in the short-term costs to the NHS would increase. Currently, ten per cent of people with the disease are treated within three months of symptom onset. Our economic modelling suggests increasing this to 20 per cent could initially increase costs to the NHS by £11 million over five years due to higher expenditure on drugs and the associated costs of monitoring people with the disease (after around nine years, earlier treatment could become cost neutral to the NHS). This increase in earlier treatment could, however, result in productivity gains of £31 million for the economy due to reduced sick leave and lost employment.

