

RCPE symposium – Rheumatology

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The Rheumatology symposium was held on 13 September 2017 at the Royal College of Physicians of Edinburgh

Declaration of interests No conflicts of interest declared

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Introduction

This symposium brought together 84 healthcare professionals – rheumatology consultants and trainees (51%), allied health professionals (14%), non-rheumatology doctors (12%), and the remainder retired doctors and students. In addition many more joined via global webstreaming to enjoy a diverse day of interesting talks.

Rheumatoid arthritis

Dr Kronisch (Switzerland) started by looking at prognostic factors of functional disability in rheumatoid arthritis. The results for a predictive model developed to identify at diagnosis those at high risk of functional disability were shared. This highlighted the importance of psychosocial factors, and may allow resources to be better directed.

Professor Cavanagh (Glasgow) followed by outlining the increasingly compelling data suggesting a relationship between depression and inflammation, as well as discussion around the likely pathophysiological processes chemokines and cytokines may have in the psychiatric symptoms associated with inflammatory diseases.

Professor Sattar (Oxford) concluded the first session by discussing the importance of cardiovascular morbidity in rheumatoid arthritis. The current risk assessment tools available for use were outlined. Once the risk is known (and stratified for rheumatoid arthritis), patients should be treated as any other.

Fibromyalgia

The Alexander Morison lecture was given by Professor Macfarlane (Aberdeen) who discussed advances in our knowledge and understanding of both the aetiology and management of fibromyalgia. The importance of holistically

assessing and treating these patients was highlighted by the evidence of premature mortality seen in this group, of which a large contribution may be due to addressable lifestyle factors such as activity, smoking and weight. The need for further work in areas including pathophysiology, designing optimal health services for this patient group and developing clinical criteria when fibromyalgia is associated with inflammatory rheumatological conditions was also underlined.

Dr Haigh (Exeter) followed with a very practical talk on complex regional pain syndrome. We learned helpful tips on how to diagnose early. Current evidence suggests this condition is driven by complex neuroimmune mechanisms, with maladaptive central nervous system plasticity. The importance of early diagnosis and aggressive treatment was highlighted, with effective treatments including high dose corticosteroids and intravenous bisphosphonate.

‘How I...’

Session 3 used interactive cases to tackle difficult clinical situations. Professor Herrick (Manchester) kicked off by addressing how to manage difficult systemic sclerosis, and used two cases to exemplify the two major subtypes of diffuse and limited. The advances in management options for digital vasculopathy were discussed, e.g. PDE5 inhibitors now used as second line. The importance of investigating for large vessel disease with Doppler ultrasound +/- angiography in the context of worsening ulcers was also stressed. The high prevalence of early internal organ involvement in diffuse systemic sclerosis was highlighted, necessitating close monitoring particularly for the first five years.

Professor Hyrich (Manchester) reviewed the area of biologic use in clinical situations where the safety is unclear and there is little or no clear evidence to guide decisions, and focused on the areas of malignancy, joint replacement surgery and

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pulmonary fibrosis. The current evidence shows that the risk of solid malignancy is not increased by anti-TNF use in those without previous malignancy, and the prognosis of a patient who is on anti-TNF at the time of diagnosis is not worsened. The evidence available on the impact of anti-TNF therapy on those with a previous malignancy is limited, and BSR advice based on expert consensus is to stop treatment at time of diagnosis. In all cases the importance of frank discussion including perceived benefits and ultimate goals between the clinician and patient, and a jointly agreed plan, cannot be understated.

A look into the future

Professor Isaacs (Newcastle) focused on stratified medicine, which is of particular significance in this setting due to the heterogeneous nature of conditions within rheumatology. In rheumatoid arthritis alone there are around 100 genes associated with the condition plus environmental factors. Multiple endotypes manifest as a single clinical phenotype, and if we can unpick this we could provide better outcomes for our patients more quickly and potentially with associated cost savings. Major investment in research into this field will hopefully bring these concepts into reality, although the lack of clear stratification signals for benefit currently was highlighted.

Dr MacDonald (Aberdeen) followed with a useful insight into the Scottish Medicines Consortium, and finished with a discussion around the licensing and cost effectiveness of

biologics and biosimilars, as well as possible uses for the savings made.

Take home message

The symposium showcased the breadth of rheumatology as a specialty, as well as highlighting some of the advances in disease management and recognising the challenges ahead. The conversations and debate witnessed throughout the day were testament to its success.

Further reading

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