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Original Investigation

Approach to disability in rheumatoid arthritis. Results of a comprehensive care program☆

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ABSTRACT

Introduction: Although rheumatoid arthritis care models consider a symptomatic approach and intervention of disability, it is also important to have a model that integrates advances in the pharmacological management, as well as non-drug treatment strategies.
Materials and methods: A descriptive cross-sectional retrospective study was conducted that included 640 patients diagnosed with rheumatoid arthritis and in an outpatient comprehensive care program. The first assessments made by occupational therapy with a full functional evaluation including the Barthel index, Quick DASH scale, and the Health Assessment Questionnaire. The activity of the disease was calculated using DAS28.
Results: Higher HAQ scores were observed as the level of disease activity increased. There were no significant differences in the level of activity of the disease among subjects who worked and those who did not. A low correlation was found between the DAS28 and the Quick DASH in 2 evaluation modules ($r = 0.399$ for instrumental and $r = 0.291$ for the work module) ($p < 0.005$). Of the 350 subjects, 66.7% had some degree of disease activity and the percentage of patients shown to have a moderate to severe limitation in the functioning of the upper limb was 66.1% for the work module and 84.75% for the instrumental module, showing a greater functional limitation as the level of disease activity increased.
Conclusion: This study has reassessed the applying of generic scales that deal with generally functionality, within the care program.

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Aproximación de discapacidad en artritis reumatoide. Resultados de un programa de atención integral

Palabras clave:
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Artritis reumatoide
Terapias biológicas
Evaluación del impacto en la salud

RESUMEN

Introducción: Los modelos de atención en artritis reumatoide consideran el abordaje sintomático y la intervención de discapacidad; sin embargo, es importante un modelo que integre los avances en el manejo farmacológico y las estrategias no farmacológicas.
Materiales y métodos: Estudio retrospectivo, descriptivo, transversal, en el que incluimos a 640 pacientes con diagnóstico de artritis reumatoide que estaban participando en un programa de atención integral ambulatoria; tomamos las primeras valoraciones realizadas por terapia ocupacional con la evaluación funcional completa que incluían: índice de Barthel, escala Quick DASH y Health Assessment Questionnaire. El nivel de actividad de la enfermedad se calculó a través del DAS28.
Resultados: Se evidenciaron puntuaciones más altas del HAQ a medida que el nivel de actividad de la enfermedad aumenta; no se encontraron diferencias significativas en cuanto al nivel de actividad de la enfermedad entre los sujetos que laboran y los que no. Encontramos una baja asociación entre el DAS28 y el Quick DASH en sus 2 módulos de evaluación ($r = 0{,}399$ para el instrumental y $r = 0{,}291$ para el módulo laboral; $p < 0{,}005$). De los 350 sujetos, el 66,7% presentó algún grado de actividad de la enfermedad y el porcentaje de pacientes que calificaron una limitación de moderada a severa en la función de su extremidad superior fue del 66,1% para el módulo laboral y del 84,75% para el módulo instrumental, con mayor limitación funcional a medida que aumenta el nivel de actividad de la enfermedad.
Conclusiones: Este estudio ha permitido reevaluar dentro del programa la aplicación de escalas genéricas que abordan de forma general la funcionalidad.

Introduction

Rheumatoid arthritis (RA) is an inflammatory, systemic, chronic incurable disease, whose main target is the synovial membrane; it generates joint pain, stiffness and inflammation, and it can cause systemic involvement and lead to a significant degree of disability.[1–3] A study of Afro-Colombians in Colombia in 2001 reported a hospital incidence of 0.65 per 1000 people-year[4] and the study Disease Burden in Colombia of 2005 concluded an overall prevalence of 0.9/100 inhabitants, with a women:men ratio of 4:1.[5]

It is considered that in 5–20% of cases it has a self-limited course, 60–90% of them have a polycyclic evolution toward progressive deterioration and about 75% do not achieve complete remission despite treatment,[1,3,6–8] with functional and structural changes that lead to limitation in activity and restriction in participation, which leads to deterioration in the quality of life, significant disability and loss of roles.[5–9] RA is a chronic disease with multiple impacts on the individual, which are reflected in society, and which requires a model of care that incorporates contextual factors dependent on the individual, the environment and the health-disease process.[2]

The models of care in RA consider the symptomatic approach and the intervention on the disability.[2] However, a model like the one that has been developing in *Riesgo de Fractura S. A.-CAYRE* since 2009 integrates the advances in pharmacological management,[3,7] in the context of an interdisciplinary care[10] through integral programs, which are more beneficial, since they allow to establish coordinated actions addressed to specific problems, with an individualized management plan according to the functional ability; programs that consider the variable prognosis of the disease and measure the effect of the interventions.[3] This integrality, in addition, allows the participation of patients' organizations.[1,3,10]

This study seeks to make an approximation to the functional impact in a group of patients with RA, evaluated within a program of comprehensive care for autoimmune diseases in the outpatient setting called PARATI.

Patients and methods

Patients

The study included 640 patients, older than 18 years of age, of both sexes, with a diagnosis of RA according to the 1987 criteria of the American College of Rheumatology, who were in a comprehensive ambulatory care program for patients with inflammatory and autoimmune rheumatic diseases and who received biological therapy. The first assessments carried out by an occupational therapist trained in the application of functional scales, between January 2014 and December 2015 were taken, without the need for standardization of their application, since there was only a single evaluator. Of the 640 subjects, a sample of 350 patients was taken for the analysis of correlations between the functionality scales and the level of disease activity (DAS28). The subjects with incomplete information within the database were excluded, as well as