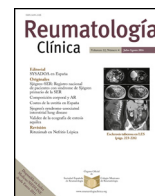




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Original Article

Recommendations for the Use of Ultrasound and Magnetic Resonance in Patients With Rheumatoid Arthritis[☆]

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ARTICLE INFO

Article history:

Received 15 March 2016

Accepted 13 August 2016

Available online xxx

Keywords:

Rheumatoid arthritis

Ultrasound

Magnetic resonance

Recommendations

ABSTRACT

Objective: To develop evidence-based recommendations on the use of ultrasound (US) and magnetic resonance imaging (MRI) in patients with rheumatoid arthritis (RA).

Methods: Recommendations were generated following a nominal group technique. A panel of experts, consisting of 15 rheumatologists and 3 radiologists, was established in the first panel meeting to define the scope and purpose of the consensus document, as well as chapters, potential recommendations and systematic literature reviews (we used and updated those from previous EULAR documents). A first draft of recommendations and text was generated. Then, an electronic Delphi process (2 rounds) was carried out. Recommendations were voted from 1 (total disagreement) to 10 (total agreement). We defined agreement if at least 70% of experts voted ≥ 7 . The level of evidence and grade or recommendation was assessed using the Oxford Centre for Evidence-based Medicine Levels of Evidence. The full text was circulated and reviewed by the panel. The consensus was coordinated by an expert methodologist.

Results: A total of 20 recommendations were proposed. They include the validity of US and MRI regarding inflammation and damage detection, diagnosis, prediction (structural damage progression, flare, treatment response, etc.), monitoring and the use of US guided injections/biopsies.

Conclusions: These recommendations will help clinicians use US and MRI in RA patients.

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[☆] Please cite this article as: Möller I, Loza E, Uson J, Acebes C, Andreu JL, Batlle E, et al. Recomendaciones para el uso de la ecografía y la resonancia magnética en pacientes con artritis reumatoide. Reumatol Clin. 2017. <https://doi.org/10.1016/j.reuma.2016.08.010>

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✉ 28 September 2015.

Recomendaciones para el uso de la ecografía y la resonancia magnética en pacientes con artritis reumatoide

R E S U M E N

Palabras clave:

Artritis reumatoide
Ecografía
Resonancia magnética
Recomendaciones

Objetivo: Establecer recomendaciones, basadas en la evidencia, sobre el uso de la ecografía (US) y la resonancia magnética (RM) en pacientes con artritis reumatoide (AR)

Métodos: Las recomendaciones se consensuaron mediante metodología basada en grupos nominales. Un grupo de expertos (15 reumatólogos y 3 radiólogos) definió el alcance, usuarios, apartados del documento, posibles recomendaciones, revisiones sistemáticas a realizar (se utilizaron y actualizaron las revisiones de documentos de consenso previos de EULAR), y de la asignación de tareas. Los expertos delimitaron los apartados y redactaron las recomendaciones. El nivel de evidencia y grado de recomendación se realizó utilizando el sistema del Center for Evidence Based Medicine de Oxford. El grado de acuerdo se estableció mediante un Delphi a 2 rondas. Las recomendaciones se votaron según una escala de 1 (total desacuerdo) a 10 (total acuerdo), definiéndose el acuerdo como una puntuación ≥ 7 por al menos el 70% de los participantes. El documento completo fue revisado por los expertos y el proyecto coordinado por un metodólogo experto.

Resultados: Se emitieron 20 recomendaciones que cubren: la validez de la US y RM para la detección de actividad y daño estructural, capacidad diagnóstica, predictora (de progresión de daño estructural, de brote de la enfermedad, respuesta al tratamiento, etc.), utilidad en la evaluación y monitorización de estos pacientes que están en tratamiento, y uso de la US como guía (para infiltraciones o biopsias).

Conclusiones: Se presentan recomendaciones útiles para el manejo de la US y RM por los clínicos en pacientes con AR.

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Introduction

Ultrasound (US) and magnetic resonance imaging (MRI) are highly useful in the daily clinical practice of rheumatologists, both in the diagnosing process and in the therapeutic management of inflammatory diseases, among them, rheumatoid arthritis (RA). The development of new drugs and the establishment of criteria for better control of the inflammatory activity in this disease have led to a marked change in the utilization of the two techniques in the routine management of RA patients.¹ The reason for this change lies in both their ability to detect inflammation (with the possibility of intensifying the treatment and avoiding or reducing irreversible structural damage) and the increasing incorporation of US and the greater accessibility of MRI studies on the part of rheumatology departments.

Ultrasound has a great advantage in the fact that it can be performed at the point of care. This enables the immediate comparison with clinical data and findings from other studies in cases of diagnostic suspicion or doubts. As a consequence, it is essential to facilitate programmed learning according to a competitive curriculum for US in rheumatology, to gain access to a medium or high-range US machine and to become familiar with the settings. Magnetic resonance imaging may not be as accessible as US in rheumatology departments, but it is a highly useful imaging technique, both for diagnosis and for patient follow-up.

The incorporation of these imaging techniques into clinical practice should be based on valid scientific criteria, judgment and feasibility. Therefore, the main objective of this project was to draw up recommendations on the use of US and MRI in RA, based on the best available evidence, which serves as a reference for all of the professionals involved in caring for patients with rheumatic diseases. Our proposal was to reduce the variability in the use of these imaging techniques and to close the gaps between clinical practice and the best scientific evidence.

Material and Methods

The preparation of this document was an initiative of the Working Group on Ultrasound of the Spanish Society of Rheumatology

(ECOSER). The purpose of the present article was to provide recommendations concerning the use of US and MRI in RA patients. The development involved the utilization of the Delphi method and the nominal group technique.² The entire process of writing the document was performed through the distribution of tasks and comments among those participating, with the additional aid of several consensus documents published by the European League Against Rheumatism (EULAR) and the critical evaluation and the subsequent update of their systematic literature reviews (SLR).³⁻⁵ The process and final document were reviewed and validated by the Spanish Society of Rheumatology (SER).

Selection of the Panel and Assignment of Tasks

The first step was the formation of a panel of 18 experts (15 rheumatologists and 3 radiologists), selected through a search in MEDLINE for Spanish professionals with publications in indexed journals on the utilization of US and/or MRI in RA. The panel was constituted on the basis of the results of that search, the demonstrated experience of the professionals and their interest in the subject, also taking into account criteria concerning geographic representativeness. The entire process was coordinated by a methodologist with demonstrated experience in the Delphi method and SLR.

In the first meeting of the nominal group, the clinical questions to be developed were selected and the scope, objectives and sections of the document were decided. The clinical questions were formulated following the PICO format: patient, intervention, comparison and outcome. It was ultimately decided to carry out the SLR on different aspects of US and MRI in RA, and postpone the assignment of tasks to the panelists until the results of the SLR had been obtained. Given that these clinical questions had been previously formulated in the abovementioned EULAR consensus documents, it was decided that they be critically evaluated and updated.

Systematic Literature Reviews

The critical evaluation and updating of the SLR were performed with the help of an expert Spanish documentalist. For this, we

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