

September 2003

In May-June 2003, Arthritis Consumer Experts (“ACE”) held a “Plan to Win with Rheumatoid Arthritis” workshop series across Western Canada. Participants spoke of their need for improved response in getting a referral to a rheumatologist from their family physician, as well as the need to develop continuing education of family physicians in terms of basic diagnosis and treatment of people with rheumatoid arthritis.

In July, ACE sent a letter to the College of Family Physicians of Canada, identifying the critical issues and asking that this information be provided to College members. Here is a brief summary of the key points identified in the letter:

The Problem:

A number of people with the hallmark signs and symptoms of rheumatoid arthritis are being told by their family physician “there is nothing wrong with them”. Others are being prescribed an anti-inflammatory medication without additional medication or treatment, despite worsening symptoms, loss of mobility and reduced quality-of-life.

There appears to be a lack of awareness or understanding on the part of the family physician about the critical need for timely referral, diagnosis and appropriate treatment—especially with disease modifying anti-rheumatic drugs (DMARDs)—of rheumatoid arthritis. The research literature supports these concerns.

The Facts:

- From a survey of family physicians in Ontario:
 - When presented with a scenario of a 45-year old woman with early rheumatoid arthritis with a six-week history of pain and swelling in her hands and wrists, survey respondents indicated the following:
 - Only 58.4% would provide a referral to a rheumatologist;
 - Only 38.9% would provide a referral to a physiotherapist;
 - Only 13.6% would provide a referral to an occupational therapist.
- A BC study by Dr. Diane Lacaille (Arthritis Research Centre of Canada):
 - Only 32% of people with rheumatoid arthritis in the past five years in BC saw a rheumatologist;
 - Just 14% of those people followed by a family physician received therapy with DMARDs, the cornerstone of an effective treatment plan for people with even the mildest of rheumatoid disease.
- Other studies report that DMARD treatment within months of the onset of rheumatoid arthritis showed significant improvement compared to those on placebo. A delay of six to nine months in starting DMARD therapy led to uncontrolled joint swelling, joint damage, and disability. Individuals who maintained the DMARD therapy did significantly better than those less aggressively treated.

The Need

Family physicians need more education in the treatment of people with rheumatoid arthritis. It is more important than ever that ensure that family physicians in Canada be able to recognize the early stages of rheumatoid arthritis and refer patients to a rheumatologist to ensure appropriate early, aggressive treatment.

ACE's Offer to Family Physicians

ACE provided copies of the slides outlining diagnosis, treatment options and disease management information and invited continued discussion of the challenges involved in education family physicians.

The full letter can be accessed from the archived July Arthritis News Update at www.arthritisconsumerexperts.org. Please note that you will need the latest version of Adobe Acrobat® to access the document.