Question 1: IMIDs and Multidisciplinary Approach: what is the context?

1a: EPIDEMIOLOGY

STATEMENT 1a.

Epidemiological, clinical and prevalence studies demonstrate that patients with IMIDs, such as those with psoriasis, spondyloarthritis, inflammatory bowel diseases and non-infectious uveitis, have a higher risk of developing another related-IMID than the normal population.

La ricerca bibliografica è stata effettuata utilizzando le seguenti keywords/strategie e i limiti sotto riportati.

STRATEGIE DI RICERCA:
AND ulcerative]) OR (psoriasis AND (croc)
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AND ulcerative)) AND (epidemiol* OR prevalence OR incidence OR distribution OR frequency)) AND ("inprocess" OR "publisher")) OR (((((epidemiol* OR prevalence OR incidence OR distribution OR frequency)) AND (((arthritis OR arthritides OR arthropathica OR arthropathy OR arthropathies)) OR crohn OR crohn’s) OR (colitis AND ulcerative)) OR (Immune‐mediated inflammatory diseases OR "Immune mediated inflammatory diseases" OR IMIDs OR IMID OR "inflammatory bowel diseases") OR (((((arthritis OR arthritides) AND (rheumatoid OR rheumatic)) AND (spondylitis OR spondyloarthritis OR spondylarthritides OR Bechterew)) AND psoriasis) OR (((arthritis OR arthritides) AND (rheumatoid OR rheumatic)) AND (spondylitis OR spondyloarthritis OR spondylarthritides OR Bechterew)) OR (((arthritis OR arthritides) AND (rheumatoid OR rheumatic)) AND (crohn OR crohn’s)) OR (psoriasis AND (arthritis OR arthritides OR arthropathica OR arthropathy OR arthropathies))) OR (((arthritis OR arthritides) AND (rheumatoid OR rheumatic)) AND (croc)
AND ulcerative)) OR (((arthritis OR arthritides) AND (rheumatoid OR rheumatic)) AND (croc)
AND ulcerative)) OR (((arthritis OR arthritides) AND (rheumatoid OR rheumatic)) AND (croc)
AND ulcerative)) AND (epidemiol* OR prevalence OR incidence OR distribution OR frequency)))

FILTRI: Last 11 years, Languages English, French, German, Italian, Spanish.

La documentazione emersa dalla consultazione della letteratura è stata analizzata e selezionata sulla base di specifici criteri:

- letteratura contenente dati che attestino incidenza e prevalenza IMIDs (Globale, oppure Europea, oppure singole Nazioni Europee).
- Meta-Analysis, Systematic Reviews, Multicenter Study, Observational Study, Pragmatic Clinical Trial, Randomized Controlled Trial, Clinical Conference, Clinical Trial, Comparative Study, Consensus Development Conference.
- Eliminati articoli relativi solamente a single sottopopolazioni (es. pediatrici o anziani).

ARTICOLI: totale degli articoli ottenuti 1.068, di questi ne sono stati selezionati 41.

1.

The Prevalence and Incidence of Axial and Peripheral Spondyloarthritis in Inflammatory Bowel Disease: A Systematic Review and Meta-analysis.
Karreman MC1,2, Luime JJ3, Hazes JM3, Weel AE3,2.

Abstract
BACKGROUND & AIMS:
Inflammatory Bowel Disease is a chronic disease which affects up to 0.5% of the population. Various extraintestinal manifestations occur, among which rheumatic manifestations, grouped together under the name spondyloarthritis. The objective of the systematic review and meta-analysis was to give a systematic overview of the prevalence and incidence of spondyloarthritis in patients with inflammatory bowel disease.

METHODS:
We systematically searched Embase, Pubmed, OvidSP, Scopus and Web-of-science databases from inception to August 2016. All articles that addressed the prevalence or incidence of the different features of spondyloarthritis in adult inflammatory bowel disease patients were included. Methodological quality was assessed using a modified quality assessment tool developed for prevalence studies.

RESULTS:
71 studies were included reporting on the prevalence of sacroiliitis, ankylosing spondylitis, arthritis, enthesitis and dactylitis. Pooled prevalences were calculated for sacroiliitis (10%; 95% CI 8-12%), ankylosing spondylitis (3%; 95% CI 2-4%) and arthritis (13%; 95%CI 12-15%). Geographic area, setting and use of different criteria contribute to the large heterogeneity. Few estimates were available for enthesitis (prevalence range from 1 to 54%) and dactylitis (prevalence range from 0 to 6%). Only three incidence studies were identified, which report cumulative incidences from 5 to 30 years.

CONCLUSIONS:
Spondyloarthritis occurs in up to 13% of patients with IBD. Ankylosing spondylitis is the least common (3%) followed by sacroiliitis (10%) and peripheral arthritis (13%).

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KEYWORDS: Epidemiology; Extra-intestinal Manifestations; Spondyloarthritis
PMID: 27815352 DOI: 10.1093/ecco-jcc/jjw199
[PubMed - as supplied by publisher]

2.

Nationwide prevalence and drug treatment practices of inflammatory bowel diseases in Hungary: A population-based study based on the National Health Insurance Fund database.
Abstract

BACKGROUND:
Crohn's disease (CD) and ulcerative colitis (UC) are chronic inflammatory diseases associated with a substantial healthcare utilization.

AIM:
Our aim was to estimate the national prevalence of inflammatory bowel disease (IBD), CD and UC and to describe current drug treatment practices in CD and UC.

METHODS:
Patients and drug dispensing events were identified according to international classification codes for UC and CD in in-patient care, non-primary out-patient care and drug prescription databases (2011-2013) of the National Health Insurance Fund.

RESULTS:
A total of 55,039 individuals (men: 44.6%) with physician-diagnosed IBD were alive in Hungary in 2013, corresponding to a prevalence of 0.55% (95% CI, 0.55-0.56). The prevalence of CD 0.20% (95% CI, 0.19-0.20), and UC was 0.34% (95% CI, 0.33-0.34). The prevalence both in men and women was the highest in the 20-39 year-olds in CD. Current use of immunosuppressives and biological therapy was highest in the pediatric CD population (44% and 15%) followed by adult CD (33% and 9%), while their use was lowest in elderly patients. Interestingly, current use of 5-ASA (5-aminosalicylates) was high in both UC and CD irrespective of the age group.

CONCLUSIONS:
The Hungarian IBD prevalence based on nationwide database of the National Health Insurance Fund was high. We identified significant differences in the drug prescription practices according to age-groups.

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KEYWORDS: Drug treatment strategy; Epidemiology; Inflammatory bowel disease; Prevalence; Public health registry data

PMID: 27481587 DOI: 10.1016/j.dld.2016.07.012

[PubMed - in process]
OBJECTIVES:

To evaluate the prevalence and its clinical characteristics of psoriatic arthritis (PsA) in a specialized psoriasis clinic of a University Hospital.

METHODS:

In this retrospective study, 278 patients with psoriasis were evaluated between 2011 and 2013.

RESULTS:

The study included 278 patients with psoriasis: 144 (52%) were male and 134 (48%) female. Their median age was 51.41 with median psoriasis presenting age of 34.52 years. Referring to the type of psoriasis, 86% presented with plaque psoriasis, 5% guttate, 2% palms and soles, 2% inverse, 1% pustular and 4% with psoriasis of more than one type. Nail disease appeared in 121 patients (43.5%) and scalp disease in 175 (63%). Of these patients, 85 (30%) had PsA, whereas 51% of patients with PsA had psoriatic nail disease. With reference to the PsA type, 43 (51%) patients presented with polyarthritis, 10 (12%) with oligoarthritis, 7 (8%) with axial arthritis, whereas the rest 25 of them (31%) had PsA of more than one type. The subgroup of patients with PsA had significantly higher rates of comorbidities including arterial hypertension, diabetes and hypercholesterolaemia compared to non-PsA patients with 41% vs. 17% (P = 0.001), 20% vs. 8% (P = 0.021) and 41% vs. 19% (P = 0.004), respectively.

CONCLUSION:

The prevalence of PsA among patients with psoriasis was relatively higher in Greece compared to other ethnic-based studies. Comorbidities related to life expectancy were more frequent. As there is a high percentage of undiagnosed cases with active arthritis among patients with psoriasis, dermatologists should be aware of PsA clinical signs in order to recognize it earlier and provide successful treatment.

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PMID: 27508394 DOI: 10.1111/jdv.13700

[PubMed - in process]
For the primary care population, we used the Primary Care Clinical Informatics Unit Research (PCCIUR) electronic primary care database, covering one-third of the Scottish population. Patients with AS, and various extraspinal manifestations were identified using Read Codes. For secondary care, we used the Scotland Registry for Ankylosing Spondylitis, which collected data on clinically diagnosed AS patients >15 years of age seen in rheumatology clinics between 2010 and 2013. Prevalence estimate denominators were computed using the adult PCCIUR and Scottish 2011 mid-year population estimates, respectively. Differences in the characteristics of both patient groups were examined using simple descriptive statistics.

RESULTS:

The prevalence of AS in primary care was 13.4/10 000 (95% CI 12.8, 14.0) and 4.7/10 000 in rheumatology (95% CI 4.5, 4.9). Rheumatology patients were younger overall and at diagnosis (mean age 51 vs 62 years and 35 vs 38, respectively; both P < 0.001) and more likely to have a history of uveitis (34 vs 22%), IBD (12 vs 6%) and psoriasis (14 vs 6%) (all P < 0.001).

CONCLUSIONS:

This is the first study to estimate the prevalence of clinically diagnosed AS in primary and secondary care simultaneously, indicating that only one-third of patients are managed in rheumatology. This has important ramifications for health care planning and indicates a large 'silent' proportion of patients who may have serious pathology and would benefit from additional assessment in a specialist clinic.

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KEYWORDS: ankylosing spondylitis; epidemiology; prevalence; spondyloarthritis

PMID: 27354690 DOI: 10.1093/rheumatology/kew228

[PubMed - in process] Free full text

5.


[Prevalence of rheumatoid arthritis in Germany based on health insurance data : Regional differences and first results of the PROCLAIR study].

[Article in German]
Hense S1,2, Luque Ramos A1, Callhoff J3, Albrecht K3, Zink A3,4, Hoffmann F5.

Erratum in

Erratum zu: Prävalenz der rheumatoiden Arthritis in Deutschland auf Basis von Kassendaten : Regionale Unterschiede und erste Ergebnisse der PROCLAIR-Studie. [Z Rheumatol. 2016]

Abstract

BACKGROUND:

Rheumatoid arthritis (RA) is the most common chronic inflammatory joint disease with a prevalence of up to 1 % in the adult population.

OBJECTIVE:
This study describes the prevalence of RA diagnoses in outpatient health insurance claims data, based on different case definitions and stratified by age, sex and region of residence.

METHODS:

Based on data from a nationwide statutory health insurance fund (BARMER GEK) from the year 2013, a cross-sectional study of insurants aged 18 years or older was conducted. The following case definitions were applied: A) a diagnosis of seropositive rheumatoid arthritis (M05) or other rheumatoid arthritis (M06) according to the international classification of diseases 10 German modification (ICD-10-GM) in at least two quarterly periods of the year 2013, B) case definition A plus determination of C-reactive protein (CRP) or erythrocyte sedimentation rate (ESR) at least once, C) case definition B plus specific drug therapy and D) case definition A plus treatment by a rheumatologist. Raw as well as age and sex-standardized prevalences were calculated and stratified according to the federal state.

RESULTS:

The study population consisted of 7,155,315 insurants of whom 60.2% were female. Overall, RA prevalences for the respective case definitions were 1.62% (A), 1.11% (B), 0.94% (C) and 0.64% (D). When standardized to the German population the prevalences were 1.38% (A), 0.95% (B), 0.81% (C) and 0.55% (D). The proportion of women was approximately 80% for all case definitions. Prevalences increased with age, peaking in the age group 70-79 years old and showing the highest values in eastern and the lowest in southern Germany for raw as well as standardized measures.

CONCLUSION:

Regional differences in the prevalence of RA diagnoses in health insurance claims data were observed independent of age, sex and case definition. The expected prevalence according to the results of international studies was best achieved when case definitions with CRP or ESR were considered.

KEYWORDS: Epidemiology; Health services research; Healthcare insurance data; Rheumatoid arthritis; Secondary data

PMID: 27120440 DOI: 10.1007/s00393-016-0088-0

[PubMed - in process]

6.


**Time trends in the incidence, prevalence, and severity of rheumatoid arthritis: A systematic literature review.**

Minichiello E1, Semerano L2, Boissier MC3.

Abstract

INTRODUCTION:

Rheumatoid arthritis (RA) generates a heavy socioeconomic burden. The ability to predict the frequency and severity of socioeconomic effects due to RA is crucial to the development of public health policies.
OBJECTIVE:
To conduct a systematic literature review of data on the prevalence, incidence, and severity of RA.

METHODS:
Medline, EMBASE, the Cochrane Library, and online American College of Rheumatology communications were searched for articles on the prevalence and incidence of RA, as well as on selected severity and activity criteria. Relevant articles were then selected by two investigators.

RESULTS:
Frequency data are conflicting. No proof exists from cohort studies that the incidence of RA has changed over time. Overall, the prevalence of RA is stable or on the rise. Studies consistently demonstrated a decrease in severity over time, with lower activity, fewer extraarticular manifestations, a diminished need for surgery to treat joint destruction, and less severe radiological changes. The excess mortality, in contrast, despite a trend toward a decrease over time, remains significant.

CONCLUSION:
The activity and deleterious effects of RA have diminished over time, in conjunction with recent therapeutic advances (new drugs and improved patient selection). However, there seems to be no decrease in the frequency of RA, which continues to induce significant excess mortality.

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KEYWORDS: Epidemiology; Rheumatoid arthritis; Severity

PMID: 27616690 DOI: 10.1016/j.jbspin.2016.07.007

[PubMed - as supplied by publisher]
The prevalence of SpA ranged from 0.20% (95% confidence interval [95% CI] 0.00-0.66) in South-East Asia to 1.61% (95% CI 1.27-2.00) in Northern Arctic communities; the prevalence of ankylosing spondylitis (AS) from 0.02% (95% CI 0.00-0.21) in Sub-Saharan Africa to 0.35% (95% CI 0.24-0.48) in Northern Arctic communities; and the prevalence of psoriatic arthritis (PsA) from 0.01% (95% CI 0.00-0.17) in the Middle East to 0.19% (95% CI 0.16-0.32) in Europe. The following characteristics were significantly associated with variation in prevalence of SpA, AS, and/or PsA: proportion of females, mean age of the sample, geographic area and setting (demographic characteristics), year of data collection, case finding, and case ascertainment (methodologic characteristics). For the other SpA subgroups, too few studies were available to conduct a meta-analysis, but prevalence estimates of reactive arthritis (range 0.0-0.2%), SpA related to inflammatory bowel disease (range 0.0-0.1%), and undifferentiated SpA (range 0.0-0.7%) were generally low.

CONCLUSION:

SpA is a common disease, but with large variation in reported prevalence estimates, which can partly be explained by differences in demographic and methodologic characteristics. Particularly, geographic area as well as case finding account for a substantial part of the heterogeneity.

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PMID: 26713432 DOI: 10.1002/acr.22831

[PubMed - in process]

8.

Incidence, prevalence and mortality of patients with psoriasis: a UK population-based cohort study.

Springate DA1,2, Parisi R3, Kontopantelis E1,4, Reeves D1,2, Griffiths CE5, Ashcroft DM1,3.

Abstract

BACKGROUND:

The burden of psoriasis across many world regions is high and there is a recognised need to better understand the epidemiology of this common skin disorder.

OBJECTIVES:

To examine changes in the prevalence and incidence of psoriasis, and mortality rates over a 15 year period.

METHODS:

Cohort study involving analysis of longitudinal electronic health records between 1999 and 2013 using the UK Clinical Practice Research Datalink (CPRD).

RESULTS:

The prevalence of psoriasis increased steadily from 2.3% (2297 cases per 100,000) in 1999 to 2.8% (2815 per 100,000) in 2013, which does not appear to be attributable to changes in incidence rates. We observed peaks in age-bands characteristic of early (type I) and late-onset (type II) psoriasis, and changes in incidence and prevalence rates with increasing latitude in the UK. All-cause mortality rates for the general population and for patients with psoriasis have decreased.
over the last 15 years. However, the risk of all-cause mortality for psoriasis patients remains elevated compared to people without psoriasis (hazard ratio (HR) 1.21; 95% CI 1.13-1.3) and we found no significant change in this relative excess mortality gap over time.

CONCLUSIONS:

We found an increasing population living longer with psoriasis in the UK which has important implications for healthcare service delivery and for resource allocation. Importantly, early mortality in patients with psoriasis remains elevated compared to the general population and we found no evidence of change in this premature mortality gap. This article is protected by copyright. All rights reserved.

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KEYWORDS: Psoriasis; incidence; latitude; mortality; prevalence

PMID: 27579733 DOI: 10.1111/bjd.15021

[PubMed - as supplied by publisher]

9.

A systematic review of worldwide epidemiology of psoriasis.
Michalek IM1,2, Loring B2, John SM3.

Abstract

To inform the WHO Global report on psoriasis, a new comprehensive worldwide systematic review of the epidemiology of psoriasis was undertaken. The aim of this study was to systematically review the worldwide literature regarding the epidemiology of psoriasis, including prevalence and incidence, in adults and in children. A search of 15 electronic medical databases was performed. Using a rigorous systematic protocol, eligible articles were analysed. No language, regional or temporal restrictions were applied. A total of 76 study observations met all eligibility criteria and were included in the systematic review. The estimates of the prevalence of psoriasis in adults ranged from 0.51% to 11.43%, and in children from 0% to 1.37%. Psoriasis is a common disease, occurring more frequently with advancing age. Limited data on the epidemiology of psoriasis are available. The available prevalence data come from only 20 countries, meaning there are huge geographic gaps in knowledge, especially from low- and middle-income settings.

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PMID: 27573025 DOI: 10.1111/jdv.13854

[PubMed - as supplied by publisher]

10.

The Faroese IBD Study: Incidence of Inflammatory Bowel Diseases Across 54 Years of Population-based Data.
Abstract

BACKGROUND AND AIMS:

Inflammatory bowel diseases [IBDs] include Crohn's disease [CD], ulcerative colitis [UC], and IBD unclassified [IBDU]. In 2010 and 2011, the ECCO-EpiCom study found the worldwide highest incidence of inflammatory bowel disease [IBD] in the Faroe Islands: 83 per 100 000 [European Standard Population, ESP]. The present study assessed the long-term time trends in IBD incidence in the Faroese population.

METHODS:

In this population-based study, data were retrieved from the National Hospital of the Faroe Islands and included all incident cases of CD, UC, and IBDU diagnosed between July 1960 and July 2014. Patients of all ages were included and diagnoses were defined according to the Copenhagen Diagnostic Criteria.

RESULTS:

A total of 664 incident IBD patients were diagnosed: 113 with CD, 417 with UC, and 134 with IBDU. Of these, 51 [8%] were diagnosed with paediatric-onset IBD. Between 1960 and 1979, a total of 55 persons were diagnosed; 105 in 1980-89; 166 in 1990-99; 180 in 2000-09; and 158 in 2010-14. This represented an increase in the age-standardised IBD incidence rate from 7, 25, 40, and 42 to 74 per 100 000 [ESP]. For CD, the increase was from 1 to 10, for UC from 4 to 44, and for IBDU from 2 to 21 per 100 000 [ESP].

CONCLUSIONS:

The high IBD incidence was found to be a relatively new phenomenon. The observed increase is unlikely to be an artefact resulting from, for instance, better registration. Our study indicated a real and increasing disease burden resulting from changing-so far unidentified-exposures.

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KEYWORDS: Epidemiology; Faroe Islands; inflammatory bowel diseases

PMID: 26933031 PMCID: PMC4962362 DOI: 10.1093/ecco-jcc/jjw050


11.


The prevalence and clinical characteristics of nonradiographic axial spondyloarthritis among patients with inflammatory back pain in rheumatology practices: a multinational, multicenter study.

Burgos-Varga R1, Wei JC2,3,4, Rahman MU5,6, Akkoc N7, Haq SA8, Hammoudeh M9, Mahgoub E6, Singh E6, Llamado LJ10, Shirazy K11, Kotak S12, Hammond C6, Pedersen R6, Shen Q6, Vlahos B6.

Erratum in
Erratum to: The prevalence and clinical characteristics of nonradiographic axial spondyloarthritis among patients with inflammatory back pain in rheumatology practices: a multinational, multicenter study. [Arthritis Res Ther. 2016]

Abstract

BACKGROUND:

Patients with ankylosing spondylitis (AS), who by definition have radiographic sacroiliitis, typically experience symptoms for a decade or more before being diagnosed. Yet, even patients without radiographic sacroiliitis (i.e., nonradiographic axial spondyloarthritis [nr-axSpA]) report a significant disease burden. The primary objective of this study was to estimate the prevalence and clinical characteristics of nr-axSpA among patients with inflammatory back pain (IBP) in rheumatology clinics in a number of countries across the world. A secondary objective was to estimate the prevalence of IBP among patients with chronic low back pain (CLBP).

METHODS:

Data were collected from 51 rheumatology outpatient clinics in 19 countries in Latin America, Africa, Europe, and Asia. As consecutive patients with CLBP (N = 2517) were seen by physicians at the sites, their clinical histories were evaluated to determine whether they met the new Assessment of SpondyloArthritis international Society criteria for IBP. For those who did, their available clinical history (e.g., family history, C-reactive protein [CRP] levels) was documented in a case report form to establish whether they met criteria for nr-axSpA, AS, or other IBP. Patients diagnosed with nr-axSpA or AS completed patient-reported outcome measures to assess disease activity and functional limitations.

RESULTS:

A total of 2517 patients with CLBP were identified across all sites. Of these, 974 (38.70 %) fulfilled the criteria for IBP. Among IBP patients, 29.10 % met criteria for nr-axSpA, and 53.72 % met criteria for AS. The prevalence of nr-axSpA varied significantly by region (p < 0.05), with the highest prevalence reported in Asia (36.46 %) and the lowest reported in Africa (16.02 %). Patients with nr-axSpA reported mean ± SD Ankylosing Spondylitis Disease Activity Scores based on erythrocyte sedimentation rate and CRP of 2.62 ± 1.17 and 2.52 ± 1.21, respectively, indicating high levels of disease activity (patients with AS reported corresponding scores of 2.97 ± 1.13 and 2.93 ± 1.18). Similarly, the overall Bath Ankylosing Spondylitis Disease Activity Index score of 4.03 ± 2.23 for patients with nr-axSpA (4.56 ± 2.17 for patients with AS) suggested suboptimal disease control.

CONCLUSIONS:

These results suggest that, in the centers that participated in the study, 29 % of patients with IBP met the criteria for nr-axSpA and 39 % of patients with CLBP had IBP. The disease burden in nr-axSpA is substantial and similar to that of AS, with both groups of patients experiencing inadequate disease control. These findings suggest the need for early detection of nr-axSpA and initiation of available treatment options to slow disease progression and improve patient well-being.

KEYWORDS: Ankylosing spondylitis; Chronic low back pain; Inflammatory low back pain; Nonradiographic axial SpA; Prevalence


12.

Epidemiology of Rheumatoid Arthritis (RA) in rural and urban areas of Poland - 2008-2012.

Iltchev P1, Śliwczyński A2, Czeleko T3, Sierocka A4, Tłustochowicz M5, Tłustochowicz W5, Timler D6, Brzozowska M3, Szatko F7, Marczak M1.

Abstract

OBJECTIVE:
The aim of this study is to investigate the morbidity rate due to Rheumatoid Arthritis (RA) in the Polish population during 2008-2012, calculated per 1,000 inhabitants, and taking into account the differences between provinces, area of residence (urban or rural) and gender.

MATERIALS AND METHOD:
From the NFZ IT systems, PESEL number information was obtained for all 17 types of services contracted in 2008-2012, for patients whose main diagnosis in the report was the ICD-10 disease code: M05.X - seropositive rheumatoid arthritis, or M06.X - other rheumatoid arthritis. The number of patients, gender and age were calculated based on the PESEL number provided in the statistical reports of the patient with the analysed ICD-10 diagnosis. Urban and rural cases were compared using commune zip codes. The basis for classifying the patient as a member of an urban or rural population was the Zip Code of the declared place of residence. Urban and rural areas are classified based on administrative criteria provided by the Central Statistical Office: the National Official Register of Territorial Division of the Country (TERYT).

RESULTS:
During the studied period the number of RA patients increased from 173,844 to 230,892. In urban areas, the most patients were recorded in the Śląskie Province, the least in Lubuskie Province. Patients from rural areas were approx. 1/3 of the total population of patients in Poland. In rural areas, the most patients were recorded in the Mazowieckie Province, the least in Lubuskie Province. The morbidity rate in cities was 5.08 in 2008 and increased to 8.14 in 2012 in rural areas, respectively, it was 3.74 and increased to 3.98. Regardless of the place of residence the women fell ill 3.5 times more frequently. The lowest morbidity rate, both in rural and urban areas, was recorded in the Lubuskie Province, the largest in Świętokrzyskie Province. The most probable explanation of the highest morbidity rate in the latter province is a worse access to a rheumatologist: in this province there is the lowest number of inhabitants per one employed rheumatologist.

CONCLUSION:
In Poland, the number of RA sufferers is increasing, which is probably a result of increasing life expectancy. In Poland, also exists a differences in morbidity between urban and rural inhabitants. Differences may also derive from undiagnosed cases of the disease.

PMID: 27294646 DOI: 10.5604/12321966.1203904

[PubMed - in process] Free full text
13.

G Ital Dermatol Venereol. 2016 Mar 24. [Epub ahead of print]

Psoriatic arthritis prevalence in the clinical practice of dermatologists in north-west tuscany centres of excellence for psoriasis: a screening experience.

Dini V1, Martini P, Bellini M, Bagnoni G, Marsili F, Lancia U.

Abstract

BACKGROUND:

Psoriasis arthritis will develop during cutaneous psoriasis in a significant percentage. The aim of this study was to improve assistance to patients and to provide the most individualized care possible.

METHODS:

Patients: all consecutive subjects with psoriasis accessing the outpatients facilities of five dermatologic centres of excellence in the Tuscany region of Italy between December 2014 and February 2015. All subjects were screened for the presence of a previous diagnosis of arthritis and symptoms affecting the articular system, using some questions chosen and shared by dermatologists in charge of the centers.

RESULTS:

In the chosen three months period, 134 patients affected with psoriasis had been observed, 32 (24 %) of which answered "yes" to the question "Have you ever been diagnosed with arthritis?". There have been differences in the characteristics of patients in the two groups, with and without arthritis. In particular, in the arthritis patients a statistically significant higher mean age, more ungueal psoriasis, less body surface cutaneous psoriasis extension, and a statistically significant higher percentage of patients treated with biological drugs (57 % vs. 24.5 %) have been observed.

CONCLUSIONS:

The results were consistent with the scientific literature in the field. The experience seems to confirm the opportunity of screening programs on arthropathy in cutaneous psoriasis patients. About a quarter of psoriasis patients had relevant arthropathic features, and more than half of these required challenging therapies like biologics.

PMID: 27013149

[PubMed - as supplied by publisher]

14.


The descriptive epidemiology of rheumatoid arthritis in Catalonia: a retrospective study using routinely collected data.

Fina-Aviles F1, Medina-Peralta M1, Mendez-Boo L1, Hermosilla E2, Elorza JM2, Garcia-Gil M1,2, Ramos R1,2, Bolibar B2, Javaid MK3,4, Edwards CJ5, Cooper C3,4, Arden NK3,4, Prieto-Alhambra D6,7,8,9.

Abstract
Information on the epidemiology of rheumatoid arthritis (RA) in Southern Europe is scarce. We estimated the age- and gender-adjusted incidence and prevalence of RA in Catalonia using routinely collected primary care records. We identified incident (2009-2012) and prevalent (on 31 December 2012) cases of RA in the SIDIAP database using ICD-10 codes. SIDIAP contains anonymized data from computerized primary care records for about five million adults (>80% of the population). We estimated age- (5-year groups) and gender-specific, and directly standardized incidence and prevalence of RA and confidence intervals (95% CIs) assuming a Poisson distribution. A total of 20,091 prevalent (among whom 5,796 incident) cases of RA were identified among 4,796,498 study participants observed for up to 4 years. Rates of RA increased with age in both genders, peaking at the age of 65-70 years. Age- and gender-standardized incidence and prevalence rates were 0.20/1,000 person-years (95% CI 0.19-0.20) and 4.17/1,000 (4.11-4.23) respectively. Rheumatoid factor was positive (≥10 IU/mL) in 1,833 (73.9%) of 2,482 cases tested in primary care. The incidence and prevalence of RA in Catalonia are similar to those of other Southern European regions, and lower than those of northern areas. This data will inform health care planning and resource allocation.

KEYWORDS: Arthritis; Electronic health records; Epidemiology; Incidence; Prevalence; Rheumatoid

PMID: 25344777 DOI: 10.1007/s10067-014-2801-1

[PubMed - in process]
CONCLUSIONS:

With a prevalence of 30.5%, i.e. ten times higher than in the general population, this study confirms that psoriasis is a frequent and early manifestation in SpA and that a systematic search for psoriasis (e.g. scalp) is relevant in SpA for clinical practice, whatever the clinical presentation of SpA.

PMID: 26842749

[PubMed - indexed for MEDLINE]

16.


Two-year incidence of psoriasis, uveitis and inflammatory bowel disease in patients with spondyloarthritis: A study in the AQUILES cohort.
[Article in English, Spanish]


Abstract

OBJECTIVES:

To describe the 2-year incidence of new extra-articular manifestations (uveitis, psoriasis, inflammatory bowel disease) in a cohort of patients with spondyloarthritis included in the AQUILES study.

PATIENTS:

Over a period of 2 years, 513 patients with spondyloarthritis (62.5% males, mean age 48 years) diagnosed with ankylosing spondylitis (AS) (55.6%), psoriatic arthritis (25.3%), undifferentiated spondyloarthritis (16.2%), enteropathic arthritis (2.5%), and other diseases (0.4%) were followed. New diagnoses were based on reports of the corresponding specialists (ophthalmologists, dermatologists, gastroenterologists).

RESULTS:

During the 2-year follow-up, 22 new diagnoses of the extra-articular manifestations were established, with a cumulative incidence of 4.3% (95% confidence interval 2.4-6.1) and an incidence rate of 17 cases per 10,000 patient-year. Uveitis was the most frequent diagnosis (cumulative incidence 3.1%), predominantly in patients with AS. In the multivariate analysis, the diagnosis of AS was the only predictive variable associated to the development of new extra-articular disease.

CONCLUSIONS:

In patients with spondyloarthritis, the 2-year global incidence of uveitis, psoriasis and inflammatory bowel disease (IMID) was 4.3%, particularly due to new diagnoses of uveitis in patients with AS.

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KEYWORDS: Ankylosing spondylitis; Artritis psoriásica; Enfermedad inflamatoria intestinal; Espondilitis anquilosante; Espondiloartritis; Estudio observacional; Estudio prospectivo;
BACKGROUND:
Accurate prevalence data are important when interpreting diagnostic tests and planning for the health needs of a population, yet no such data exist for axial spondyloarthritis (axSpA) in the UK. In this cross-sectional cohort study we aimed to estimate the prevalence of axSpA in a UK primary care population.

METHODS:
A validated self-completed questionnaire was used to screen primary care patients with low back pain for inflammatory back pain (IBP). Patients with a verifiable pre-existing diagnosis of axSpA were included as positive cases. All other patients meeting the Assessment of SpondyloArthritis international Society (ASAS) IBP criteria were invited to undergo further assessment including MRI scanning, allowing classification according to the European Spondyloarthropathy Study Group (ESSG) and ASAS axSpA criteria, and the modified New York (mNY) criteria for ankylosing spondylitis (AS).

RESULTS:
Of 978 questionnaires sent to potential participants 505 were returned (response rate 51.6 %). Six subjects had a prior diagnosis of axSpA, 4 of whom met mNY criteria. Thirty eight of 75 subjects meeting ASAS IBP criteria attended review (mean age 53.5 years, 37 % male). The number of subjects satisfying classification criteria was 23 for ESSG, 3 for ASAS (2 clinical, 1 radiological) and 1 for mNY criteria. This equates to a prevalence of 5.3 % (95 % CI 4.0, 6.8) using ESSG, 1.3 % (95 % CI 0.8, 2.3) using ASAS, 0.66 % (95 % CI 0.28, 1.3) using mNY criteria in chronic back pain patients, and 1.2 % (95 % CI 0.9, 1.4) using ESSG, 0.3 % (95 % CI 0.13, 0.48) using ASAS, 0.15 % (95 % CI 0.02, 0.27) using mNY criteria in the general adult primary care population.

CONCLUSIONS:
These are the first prevalence estimates for axSpA in the UK, and will be of importance in planning for the future healthcare needs of this population.

TRIAL REGISTRATION: Current Controlled Trials ISRCTN76873217.


[PubMed - indexed for MEDLINE] Free PMC Article
18.

[Two-year incidence of new immune-mediated inflammatory diseases in patients with inflammatory bowel disease: A study in the AQUILES cohort].

[Article in Spanish]

Abstract

OBJECTIVE:
To describe the 2-year incidence of new immune-mediated inflammatory diseases (spondylarthritis, uveitis, psoriasis) in the cohort of patients with inflammatory bowel disease (IBD) included in the AQUILES study.

MATERIALS AND METHODS:

Over a 2-year period, 341 patients with IBD (53% women, mean age 40 years) diagnosed with Crohn's disease (60.5%), ulcerative colitis (38.1%) and indeterminate colitis (1.4%) were followed up. New diagnoses made during follow-up were based on reports of the corresponding specialists (rheumatologists, ophthalmologists, and dermatologists).

RESULTS:

A total of 22 new diagnoses of immune-mediated inflammatory diseases were established in 21 patients (cumulative incidence of 6.5%, 95% confidence interval [CI] 3.7-9.2, incidence rate of 26 cases per 10,000 patient-years). Most diagnoses were new cases of spondylarthritis (n=15). The cumulative incidence of new diagnoses of immune-mediated inflammatory diseases was similar in patients with Crohn's disease (5.8%, 95% CI 3.4-9.9) and in patients with ulcerative colitis (7.7%, 95% CI 4.2-13.6). On multivariate analysis, the incidence of new immune-mediated inflammatory diseases was significantly associated with a family history of IBD (odds ratio=3.6, 95% CI 1.4-9.4) and the presence of extraintestinal manifestations of IBD (odds ratio=1.8, 95% CI .7-5.2).

CONCLUSIONS:

In patients with IBD, the incidence of new immune-mediated inflammatory diseases at 2 years of follow-up was 6.5%. These diseases were more frequent in patients with extraintestinal manifestations of IBD and a family history of IBD.

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KEYWORDS: Colitis ulcerosa; Crohn's disease; Enfermedad de Crohn; Enfermedad inflamatoria intestinal; Espondiloartritis; Inflammatory bowel disease; Psoriasis; Spondylarthritis; Uveitis; Uveítis; ulcerative colitis

PMID: 25983283 DOI: 10.1016/j.gastrohep.2015.04.003

[PubMed - in process]

Inflammatory Articular Disease in Patients with Inflammatory Bowel Disease: Result of the Swiss IBD Cohort Study.

Ditisheim S1, Fournier N, Juillerat P, Pittet V, Michetti P, Gabay C, Finckh A; Swiss IBD Cohort Study Group.

Abstract

BACKGROUND:

Inflammatory bowel diseases (IBD) are systemic conditions that commonly display extraintestinal manifestations. Inflammatory articular disease (IAD: axial or peripheral) is the most common extraintestinal manifestation. The aim of this study was to evaluate the prevalence and the clinical characteristics associated with IAD in patients with IBD.

METHODS:

We analyzed patients enrolled in the Swiss IBD cohort study. IAD was defined as persistent or recurrent joint pain with an inflammatory pattern (night pain, progressive relief during the day, morning stiffness lasting at least 30 minutes) or the presence of arthritis as diagnosed by the physicians. A multivariate logistic regression was performed to analyze which disease characteristics were independently associated with the presence of IAD.

RESULTS:

A total of 2353 patients with IBD, 1359 with Crohn's disease, and 994 with ulcerative colitis (UC) were included. Forty-four percent of patients fulfilled the criteria for IAD, whereas 14.5% presented with other extraintestinal manifestations. IAD was associated with Crohn's disease, with female sex, with older age, and generally in patients with more active intestinal disease. Only in UC, IAD was further associated with tobacco smoking and with increasing body mass index.

CONCLUSIONS:

This population of patients with IBD displays a high prevalence of IAD. IAD was more strongly associated with Crohn's disease than UC. Other risk factors for IAD were female sex, advanced age, active digestive disease, and tobacco consumption in patients with UC, which is interesting given the established association between smoking and other inflammatory arthritides.

PMID: 26244648 DOI: 10.1097/MIB.0000000000000548

[PubMed - indexed for MEDLINE]


Association of psoriasis and/or psoriatic arthritis with autoimmune diseases: the experience of two Italian integrated Dermatology/Rheumatology outpatient clinics.

Carubbi F1, Chimenti MS2, Blasetti G3, Cipriani P1, Musto A2, Fargnoli MC3, Perricone R2, Giacomelli R1, Peris K4.

Abstract
BACKGROUND:
The systemic nature of psoriasis and its association with arthropathy, metabolic syndrome and cardiovascular disease is well established. In contrast, the association between psoriatic disease and other autoimmune disorders is still a matter of debate and data available in the literature are scarce.

OBJECTIVE:
The aim of this study was to examine the association of common autoimmune diseases (ADs), specified a priori, in an Italian cohort of patients affected by psoriasis and/or psoriatic arthritis (PsA), referred to two integrated Dermatology/Rheumatology outpatient clinics, over a 3-year period.

METHODS:
Five hundred and two patients, affected by plaque psoriasis, PsA 'sine psoriasis' or a combination of psoriasis and PsA and with a diagnosis of at least one AD, were retrospectively evaluated. Univariate and multivariate binary logistic regression was employed to identify possible association between psoriasis, PsA, psoriasis-PsA and ADs, by calculating corresponding odds ratios and 95% confidence intervals.

RESULTS:
Patients with psoriasis or PsA may develop one or more autoimmune diseases during their lifetime, with a higher prevalence of most ADs in psoriasis subgroup. We demonstrated for the first time that the combination of psoriasis-PsA appears to be protective towards some autoimmune diseases. However, a gender effect should always be considered due to the different distribution of autoimmune disorders between males and females.

CONCLUSION:
The new concept of psoriatic disease, focusing on genetic and molecular aspects which are at the basis of the pathogenesis of psoriasis and its related manifestations, extended the traditional idea of a disease confined to skin and joints. In this context, the multidisciplinary assessment of patients in the combined Dermatology/Rheumatology outpatient clinics would allow to identify early clinical and laboratory abnormalities not limited to skin and joint.

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[PubMed - indexed for MEDLINE]

21.

Prevalence of undiagnosed psoriatic arthritis among psoriasis patients: Systematic review and meta-analysis.


Abstract
Skin psoriasis precedes the onset of psoriatic arthritis (PsA) in 84% of patients with psoriasis. Dermatologists have an important role to screen psoriasis patients for PsA. The efficiency of PsA screening remains unknown.

OBJECTIVE:

We sought to determine the point prevalence of undiagnosed PsA in patients with psoriasis using a systematic search of the literature and meta-analysis.

METHODS:

PubMed, Cochrane, and Embase database searches yielded 394 studies for review. No study aimed to determine the prevalence of undiagnosed PsA in patients with psoriasis. We assumed that the prevalence of newly diagnosed PsA in patients with psoriasis at the time they seek medical care could be a sound estimate of this value. Seven epidemiological studies and 5 studies on PsA screening questionnaires allowed us to clearly identify patients with newly diagnosed PsA and were selected for review.

RESULTS:

The prevalence of undiagnosed PsA was 15.5% when all studies were considered and 10.1% when only epidemiological studies were considered.

LIMITATIONS:

Data were obtained from studies not designed to address the question at hand. Heterogeneity was high ($I^2 = 96.86\%$), and therefore a random effects model was used.

CONCLUSION:

The high prevalence of undiagnosed PsA in patients with psoriasis adds to the recommendation that dermatologists need to screen all patients with psoriasis for PsA.

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KEYWORDS: cutaneous psoriasis; dermatologists; early detection; prevalence; psoriatic arthritis; systematic review

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[PubMed - indexed for MEDLINE]

22.


Prevalence of rheumatoid arthritis in low- and middle-income countries: A systematic review and analysis.

Rudan I1, Sidhu S1, Papana A2, Meng SJ3, Xin-Wei Y3, Wang W4, Campbell-Page RM5, Demaio AR6, Nair H7, Sridhar D7, Theodoratou E7, Dowman B7, Adeloye D7, Majeed A8, Car J9, Campbell H7, Wang W10, Chan KY11; Global Health Epidemiology Reference Group (GHERG).

Abstract

BACKGROUND:
Rheumatoid arthritis (RA) is an autoimmune disorder that affects the small joints of the body. It is one of the leading causes of chronic morbidity in high-income countries, but little is known about the burden of this disease in low- and middle-income countries (LMIC).

METHODS:

The aim of this study was to estimate the prevalence of RA in six of the World Health Organization's (WHO) regions that harbour LMIC by identifying all relevant studies in those regions. To accomplish this aim various bibliographic databases were searched: PubMed, EMBASE, Global Health, LILACS and the Chinese databases CNKI and WanFang. Studies were selected based on pre-defined inclusion criteria, including a definition of RA based on the 1987 revision of the American College of Rheumatology (ACR) definition.

RESULTS:

Meta-estimates of regional RA prevalence rates for countries of low or middle income were 0.40% (95% CI: 0.23-0.57%) for Southeast Asian, 0.37% (95% CI: 0.23-0.51%) for Eastern Mediterranean, 0.62% (95% CI: 0.47-0.77%) for European, 1.25% (95% CI: 0.64-1.86%) for American and 0.42% (95% CI: 0.30-0.53%) for Western Pacific regions. A formal meta-analysis could not be performed for the sub-Saharan African region due to limited data. Male prevalence of RA in LMIC was 0.16% (95% CI: 0.11-0.20%) while the prevalence in women reached 0.75% (95% CI: 0.60-0.90%). This difference between males and females was statistically significant (P <0.0001). The prevalence of RA did not differ significantly between urban and rural settings (P = 0.353). These prevalence estimates represent 2.60 (95% CI: 1.85-3.34%) million male sufferers and 12.21 (95% CI: 9.78-14.67%) million female sufferers in LMIC in the year 2000, and 3.16 (95% CI: 2.25-4.05%) million affected males and 14.87 (95% CI: 11.91-17.86%) million affected females in LMIC in the year 2010.

CONCLUSION:

Given that majority of the world's population resides in LMIC, the number of affected people is substantial, with a projection to increase in the coming years. Therefore, policy makers and healthcare providers need to plan to address a significant disease burden both socially and economically.

PMID: 25969732 PMCID: PMC44416333 DOI: 10.7189/jogh.05.010409

[PubMed] Free PMC Article

23.


Prevalence and incidence rates of cardiovascular, autoimmune, and other diseases in patients with psoriatic or psoriatic arthritis: a retrospective study using Clinical Practice Research Datalink.


Abstract

BACKGROUND:

Previous studies have demonstrated that patients with psoriasis have higher rates of comorbidities compared to the general population. Despite the clinical and economic burden of psoriatic disease, there have been few large-scale observational studies focused on this condition.
OBJECTIVE:
To assess rates of cardiovascular, autoimmune, infectious and other conditions in patients with psoriasis or psoriatic arthritis (PSA).

METHODS:
The data for this retrospective study were obtained from the Clinical Practice Research Datalink (CRPD). Cohorts of patients with psoriasis (n = 27,672; mild, n = 22,174, severe, n = 5498) and PSA (n = 1952) were generated based on the diagnosis made by general practitioner or specialist recorded in CPRD between 2006 and 2010. Frequencies of comorbidities at baseline and incidence rate ratios (IRR) of medical conditions occurring during follow-up were calculated and compared between groups. Cox proportional hazard models were employed to compare hazard ratios (HR) of comorbidities across the same subpopulations previously described.

RESULTS:
Significant differences in the unadjusted risk of cardiovascular disease, hyperlipidaemia, diabetes, skin cancer and autoimmune diseases were observed between patients with differing severity of psoriasis or between PSA and psoriasis patients. The adjusted HR analyses confirmed patients with severe psoriasis had significantly higher rates of several conditions including diabetes (1.23; 95% CI: 1.01-1.51) and rheumatoid arthritis (2.88; 95% CI: 2.25-3.67) compared to patients with mild psoriasis. Patients with PSA had significantly higher adjusted rates of hypertension (1.30; 95% CI: 1.01-1.68), rheumatoid arthritis (6.93; 95% CI: 5.45-8.80) and ankylosing spondylitis (6.98; 95% CI: 2.37-20.58) compared to those with severe psoriasis.

CONCLUSION:
Patients with mild psoriasis are less affected by comorbid conditions than those with severe psoriasis, and patients with psoriasis are less affected by comorbidities than those with PSA. Given the differences observed across severities of psoriasis and between psoriasis and PSA, each patient subgroup should be taken into consideration in clinical practice and future research.

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[PubMed - indexed for MEDLINE]

24.
Extraintestinal manifestations in Crohn’s disease and ulcerative colitis: results from a prospective, population-based European inception cohort.
Abstract
BACKGROUND:
In chronic inflammatory bowel disease (IBD) (Crohn’s disease [CD] and ulcerative colitis [UC]), symptoms from outside the gastrointestinal tract are frequently seen, and the joints, skin, eyes, and hepatobiliary area are the most usually affected sites (called extraintestinal manifestations [EIM]).
The reported prevalence varies, explained by difference in study design and populations under investigation. The aim of our study was to determine the prevalence of EIM in a population-based inception cohort in Europe and Israel.

METHODS:

IBD patients were incepted into a cohort that was prospectively followed from 1991 to 2004. A total of 1145 patients were followed for 10 years.

RESULTS:

The cumulative prevalence of first EIM was 16.9% (193/1145 patients) over a median follow-up time of 10.1 years. Patients with CD were more likely than UC patients to have immune-mediated (arthritis, eye, skin, and liver) manifestations: 20.1% versus 10.4% (p < 0.001). Most frequently seen was arthritis which was significantly more common in CD (12.9%) than in UC (8.1%), p = 0.01. Pan-colitis compared to proctitis in UC increased the risk of EIM.

CONCLUSION:

In a European inception cohort, EIMs in IBD were consistent with that seen in comparable studies. Patients with CD are twice as likely as UC patients to experience EIM, and more extensive distribution of inflammation in UC increases the risk of EIM.

KEYWORDS: Crohn’s disease; extraintestinal manifestations; ulcerative colitis

PMID: 25535653 DOI: 10.3109/00365521.2014.991752

[PubMed - indexed for MEDLINE]

25.


Prevalence of extra-articular manifestations in patients with ankylosing spondylitis: a systematic review and meta-analysis.

Stolwijk C1, van Tubergen A1, Castillo-Ortiz JD2, Boonen A1.

Abstract

OBJECTIVES:

Uveitis, psoriasis and inflammatory bowel disease (IBD) are common extra-articular manifestations (EAM) in patients with ankylosing spondylitis (AS); however, summary data of reported prevalence are lacking. The aim of the present study was to summarise the prevalence of EAMs among patients with AS and to identify underlying factors to explain potential heterogeneity of prevalence.

METHODS:

A systematic literature search was performed (Medline, Embase and Cochrane Library) to identify relevant articles. Risk of bias was assessed and data were extracted. Pooled prevalences were calculated. Potential sources of any observed clinical or methodological heterogeneity in the estimates were explored by subgroup and metaregression analysis.

RESULTS:

In the 156 selected articles, 143 reported the prevalence of uveitis (44,372 patients), 56 of psoriasis (27,626 patients) and 69 of IBD (30,410 patients). Substantial heterogeneity was
observed in prevalence estimates among all EAMs (I(2)=84-95%). The pooled prevalence of uveitis was 25.8% (95% CI 24.1% to 27.6%), and was positively associated in multivariable metaregression with disease duration (β 0.05, 95% CI 0.03 to 0.08) and random selection of patients (β -0.24, 95% CI -0.43 to -0.04). The pooled prevalence of psoriasis was 9.3% (95% CI 8.1% to 10.6%). The pooled prevalence of IBD was 6.8% (95% CI 6.1% to 7.7%) and was positively associated with the percentage of women in the studies (β 0.02, 95% CI 0.00 to 0.03). Geographical area was associated in multivariable metaregressions with prevalence of all EAMs.

CONCLUSIONS:

EAMs are common in patients with AS. The large heterogeneity between studies can be partly explained by differences in clinical as well as methodological characteristics.

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KEYWORDS: Ankylosing Spondylitis; Epidemiology; Spondyloarthritis

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[PubMed - indexed for MEDLINE]

26.


Prevalence and clinical features of psoriatic arthritis in psoriasis patients in Spain. Limitations of PASE as a screening tool.

López Estebaránz JL, Zarco-Montejo P, Samaniego ML, García-Calvo C; PREVAL Study Group. Collaborators (122)

Abstract

BACKGROUND:

Diagnosing and initiating treatment of psoriatic arthritis (PsA) as early as possible is essential to prevent irreversible joint destruction and poor clinical outcomes. Dermatologists are uniquely placed to identify early symptoms of PsA in psoriasis patients but levels of under- and late-diagnosis remain high.

OBJECTIVE:

To evaluate the prevalence and clinical features of PsA in Spanish psoriatic patients attended by dermatologists and then referred to rheumatologic units for PsA diagnosis confirmation.

METHODS:

A multicenter, non-interventional, cross-sectional trial conducted at 40 hospitals in Spain. Patients were initially screened for PsA by a dermatologist based on clinical evaluation and results from the Psoriatic Arthritis Screening and Evaluation (PASE) Questionnaire. All patients were then evaluated by a blinded rheumatologist for the presence of PsA using Moll and Wright criteria and Classification Criteria for Psoriatic Arthritis (CASPAR).

RESULTS:

Of 375 psoriatic patients enrolled at dermatology units, 28.6% patients scored ≥44 in PASE, whereas 32.3% patients screened positive for suspicion of PsA (clinical evaluation and/or PASE).
Correlation of suspicion of PsA by dermatologists and PASE score was 0.368 (Pearson correlation coefficient). Following rheumatologic assessment, prevalence of PsA was 22.9% (86/375 patients) according to Moll and Wright and CASPAR criteria. The correlation of diagnosis of PsA between dermatologists and rheumatologists was 0.410 (Kappa Index).

CONCLUSIONS:

Prevalence of PsA in our study was within the range reported in other studies. Our analyses found only a moderate correlation in the diagnosis of PsA between dermatologists and rheumatologists. The screening questionnaire, PASE, showed a moderate predictive value for the diagnosis of PsA.

KEYWORDS: assessment; dermatologist; diagnosis; prevalence; psoriasis; psoriatic arthritis; rheumatologist

PMID: 25333645 DOI: 10.1684/ejd.2014.2449

[PubMed - indexed for MEDLINE]

27.


Extraintestinal manifestations in a large series of Italian inflammatory bowel disease patients.

Zippi M1, Corrado C1, Pica R1, Avallone EV1, Cassieri C1, De Nitto D1, Paoluzzi P1, Vernia P1.

Abstract

AIM:

To investigate prevalence, type and time of onset of extraintestinal manifestations (EIMs) in a series of Italian inflammatory bowel disease (IBD) patients.

METHODS:

Data of 811 IBD consecutive patients, first referred to our Centre from 2000 to 2011, were retrospectively evaluated.

RESULTS:

Eight hundred and eleven IBD patients (437 M, 374 F) were studied: 595 ulcerative colitis (UC) (73.4%) and 216 Crohn's disease (CD) (26.6%). Among these, 329 (40.6%) showed EIMs: 210 UC (35.3%) and 119 CD (55.1%) (P < 0.0001). Considering the time of the diagnosis of IBD, 37 EIMs (11.2%) were developed before, 229 (69.6%) after and 63 (19.2%) were simultaneous. The type of EIM were as follows: 240 musculoskeletal (29.6%), in 72 CD patients and in 168 UC (P < 0.0001); 47 mucocutaneous (5.8%), in 26 CD and in 21 UC (P = 0.0049); 26 ocular (3.2%), in 16 CD and in 10 UC (CD 7.4% vs UC 1.7%, P = 0.0093); 6 hepatobiliary (0.8%); 10 endocrinological (1.2%). In particular, with regards to the involvement of the musculoskeletal system, arthritis Type 1 was found in 41 CD (19%) and in 61 UC (10.2%) (P = 0.0012) and Type 2 in 25 CD (11.6%) and in 100 UC (16.8%) (P = 0.0012).

CONCLUSION:

Mucocutaneous manifestations, arthritis Type 1 and uveitis were significantly more frequent in CD than UC. The complications of the musculoskeletal system were the mostly observed ones, often with symptoms more severe than intestinal ones, confirming the need for close cooperation with rheumatologists.
Epidemiology and temporal trends (2000-2012) of inflammatory bowel disease in adult patients in a central region of Spain.


Abstract

BACKGROUND AND AIM:

A growing incidence of inflammatory bowel disease (IBD) has been reported recently in southern Europe, with records of pediatric cases confirming these tendencies in Spain. Data on adult populations, however, have not been provided for over 10 years and need to be updated.

PATIENTS AND METHODS:

A multicenter retrospective registry of all adult patients with a diagnosis of IBD, including both Crohn's disease (CD) and ulcerative colitis (UC), attending five public hospitals covering a population of 514,368 inhabitants, was assessed.

RESULTS:

In 2012, the prevalence of CD and UC in adults was 137.17/100,000 inhabitants (95% confidence interval 114-160) and 99.84/100,000 inhabitants (95% confidence interval 79-119), respectively. The mean incidence rate during the period 2000-2012 of CD and UC was 8.9 and 5.6/100,000 inhabitants per year, respectively. Most of our patients (75.55%) had been diagnosed during the last 13 years. CD affected both sexes equally; a trend toward a progressive increase in the age at diagnosis, ileal location, and inflammatory behavior was documented for CD patients. In contrast, UC affected male patients with a higher frequency (57.8%; P=0.015), specifically those older than 40 years of age. Age at UC onset tended to increase progressively from 2000 to 2012 (P<0.001), but the extension on the disease remained unchanged.

CONCLUSION:

IBD is a highly prevalent disorder in our region, reaching the incidence of CD similar to the figures provided for Northern Europe. Changes in IBD localization, behavior, and age at diagnosis were documented during the period 2000-2012.
The incidence of ulcerative colitis (UC) and Crohn's disease (CD) has increased during the 20th century in North America and Western Europe. However, there are conflicting reports whether the incidence has declined, stabilized or even continued to increase. No nationwide Danish data on the incidence of UC and CD exist after 1992, and therefore we studied the incidence of UC (1995 through 2011) and CD (1995 through 2012).

METHODS:

Based on data from the Danish National Patient Registry we identified patients recorded with a first time diagnosis of UC or CD in the study periods. Among these - patients were only included in the study as incident cases if they had at least one more discharge diagnosis of UC/CD or at least three subsequent outpatient visits.

RESULTS:

We identified 17,500 patients with UC and 7863 patients with CD. The mean incidence rate for UC in 1995-1998 was 14.4 per 100,000 per year for women and 13.8 for men, increasing to 23.2 per 100,000 per year for women and 23.4 for men in the period of 2009-2011. The mean incidence rate for CD in 1995-1998 was 7.8 per 100,000 per year for women and 5.6 for men, increasing to 10.3 per 100,000 per year for women and 8.9 for men in the period of 2009-2012.

CONCLUSIONS:

Based on nationwide Danish data from the last two decades, the incidence rates of UC and CD have continued to increase.

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KEYWORDS: Crohn's disease; Epidemiology; Incidence; Ulcerative colitis

Comment in

Why pediatric inflammatory bowel disease (IBD) in Sweden shared similar trend of change as general population IBD in Denmark but not pediatric IBD in Norway? [Scand J Gastroenterol. 2014]

PMID: 24675473 DOI: 10.1016/j.crohns.2014.03.006

[PubMed - indexed for MEDLINE]
30.

The global burden of rheumatoid arthritis: estimates from the global burden of disease 2010 study.

Cross M1, Smith E1, Hoy D2, Carmona L3, Wolfe F4, Vos T5, Williams B6, Gabriel S7, Lassere M8, Johns N9, Buchbinder R10, Woolf A11, March L1.

Abstract
OBJECTIVES:
To estimate the global burden of rheumatoid arthritis (RA), as part of the Global Burden of Disease 2010 study of 291 conditions and how the burden of RA compares with other conditions.

METHODS:
The optimum case definition of RA for the study was the American College of Rheumatology 1987 criteria. A series of systematic reviews were conducted to gather age-sex-specific epidemiological data for RA prevalence, incidence and mortality. Cause-specific mortality data were also included. Data were entered into DisMod-MR, a tool to pool available data, making use of study-level covariates to adjust for country, region and super-region random effects to estimate prevalence for every country and over time. The epidemiological data, in addition to disability weights, were used to calculate years of life lived with disability (YLDs). YLDs were added to the years of life lost due to premature mortality to estimate the overall burden (disability-adjusted life years (DALYs)) for RA for the years 1990, 2005 and 2010.

RESULTS:
The global prevalence of RA was 0.24% (95% CI 0.23% to 0.25%), with no discernible change from 1990 to 2010. DALYs increased from 3.3 million (M) (95% CI 2.6 M to 4.1 M) in 1990 to 4.8 M (95% CI 3.7 M to 6.1 M) in 2010. This increase was due to a growth in population and increase in aging. Globally, of the 291 conditions studied, RA was ranked as the 42nd highest contributor to global disability, just below malaria and just above iodine deficiency (measured in YLDs).

CONCLUSIONS:
RA continues to cause modest global disability, with severe consequences in the individuals affected.

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[PubMed - indexed for MEDLINE]

31.

Prevalence of psoriasis in Spain in the age of biologics.

[Article in English, Spanish]
Ferrándiz C1, Carrascosa JM2, Toro M2.
INTRODUCTION:
The prevalence of psoriasis in Spain was estimated to be 1.4% before the advent of biologic agents. Fifteen years later, new therapeutic options based on biologic agents have led to greater awareness of the disease and better understanding; case detection and diagnosis may have improved as a result.

OBJECTIVE:
To investigate the current prevalence of psoriasis in Spain and compare the results with those of an earlier study that used the same methodology.

MATERIAL AND METHODS:
Population-based cross-sectional survey. Information was collected through computer-assisted telephone interviews with a randomly selected representative sample of the Spanish population (12,711 individuals from 4,754 households). Interviews were conducted by trained personnel using a questionnaire.

RESULTS:
The prevalence was 2.3% and there were no statistically significant differences between the sexes. Prevalence increased with age (range with highest prevalence, 60-69 years). Central Spain—a region with a cold, dry climate—had the highest prevalence, but differences between regions were not significant.

CONCLUSIONS:
Psoriasis is substantially more prevalent in Spain than was previously estimated. The increase in prevalence may reflect greater awareness and better diagnosis of the disease rather than a true increase in number of cases.

Global prevalence of ankylosing spondylitis.
Dean LE1, Jones GT, MacDonald AG, Downham C, Sturrock RD, Macfarlane GJ.

OBJECTIVES:
For effective health care provision, knowledge of disease prevalence is paramount. There has been no systematic endeavour to establish continent-based AS estimates, however, prevalence is thought to vary by country and background HLA-B27 prevalence. This study aimed to estimate AS prevalence worldwide and to calculate the expected number of cases.

METHODS:
A systematic literature search was conducted. Prevalence data were extracted and used to calculate the mean prevalence by continent and the expected number of cases based on country-specific prevalence (or, if missing, the prevalence from neighbouring countries). A second estimate was made using the prevalence from countries with similar HLA-B27 prevalences if a country-specific prevalence estimate was not available.

RESULTS:

The mean AS prevalence per 10,000 (from 36 eligible studies) was 23.8 in Europe, 16.7 in Asia, 31.9 in North America, 10.2 in Latin America and 7.4 in Africa. Additional estimates, weighted by study size, were calculated as 18.6, 18.0 and 12.2 for Europe, Asia and Latin America, respectively. There were sufficient studies to estimate the number of cases in Europe and Asia, calculated to be 1.30-1.56 million and 4.63-4.98 million, respectively.

CONCLUSION:

This study represents the first systematic attempt to collate estimates of AS prevalence into a single continent-based estimate. In addition, the number of expected cases in Europe and Asia was estimated. Through reviewing the current literature, it is apparent that the continuing conduct of epidemiological studies of AS prevalence is of great importance, particularly as diagnostic capabilities improve and with the recent development of the criteria for axial SpA.

KEYWORDS: ankylosing spondylitis; epidemiology; prevalence; spondyloarthropathies; systematic review

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[PubMed - indexed for MEDLINE] Free full text

33.

High prevalence of psoriatic arthritis in dermatological patients with psoriasis: a cross-sectional study.

Abstract
The exact prevalence of psoriatic arthritis (PsA) among patients with psoriasis is still not conclusive. Data in the literature vary between 5.8 and 30 %.

Objective of this study was to gain more information on the prevalence of PsA among patients with psoriasis in Germany. Between 09/2010 and 05/2011, consecutive patients from dermatological private practices and a university hospital with psoriasis were asked to fill out the validated German Psoriatic Arthritis Diagnostic (GEPARD) Questionnaire. Patients who answered ≥4 questions with "yes" were invited to come for a rheumatological check up. Those patients who refused a rheumatological examination were counted as "absence of PsA". Laboratory tests for inflammatory markers as well as the severity of skin manifestations were assessed. The diagnosis of PsA was made according to the CASPAR criteria, and imaging was performed in addition. A total of 404 questionnaires were evaluated; 50.5 % answered ≥4 questions positively; 19.3 % had a history of PsA confirmed by a rheumatologist; and in 10.9 %, PsA or spondyloarthritis was newly diagnosed during the present study. This leads to an overall prevalence of PsA in patients with psoriasis of 30.2 %. The frequency of psoriatic arthritis in the present study is higher than expected from previous studies in Germany. The prevalence is consistent with findings of a large observational survey from Scandinavia. Using the
CASPAR criteria and imaging in all patients, certainty of the diagnosis is very high. The GEPRAD Questionnaire is a helpful tool to identify people at risk for psoriatic arthritis.

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[PubMed - indexed for MEDLINE]


Incidence and prevalence of inflammatory bowel diseases in gastroenterology primary care setting.

Tursi A1, Elisei W, Picchio M.

Abstract

BACKGROUND:
The incidence of inflammatory bowel diseases (IBDs) has markedly increased over the last years, but no epidemiological study has been performed in gastroenterology primary care setting. We describe the epidemiology of IBD in a gastroenterology primary care unit using its records as the primary data source.

METHODS:
Case finding used predefined read codes to systematically search computer diagnostic and prescribing records from January 2009 to December 2012. A specialist diagnosis of Ulcerative colitis (UC), Crohn's disease (CD), inflammatory bowel disease unclassified (IBDU) or segmental colitis associated with diverticulosis (SCAD), based on clinical, histological or radiological findings, was a prerequisite for the inclusion in the study. Secondary, infective and apparent acute self-limiting colitis were excluded.

RESULTS:
We identified 176 patients with IBD in a population of 94,000 with a prevalence 187.2/100,000 (95% CI: 160.6-217.0). Between 2009 and 2012 there were 61 new cases. In particular, there were 23 new cases of UC, 19 new cases of CD, 15 new cases of SCAD, and 4 new cases of IBDU. The incidence of IBD was 16.2/100,000 (95% CI 12.5-20.7) per year. The incidence per year was 6/100,000 (95% CI 3.8 to 8.9) for UC, 5/100,000 (95% CI 3.0-7.7) for CD, 4/100,000 (95% CI 2.3-6.5) for SCAD, and 1/100,000 (95% CI 0.3-2.6) for IBDU.

CONCLUSIONS:
We assessed for the first time which is the prevalence and incidence of IBD in a gastroenterology primary care unit. This confirms that specialist primary care unit is a key factor in providing early diagnosis of chronic diseases.

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KEYWORDS: Epidemiology; Gastroenterology primary care; Incidence; Inflammatory bowel diseases; Prevalence

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[PubMed - indexed for MEDLINE]
35.


Mease PJ1, Gladman DD, Papp KA, Khraishi MM, Thaçi D, Behrens F, Northington R, Fuiman J, Bananis E, Boggs R, Alvarez D.

Abstract

BACKGROUND:

Prompt identification and treatment of psoriatic arthritis (PsA) in patients with psoriasis is critical to reducing the risk of joint damage, disability, and comorbidities.

OBJECTIVE:

We sought to estimate PsA prevalence in patients with plaque psoriasis in 34 dermatology centers in 7 European and North American countries.

METHODS:

Consecutive patients were evaluated by dermatologists for plaque psoriasis and subsequently by rheumatologists for PsA. PsA prevalence was estimated primarily based on rheumatologists' assessment of medical history, physical examination, and laboratory tests.

RESULTS:

Of 949 patients evaluated, 285 (30%) had PsA (95% confidence interval 27-33) based on rheumatologists' assessment. PsA diagnosis changed in 1.2% of patients when diagnostic laboratory tests were added to medical history and physical examination. Of 285 patients given the diagnosis of PsA, 117 (41%) had not been previously given the diagnosis.

LIMITATIONS:

Bias may have been introduced by lack of standardized diagnostic criteria and unbalanced recruitment based on country populations.

CONCLUSIONS:

In this study, almost a third of patients with psoriasis seen in dermatology centers had PsA as determined by rheumatologists. More than a third of patients with PsA had not been previously given the diagnosis. Clinical evaluation alone is often sufficient basis for PsA diagnosis, but laboratory test results may be helpful in some patients.

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KEYWORDS: assessment; dermatologist; diagnosis; laboratory test; prevalence; psoriasis; psoriatic arthritis; rheumatologist

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[PubMed - indexed for MEDLINE]
Global epidemiology of psoriasis: a systematic review of incidence and prevalence.

Parisi R1, Symmons DP, Griffiths CE, Ashcroft DM; Identification and Management of Psoriasis and Associated ComorbiditY (IMPACT) project team.

Abstract

The worldwide incidence and prevalence of psoriasis is poorly understood. To better understand this, we performed a systematic review of published population-based studies on the incidence and prevalence of psoriasis. Three electronic databases were searched from their inception dates to July 2011. A total of 385 papers were critically appraised; 53 studies reported on the prevalence and incidence of psoriasis in the general population. The prevalence in children ranged from 0% (Taiwan) to 2.1% (Italy), and in adults it varied from 0.91% (United States) to 8.5% (Norway). In children, the incidence estimate reported (United States) was 40.8/100,000 person-years. In adults, it varied from 78.9/100,000 person-years (United States) to 230/100,000 person-years (Italy). The data indicated that the occurrence of psoriasis varied according to age and geographic region, being more frequent in countries more distant from the equator. Prevalence estimates also varied in relation to demographic characteristics in that studies confined to adults reported higher estimates of psoriasis compared with those involving all age groups. Studies on the prevalence and incidence of psoriasis have contributed to a better understanding of the burden of the disease. However, further research is required to fill existing gaps in understanding the epidemiology of psoriasis and trends in incidence over time.

Comment in

Psoriasis epidemiology: the interplay of genes and the environment. [J Invest Dermatol. 2013]

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[PubMed - indexed for MEDLINE] Free full text

Epidemiology and clinical course of Crohn's disease: results from observational studies.

Hovde Ø1, Moum BA.

Abstract

The authors review the clinical outcome in patients with Crohn's disease (CD) based on studies describing the natural course of the disease. Population-based studies have demonstrated that the incidence rates and prevalence rates for CD have increased since the mid-1970s. The authors search for English language articles from 1980 until 2011. Geographical variations, incidence, prevalence, smoking habits, sex, mortality and medications are investigated. An increasing incidence and prevalence of CD have been found over the last three decades. The disease seems to be most common in northern Europe and North America, but is probably increasing also in Asia and Africa. Smoking is associated with an increased risk of developing CD. Age < 40 at diagnosis, penetrating/stricturing complications, need for systemic steroids, and disease location in terminal ileum are factors associated with higher relapse rates. A slight predominance of women diagnosed with CD has been found. Ileocecal resection is the most commonly performed surgical procedure, and within the first five years after the diagnosis about one third of the patients have had intestinal...
surgery. Smoking is associated with a worse clinical course and with increased risk of flare-ups. In most studies the overall mortality is comparable to the background population. To date, the most effective treatment options in acute flares are glucocorticosteroids and tumor necrosis factor (TNF)-α-blockers. Azathioprine/methotrexate and TNF-α-blockers are effective in maintaining remission.

KEYWORDS: Crohn's disease; Diagnosis; Epidemiology; Extra-intestinal manifestations; Smoking; Therapy


Increasing incidence and prevalence of the inflammatory bowel diseases with time, based on systematic review.

Molodecky NA1, Soon IS, Rabi DM, Ghali WA, Ferris M, Chernoff G, Benchimol EI, Panaccione R, Ghosh S, Barkema HW, Kaplan GG.

Abstract

BACKGROUND & AIMS:

We conducted a systematic review to determine changes in the worldwide incidence and prevalence of ulcerative colitis (UC) and Crohn's disease (CD) in different regions and with time.

METHODS:

We performed a systematic literature search of MEDLINE (1950-2010; 8103 citations) and EMBASE (1980-2010; 4975 citations) to identify studies that were population based, included data that could be used to calculate incidence and prevalence, and reported separate data on UC and/or CD in full manuscripts (n = 260). We evaluated data from 167 studies from Europe (1930-2008), 52 studies from Asia and the Middle East (1950-2008), and 27 studies from North America (1920-2004). Maps were used to present worldwide differences in the incidence and prevalence of inflammatory bowel diseases (IBDs); time trends were determined using joinpoint regression.

RESULTS:

The highest annual incidence of UC was 24.3 per 100,000 person-years in Europe, 6.3 per 100,000 person-years in Asia and the Middle East, and 19.2 per 100,000 person-years in North America. The highest annual incidence of CD was 12.7 per 100,000 person-years in Europe, 5.0 per 100,000 person-years in Asia and the Middle East, and 20.2 per 100,000 person-years in North America. The highest reported prevalence values for IBD were in Europe (UC, 505 per 100,000 persons; CD, 322 per 100,000 persons) and North America (UC, 249 per 100,000 persons; CD, 319 per 100,000 persons). In time-trend analyses, 75% of CD studies and 60% of UC studies had an increasing incidence of statistical significance (P < .05).

CONCLUSIONS:

Although there are few epidemiologic data from developing countries, the incidence and prevalence of IBD are increasing with time and in different regions around the world, indicating its emergence as a global disease.
To examine trends in the incidence and prevalence of rheumatoid arthritis (RA) from 1995 to 2007.

METHODS:

To augment our preexisting inception cohort of patients with RA (1955-1994), we assembled a population-based incidence cohort of individuals ≥18 years of age who first fulfilled the American College of Rheumatology 1987 criteria for the classification of RA between January 1, 1995 and December 31, 2007 and a cohort of patients with prevalent RA on January 1, 2005. Incidence and prevalence rates were estimated and were age-and sex-adjusted to the white population in the US in 2000. Trends in incidence rates were examined using Poisson regression methods.

RESULTS:

The 1995-2007 incidence cohort comprised 466 patients (mean age 55.6 years), 69% of whom were female and 66% of whom were rheumatoid factor positive. The overall age- and sex-adjusted annual RA incidence was 40.9/100,000 population. The age-adjusted incidence in women was 53.1/100,000 population (versus 27.7/100,000 population in men). During the period of time from 1995 to 2007, the incidence of RA increased moderately in women (P = 0.02) but not in men (P = 0.74). The increase was similar among all age groups. The overall age- and sex-adjusted prevalence on January 1, 2005 was 0.72% (95% confidence interval [95% CI] 0.66, 0.77), which is an increase when compared with a prevalence of 0.62% (95% CI 0.55, 0.69) in 1995 (P < 0.001). Applying the prevalence on January 1, 2005 to the US population in 2005 showed that an estimated 1.5 million US adults were affected by RA. This is an increase from the previously reported 1.3 million adults with RA in the US.

CONCLUSION:

The incidence of RA in women appears to have increased during the period of time from 1995 to 2007. The reasons for this recent increase are unknown, but environmental factors may play a role. A corresponding increase in the prevalence of RA was also observed.

Psoriatic arthritis: epidemiological and clinical aspects in a cohort of 1.306 Italian patients.

[Article in Italian]

Cervini C1, Leardini G, Mathieu A, Punzi L, Scarpa R.

Abstract

Because there is the impression that psoriatic arthritis is a composite disorder with mild forms close to more severe and aggressive ones, we conducted a multicenter study with the aim of characterizing disease expression in a large cohort of Italian patients. One-thousand-three-hundred-six patients fulfilled inclusion criteria and were analyzed in this study. Psoriasis antedated the onset of arthritis in the majority of the cases (67.7%). More rare was inverse or simultaneous onset which occurred in 17.3% and 15.0% of the cases, respectively. Peripheral articular involvement (mono-oligo or polyarthritis) was recorded in 88.7% of the cases while spondylitis occurred in 11.3%. Peripheral enthesopathies were found in 28.1% of the cases with a marked occurrence in patients with axial involvement (64.5% vs 35.5% in oligo or polyarthritis). Abnormal levels of ESR and CRP respectively occurred in 52.2% and in 52.6% of the cases, while rheumatoid factor was detected in 5.0% of the cases. On the basis of distribution of joint involvement, symmetry and presence of peripheral enthesopathies we recognized three clusters of arthritis. Patients included in Cluster 1 and Cluster 2 showed a severe form of polyarthritis in most of the cases (82.9%), with increased serum levels of inflammatory indices in more than 85% of the cases. Almost all the hospitalized patients (97.1%) were included in this two clusters. They markedly assumed steroids and methotrexate or another DMARD. About half of the patients (51.1%) included in Cluster 3 showed mono-oligo articular involvement. Serum inflammatory indices were increased in 20.8% of the cases while hospitalization occurred only in 2.9% of the cases and NSAIDs were the treatment of choice. The evidence in our country of a large prevalence of severe forms of arthritis needing specific and aggressive approach outlines the requirement of an intense educational action aimed at increasing the awareness of this condition.

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[PubMed - indexed for MEDLINE] Free full text

41.


Prevalence of musculoskeletal conditions in an Italian population sample: results of a regional community-based study. I. The MAPPING study.

Salaffi F1, De Angelis R, Grassi W; MARche Pain Prevalence; INvestigation Group (MAPPING) study.

Abstract

OBJECTIVE:

The objective of the MAPPING study was to estimate the prevalence of musculoskeletal conditions in an Italian population sample.
METHODS:
Questionnaires were sent to a random sample of 3664 individuals aged 18 years and over, stratified for age and gender, selected from the practice lists of 16 general practices. Trained rheumatologists carried out structured visits in which subjects were asked about musculoskeletal symptoms and socio-demographic characteristics, and underwent a standardized physical examination. Cases were defined by previously validated criteria.

RESULTS:
A total of 2155 subjects participated in the study (response rate 58.8%). The overall prevalence of musculoskeletal conditions in the general adult population was 26.7% (95% CI 25.4-28.5), being significantly higher among women than men (p < 0.0001). Disease prevalence increased significantly with age (p < 0.0001). The most common disease group was symptomatic peripheral osteoarthritis (SPOA), with a prevalence of 8.95% (95% CI 6.81-10.7), followed by soft tissue disorders--STD (8.81%; 95% CI 7.16-10.29), low back pain--LBP (5.91%; 95% CI 4.89-6.89), and inflammatory rheumatic disease--IRD (3.06%; 95% CI 2.38-3.93). The estimated rates of disease prevalence were as follows: rheumatoid arthritis: 0.46% (95% CI 0.33-0.59); psoriatic arthritis: 0.42% (95% CI 0.31-0.61); ankylosing spondylitis: 0.37% (95% CI 0.23-0.49); polymyalgia rheumatica: 0.37% (95% CI 0.29-0.44); undifferentiated connective tissue disease: 0.14% (95% CI 0.09-0.21); crystal arthropathies, including gout 0.46% (95% CI 0.34-0.57) and chondrocalcinosis: 0.42% (95% CI 0.33-0.58); symptomatic knee osteoarthritis (OA): 5.39% (95% CI 3.41-7.99); hip-OA: 1.61% (95% CI 1.39-1.87); hand-OA: 1.95 (95% CI 1.22-2.48); fibromyalgia: 2.22% (95% CI 1.36-3.19); shoulder tendinitis/adhesive capsulitis: 3.06% (95% CI 2.11-4.09); carpal tunnel syndrome: 1.90% (95% CI 1.06-2.29), localized regional pain syndromes of the neck: 0.88% (95% CI 0.56-1.29), and lateral epicondylitis 0.74% (95% CI 0.47-1.33).

CONCLUSIONS:
The MAPPING study indicates that musculoskeletal conditions are common in the general adult population of Italy. These data are useful in planning the provision of healthcare.

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[PubMed - indexed for MEDLINE]