Suboptimal management of rheumatoid arthritis in the Middle East and Africa: could the EULAR recommendations be the start of a solution?


Introduction

Rheumatoid arthritis (RA) is associated with joint destruction, functional disability and an increased risk of comorbidities and extra-articular manifestations, as well as increased mortality and reduced workforce participation [1–8]. In recent years, knowledge about the underlying pathogenesis and process of disease in RA has increased; this, coupled with significant advances in disease-modifying anti-rheumatic drugs (DMARDs) has brought about unprecedented opportunities for the management of the condition [9, 10]. In order to guide rheumatologists in the use of new therapies and management strategies, the European League Against Rheumatism (EULAR) developed evidence-based recommendations for the management of RA on the principle that treatment of RA should aim for a target of remission or low disease activity as soon as possible in every patient [10]. In addition, recognising the importance of early identification of inflammatory synovitis in patients who may be at high risk of persistent and/or erosive disease, and who may benefit from early effective intervention, EULAR and the American College of Rheumatology (ACR) jointly published updated classification criteria for RA with this new focus in 2010 [9]. The ACR have also recently published an update to their 2008 recommendations to reflect the refocus on early disease [11]. However, despite these great advances in understanding of the importance of early and aggressive treatment, management of RA in the Middle East and Africa remains suboptimal for a combination of reasons, and these are explored here, along with a discussion of possible solutions.