

## Questions and answers on rheumatic diseases

### 1. Statistics

#### **In Europe, how many people are affected by rheumatic diseases?**

It is estimated that more than 120 million people in Europe are affected by rheumatic diseases, this represents one-quarter of all Europeans.

#### **What are the gender differences for rheumatic diseases and why?**

Rheumatic diseases can affect people of all ages and both genders although women are more frequently affected than men. Females account for 60 percent of diagnosed cases. There are hormonal explanations for the greater prevalence in females but the precise reason is still unclear.

#### **What is the economic cost of rheumatic diseases?**

Rheumatic diseases are the most expensive diseases for the European health and socio-economic systems, imposing an economic burden of more than €200bn per year on public budgets in Europe.

#### **Rheumatic diseases are primarily classified into the more common non-inflammatory diseases and inflammatory ones:**

Among the non-inflammatory rheumatic diseases, the most common ones are:

- Degenerative spine diseases (neck, back, lumbar pain)
- Osteoarthritis (knees, hips, hands)
- Osteoporosis
- Fibromyalgia

Among the inflammatory rheumatic diseases, the most frequent ones are:

- Rheumatoid Arthritis
- Ankylosing spondylitis
- Reactive arthritis
- Connective tissue diseases
- Polymyalgia rheumatica

### 2. Diagnosis

#### **How is a rheumatic disease diagnosed? What kinds of tests are undertaken? Scanner, radiography, blood test, ...?**

A definitive diagnosis of a rheumatic disease can be made by assessing medical history, performing a physical examination, ordering specific laboratory tests, and imaging studies.

A person's rheumatic disease is likely to have signs and symptoms which include the following:

- Persistent joint pain
- Tenderness
- Inflammation indicated by joint swelling, stiffness, redness, and/or warmth
- Joint deformity
- Loss of range of motion or flexibility in a joint
- Extreme fatigue, lack of energy, weakness, or a feeling of malaise.

### **How long does it take to make an accurate diagnosis?**

Currently there is often a delay in making an accurate diagnosis; however a rheumatologist may be able to diagnose the condition rapidly and accurately. Nevertheless, for some patients it may require several visits before the correct diagnosis is reached.

### **How can the situation be improved?**

The situation can be improved by better education of primary care doctors, by also making patients aware of relevant symptoms, by increasing the number of trained rheumatologists and by earlier referral of patients to a rheumatologist.

### **Who should be consulted with rheumatic disease symptoms?**

The optimal approach is to see a GP primary care physician who is well educated in the presentation of rheumatic diseases. He will normally refer for a rheumatology specialist opinion to make an accurate diagnosis. When inflammatory rheumatic diseases are suspected, the referral should be rapid and urgent.

### **What happens when the diagnosis is made?**

A multidisciplinary team is involved, guided by a rheumatologist. The patient is likely to also see a physiotherapist, occupational therapist and/or specialist nurses.

## **3. Treatment**

### **There are many different treatments, are there some more effective than others?**

There is no single medication or treatment which improves arthritis for everyone. There are treatment options which help manage pain, control arthritis symptoms, and reduce joint damage or deformity.

### **How do we know that the chosen treatment is the most suitable one?**

Patients vary in their response to arthritis medications or other arthritis treatments. Therefore it is very important to monitor the evolution of the symptoms with treatment, and to have careful follow-up by a rheumatologist.

### **Are there treatment guidelines?**

Since 2000, EULAR has developed recommendations on response and classification/diagnosis criteria, conducting/reporting clinical trials and management recommendations for many diseases.

### **Is there a cure for rheumatic disease?**

This is the ultimate aim of treatment. However a more realistic aim these days is clinical remission. And this is increasingly being achieved. The next stage is to have remission without drugs and this is also now an increasingly realistic ambition. It is known that once a joint is damaged, that damage is largely irreversible.

### **Are there other complications from rheumatic disease?**

Rheumatic diseases can reduce life expectancy, whether they are inflammatory or non-inflammatory in nature. Therefore effective therapy is needed which will reduce mortality. However, regular review of co-morbidities such as hypertension and high blood fats are recommended.

### **Are there new treatments? How is the research progressing?**

Europe has a deserved reputation for innovation in new approaches to therapy as well as developing new treatments. The outlook for patients with rheumatic diseases, especially inflammatory ones, has improved dramatically as a consequence.

#### 4. Other

**Are rheumatic diseases hereditary?** There is an inherited component for most rheumatic diseases but it does not mean developing a disease is inevitable. However, it does mean that patients with a family history of rheumatic disease should be particularly vigilant for new symptoms.

**Are there ways of reducing the risk of suffering from a rheumatic disease?**

Awareness and early referral are probably the most important. As with other diseases a healthy life style, balanced with a diet and exercise is always recommended as a prevention of any type of diseases.

**Are there factors that increase the risk of being affected by a rheumatic disease?**

There is an increase in joint problems with age and this is exacerbated by excessive weight and certain occupations. Smoking is now realised to be a major factor which increases the risk of inflammatory rheumatic diseases.

**Can we suffer from a rheumatic disease and still live with it?**

Early diagnosis and prevention may decrease the symptoms and diminish the disability factor. The quality of life of people with rheumatic diseases is adversely affected if the disease is not controlled.