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Original article

Interventional rheumatology: the competence of Brazilian rheumatologists

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ABSTRACT

Objectives: Describe Brazilian rheumatologists's competence in interventional rheumatology; assess the association between this ability and demographic and training variables.

Methods: A cross-sectional study with 500 Brazilian rheumatologists. Participants were assessed by self-administered questionnaire consisting of demographics, training, practice in office and knowledge in interventional rheumatology data.

Results: 463 participants had their data analyzed. The mean age was 40.2 years (± 11.2). 70% had performed periarticular injections and 78% had performed intra-articular injections. The sample was divided into three groups: non-interventionist, little interventionist and very interventionist. The non-interventionist group showed ($p < 0.001-0.04$) higher mean age, lower proportion of university bond, lower training history, higher proportion of graduates in the Southeast country, and higher proportion of graduates in the 1980s to 1989. The very interventionist group showed higher ($p < 0.001-0.018$) proportion of adult rheumatologists, higher proportion of university bond, longer training time with greater practice of complex procedures, and higher proportion of graduates, trained and with private practice in the South country. Variables most associated with the very interventionist subgroup are performing axial intra-articular injections (OR: 7.4, $p < 0.001$), synovial biopsy (OR: 5.75, $p = 0.043$), image-guided IAI (OR: 4.16, $p < 0.001$), viscosupplementation (OR = 3.41, $p < 0.001$), joint lavage (OR = 3.22, $p = 0.019$), salivary gland biopsy (OR = 2.16, $p = 0.034$) and over 6-month training (OR: 2.16, $p = 0.008$).

Conclusions: Performing more complex invasive procedures and over 6-month training in interventional rheumatology were variables associated with enhanced interventional profile.

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Reumatologia intervencionista: competência dos reumatologistas brasileiros

R E S U M O

Palavras-chave:
Injeção articular
Competência
Reumatologista
Treinamento

Objetivos: Descrever a competência dos reumatologistas brasileiros na reumatologia intervencionista (RI); avaliar a associação entre essa capacidade e variáveis demográficas e de treinamento.

Métodos: Fez-se um estudo transversal com 500 reumatologistas brasileiros. Os participantes foram avaliados por questionário autoadministrado, constituído por dados demográficos, treinamento, prática em consultório e conhecimento em dados de RI.

Resultados: Analisaram-se os dados de 463 participantes. A média foi de 40,2 anos ($\pm 11,2$). Desses, 70% fizeram injeções periarticulares (IPA) e 78% intra-articulares (IAI). A amostra foi dividida em três grupos: não intervencionista, pouco intervencionista e muito intervencionista. O grupo não intervencionista apresentou ($p < 0,001 - 0,04$) maior média de idade, menor proporção de vínculo universitário, menor história de treinamento, maior proporção de graduados na Região Sudeste do país e maior proporção de graduados nas décadas de 1980 a 1989. O grupo muito intervencionista apresentou ($p < 0,001 - 0,018$) maior proporção de reumatologias que atendem pacientes adultos, maior proporção de vínculo universitário, maior tempo de treinamento de prática de procedimentos complexos, maior proporção de graduados no sul do país, treinados e com consultório particular nessa região. As variáveis mais frequentemente associadas ao subgrupo muito intervencionista foram feitura de IAI axial (OR: 7,4, $p < 0,001$), biópsia sinovial (OR: 5,75, $p = 0,043$), IAI guiada por imagem (OR: 4,16, $p < 0,001$), viscosuplementação (OR = 3,41, $p < 0,001$), lavagem articular (OR = 3,22, $p = 0,019$), biópsia da glândula salivar (OR = 2,16, $p = 0,034$) e mais de seis meses de treinamento (OR: 2,16; $p = 0,008$).

Conclusões: Fazer procedimentos invasivos mais complexos e ter mais de seis meses de treinamento em RI foram as variáveis associadas a um melhor perfil intervencionista.

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Introduction

Rheumatology is considered only a clinical specialty by many. But in fact, the practice involves a series of interventions that assist the physician in the diagnosis and treatment of rheumatic diseases. Interventional rheumatology has been part of the expertise for over half a century, when the practice of intra-articular injection (IIA) with corticosteroids (CSs) began.¹ This remains the most common procedure performed by rheumatologists nowadays. The periarticular injections (PIs) with CSs can be used for the treatment of inflammatory soft tissue as the first choice or even in refractory cases. The use of image techniques can improve the effectiveness of joint injection, both intra- and periarticular. Other procedures related to patient diagnosis include synovial, bone, muscle, and salivary gland biopsies.²⁻⁵

There are few studies evaluating the intervention's competence of rheumatologists throughout the world.⁶⁻⁸ Some studies focus on rheumatologist's competence to perform musculoskeletal ultrasound (MU) for diagnostic purposes or for guiding procedures.⁹⁻¹³

There are no published studies evaluating the theoretical competence in interventional rheumatology among Brazilian rheumatologists. It is believed that there is a large heterogeneity in training to perform osteoarticular procedures in Brazil.

The aims of this study were to describe the competence of Brazilian rheumatologists in interventional rheumatology, assess the association between their competence and demographic variables, and between their educational training in order to try to identify variables associated with more interventional rheumatologists.

Methods

This was a cross-sectional study reviewed and approved by the Ethics Committee of the Universidade Federal de São Paulo, São Paulo, Brazil. Five hundred Brazilian rheumatologists were randomly selected and assigned to participate in the study. Participants were selected during the most important annual Rheumatology meeting of the Rheumatology Brazilian Society conducted in the southeast region of Brazil.

The following inclusion criteria were used: being a rheumatologist or a student in the final year of Residency in rheumatology and signing the informed consent. The study's exclusion criterion was not being a rheumatologist (medical students, resident physicians in other specialties, medical experts in other areas, and without specific medical specialty).

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