

ACR releases five 'Don'ts' for rheumatologists

February 27 2013



Image courtesy of Blausen Medical

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Jinoos Yazdany, M.D., from the University of California San Francisco, and colleagues utilized consensus methodology and literature reviews to develop the list. Rheumatologists from diverse practice settings, a random sample of ACR members, and a task force all contributed.

The researchers found that, of the 105 unique items proposed by rheumatologists, the list was narrowed down to 22 items during the

Delphi method. A total of 1,052 rheumatologists (17 percent response rate) participated in the member-wide survey. Utilizing survey results and available scientific evidence, the five selected items that should be avoided are: (1) testing for antinuclear antibodies (ANA) without a positive ANA and clinical suspicion of immune-mediated disease; (2) testing for Lyme disease without exposure history and appropriate exam findings; (3) magnetic resonance imaging of the peripheral joints to routinely monitor inflammatory arthritis; (4) repeating scans for bone absorptiometry more than once every two years; and (5) prescribing biologic therapy for rheumatoid [arthritis](#) before trying methotrexate.

"The ACR top five list is intended to promote discussions between physicians and patients about health care practices in rheumatology whose use should be questioned and to assist rheumatologists in providing high-value care," the authors write.

Several authors report financial ties to the pharmaceutical industry.

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Citation: ACR releases five 'Don'ts' for rheumatologists (2013, February 27) retrieved 6 May 2024 from <https://medicalxpress.com/news/2013-02-acr-donts-rheumatologists.html>

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