

Study reveals significant gaps in essential rheumatoid arthritis care across Europe and between European countries

June 14 2019

The results of a large pan-European survey presented today at the Annual European Congress of Rheumatology (EULAR 2019) investigated significant gaps in rheumatoid arthritis care across 16 patient-centred Standards of Care (SoC) in rheumatoid arthritis.

Results reveal 'diagnosis within six weeks' as the most concerning SoC, with 52% (weighted means across countries) of patients and 59% of rheumatologists reporting problematic gaps. The next highest were; information about patient organisations (40% and 38%), training on aids, devices and ergonomic principles (39% and 34%), vaccination-related information (38% and 27%), receiving a schedule of regular assessment (33% and 23%), information on adequate physical exercise (35% and 20%), and availability of treatment plan (35% and 18%). The least frequent problematic SoC for both patients (8%) and rheumatologists (3%) was adequate disease-modifying anti-rheumatic drug received.

"It is concerning to see so many problematic gaps reported across many essential aspects of [rheumatoid arthritis](#) care," said Rachelle Meisters, Ph.D., Care and Public Health Research Institute (CAPHRI), Maastricht University, The Netherlands. "We hope these results act as a loud wake up call to services across Europe."

Analysis of the data reveals patients with [higher education](#) and lower self-reported health report problematic gaps more frequently. Among

rheumatologists, patterns in determinants across SoCs were less consistent.

Country disparities by GDP

However, for about half of the SoCs, rheumatologists from lower gross domestic product (GDP) countries identified problematic gaps more often than those from medium or high GDP countries. Additionally, large variation remained across countries for patient analyses, and most rheumatologist analyses, despite adjustment for individual characteristics.

"At EULAR, our aim is to reduce the burden of rheumatic diseases on the individual and society and to improve the treatment, prevention and rehabilitation of musculoskeletal diseases within and across countries," said Professor Thomas Dörner, Chairperson of the Scientific Programme Committee, EULAR. "These results highlight how far there is to go to translate the advantages elucidated through scientific study into the daily care of people suffering these diseases."

The survey included 1,422 patients from 27 European countries, and 1,044 rheumatologists from 33 European countries. The mean age was 57.2 and 47.7 for patients and rheumatologists respectively, with 74% and 53% being female. The 16 SoCs were those developed by Eumusc.net, a EULAR and EU supported initiative to raise and harmonise [quality of care](#) for patients across Europe. Participants were asked to rate each SoC on the level of care standard that was achieved (1-10), and on level of importance (1-10). The distance of level of care from the maximum was multiplied by the level of importance and was defined as problematic when this score was greater than 30 and the importance score was six or more.

An additional study presented today at EULAR 2019 analysed the

quality of care of patients with systemic lupus erythematosus in Germany. They also revealed significant gaps as on average only 61% of relevant care aspects were fulfilled. In a second step, the study analysed whether the quality of care was associated with disease outcomes.

Results showed that fulfilling more quality measures in 2013 was predictive for high disease-related quality of life ($p=0.004$), low progress in disease-related damage ($p=0.048$) and low disease activity ($p=0.046$) in the subsequent years.

"Our results show that consistent consideration of these care parameters, recommended in several management guidelines, yield a positive effect on outcome," said Dr. Med. Anna Kernder, Policlinic of Rheumatology & Hiller-Research Unit, Heinrich-Heine-University Düsseldorf, Germany.

Data derived from the LuLa study, collecting annual data from a representative cohort of [patients](#) with SLE in Germany. In 2013 they additionally inquired about clinical care as a main topic. From 21 clinical care parameters, 10 were evaluated in univariate analysis. The fulfillment varied between 22.8% having fat metabolism counseling to 97.6% receiving osteoporosis protection with a glucocorticoid. The others were antimalarials, vaccination, blood pressure, yearly testing of urine and blood, treatment of fat metabolism disorder, osteoporosis, and hypertension. Linear regression was used to examine the relationship between quality measures calculated in 2013 and outcome parameters in subsequent years adjusted for age, disease duration and gender.

More information: 1. Meisters R, Putrik P, Ramiro S, et al. Standards of care for rheumatoid arthritis: gaps in implementation experienced by patients and rheumatologists across 33 European countries. EULAR 2019; Madrid: Abstract OP0307.

2. Kernder A, Richter J, Fischer-Betz R, et al. Quality of care predicts outcome in systemic lupus erythematosus - cross sectional analysis of a German long-term study (LuLa cohort, 2011-2015). EULAR 2019; Madrid: Abstract OP0308.

Provided by European League Against Rheumatism

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