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Recommendations

Collection and management of selected comorbidities and their risk factors in chronic inflammatory rheumatic diseases in daily practice in France

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ABSTRACT

Introduction: In chronic inflammatory rheumatic diseases (CIRDs), comorbidities such as cardiovascular disease and infections are sub-optimally managed. EULAR recently developed points to consider to collect and report comorbidities. The objective of this present study was to develop a pragmatic guide to collect, report and propose management recommendations for comorbidities, from a rheumatologist perspective.

Methods: The collection and reporting of comorbidities and risk factors was adapted from the EULAR points to consider. To develop management recommendations, the process comprised (1) systematic literature reviews by 3 fellows and (2) a 2-day consensus process involving 110 experts (rheumatologists and health professionals). Votes of agreement (Likert 1-5 where 5 indicates full agreement) were obtained.

Results: The six selected comorbidities were ischemic cardiovascular diseases, malignancies, infections, diverticulitis, osteoporosis and depression. The literature review retrieved 97 articles or websites, mostly developed for the general population. The consensus process led to reporting presence of comorbidities, current treatment, risk factors (e.g. hypertension), screening (e.g. mammography) and prevention (e.g. vaccination). Management recommendations include physical examination (e.g. blood pressure or lymph

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node examination), prescribing screening procedures, and interpreting results to refer in a timely manner to appropriate other health professionals. Agreement was high (mean ± standard deviation, 4.37 ± 0.33).
Conclusions: Using an evidence-based approach followed by expert consensus, this initiative furthers the dissemination in France of the EULAR points to consider, and clearly defines what part of the management of comorbidities is potentially within the remit of rheumatologists. This initiative should facilitate systematic management of patients with CIRDs.

1. Introduction

Chronic inflammatory rheumatic diseases (CIRDs) comprise different diseases such as rheumatoid arthritis (RA), spondyloarthritis (SpA), and connective tissue disorders. It is known that either CIRDs or their treatments are associated with an increased prevalence or a decreased management of certain comorbidities: thus, cardiovascular diseases and cardiovascular risk factors (such as hypertension or hyperlipidemia) [1–3], infections [4,5], depression [6] and osteoporosis [7] are more frequent in patients with CIRDs, whereas there is no demonstrated increase but suboptimal management compared to the general population of other comorbidities such as malignancies or gastrointestinal diseases [5,8]. For example, the screening for the detection of breast cancer (a cancer which is not more frequent in CIRDs than in the general population) by mammography may be less frequently performed in women with CIRDs [9].

Recently, The European league against rheumatism (EULAR) developed points to consider for the reporting and collection of comorbidities in CIRDs [10]. In these points, EULAR stipulated that rheumatologists should collect information regarding comorbidities in a standardized way. A pragmatic collection form was developed to collect information relevant to 6 selected comorbidities: ischemic cardiovascular diseases, malignancies, infections, gastrointestinal diseases, osteoporosis and depression [10]. However, EULAR did not give indications on how to manage the comorbidities or risk factors. This was not done for 2 reasons:

- it is unclear who should be responsible for managing such comorbidities [9,11];
- management of comorbidities may be country-specific (e.g. levels of cholesterol necessitating intake of lipid-lowering drugs may vary across countries) [10,12,13].

In the present initiative, we aimed to implement the EULAR points to consider for the collection and reporting of comorbidities in a national context (France) and to develop management recommendations for selected comorbidities and risk factors, based on CIRD-specific and general population recommendations, but from a rheumatologist perspective, i.e., taking into account what will be within the rheumatologist's remit and when to refer the patient to other physicians. The final aim was to develop a pragmatic document including both the collection and the management of each comorbidity, for use in clinical practice.

2. Methods

This process included literature reviews and a consensus process in France, in accordance with previous Rencontres d'experts en rhumatologie (RER) and 3E (Evidence, expertise, exchange) initiatives [14,15].

2.1. Decisions on target population and target comorbidities

A face-to-face meeting of the steering group took place in March 2015. The group included a convenor (MD), a facilitator (LG), 3 (AB, SD, CD), 10 rheumatologist experts and 3 rheumatology nurses. Three of these were previously involved in the recent EULAR points to consider regarding comorbidities [10]. Based on the EULAR points and on discussions, the target population in terms of patients who should benefit from this initiative, and the list of comorbidities to be considered was developed.

2.2. Systematic literature reviews

Systematic literature reviews were performed for each comorbidity. These reviews used the EULAR review as a basis [10] and comprised:

- a complementary review for connective tissue diseases (not formally included in the EULAR review);
- a review regarding management of comorbidities in particular by checking the existence of specific recommendations for management including from the French Health authorities (Haute Autorité de santé [HAS]) [16].

The objective was to collect published and unpublished recommendations and guidelines for each of the selected comorbidities. This systematic literature review was performed by 3 fellows (AB, SD, CD) from April to September 2015. Detailed information on the process is given in Table S1 (see the supplementary material associated with this article online).

2.3. Consensus process

During a second face-to-face meeting, the steering group developed a draft document dealing with the six groups of comorbidities, and including, for each one, questions to ask for:

- the reporting (i.e. occurrence) of the comorbidity;
- whether screening (e.g. mammography) or assessment of risk factors (e.g. hypertension and factors for diabetes) had been undertaken;
- the uptake of any preventive measures (e.g. vaccination);
- management recommendations.

These include prescribing screening procedures, treatment introductions, and/or referrals to appropriate other health professionals.

Then, a 2-day physical meeting took place in October 2015. Here, 104 physicians and 6 other health professionals (nurses) participated. The comorbidities were split into 3 workshops, each repeated 3 times, every attendee participating at each workshop once. The literature review and the draft document were presented, and the document was adapted according to decisions taken by the group. After the 9 workshops, the 3 versions of each workshop's document were compared by the steering group and a final consensus version was obtained when possible, or 2 alternative versions if consensus could not be reached.

The next day, the consensus versions were presented to the whole group and final decisions were taken by majority voting.