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## LETTERS

## Rheumatoid arthritis in Dubai—delayed diagnosis and low usage of disease modifying antirheumatic drugs

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Information on rheumatoid arthritis (RA) among Arab populations in the Middle East is scarce. Studies have suggested that patients with RA living in Arab countries have similar clinical features, but less extra-articular manifestations, compared with those living in Western countries.<sup>1–4</sup> Therefore, the aim of our study was to prospectively gather data on patients with RA who presented to a newly established musculoskeletal disease centre in Dubai (United Arab Emirates).

Demographic and clinical data were collected over a 10-month period for patients meeting the American College of Rheumatology criteria for RA. All statistical analyses were performed using Intercooled STATA V.8.2.

A total of 47 patients, consisting of 44% Arabs, 36% Indians, and 20% Caucasians and others, with an average (SD) age of 43 (13.5) years, were seen. Of these, 80% were women. A positive rheumatoid factor was found in 76% of the patients. The average period since diagnosis was 3.6 (5.8) years, and the time lag between onset of symptoms and diagnosis was 1 (1) year. Mean tender joint count was 10.0 (8.2), mean swollen joint count 10.5 (8.1), mean patient's global assessment of disease activity 57 (27) mm, mean erythrocyte sedimentation rate 34 (28) mm/h, mean Disease Activity Score (DAS28) 5.4 (1.6), physician's global assessment 57.4 (24) and mean Clinical Disease Activity Index 32.3 (19.5). Only 42% of the patients were taking disease modifying antirheumatic drugs (DMARDs; 29% were taking methotrexate and 2% were taking tumour necrosis factor blockers). Erosions were present in 73% and deformities in 25% of the patients. Arab patients tended to have more deformities ( $p = 0.076$ ) and were less likely to be taking DMARD treatment ( $p = 0.014$ ). Nodules were present in 12%, sicca symptoms in 37% and anaemia (haemoglobin  $< 11$  g/dl) in 29%. We found a positive relationship between the increased time lag and diagnosis from the onset of symptoms and

higher DAS28 scores ( $r = 0.323$ ,  $p = 0.025$ ), as fig 1 shows. Those with deformity had significantly longer disease duration (8.75 (9.05) vs 1.90 (2.45) years,  $p = 0.014$ ).

This study clearly shows that our patients had very active disease. Despite this, the majority of patients were not being treated with DMARDs. This is in contrast to trends in the US and Europe, which now puts DMARD use at  $> 80\%$ , with methotrexate being the most commonly prescribed DMARD (52% in the US vs 29% in our study).<sup>5,6</sup> Recent evidence supports early aggressive treatment of RA with DMARDs and methotrexate.<sup>7</sup> Anti-tumour necrosis factor use by our patients is also still not widespread (2% vs 40% in the US).<sup>5</sup> We also found a significant time lag between the onset of symptoms to diagnosis. Evidence now suggests that the best predictor of response to treatment in RA is duration of symptom.<sup>8</sup>

Our work shows that many of our patients with RA have not been treated appropriately, and this may have major long-term consequences on joint damage and general health. Studies of larger cohorts are needed to confirm whether our findings reflect the general trend in the country and the region.

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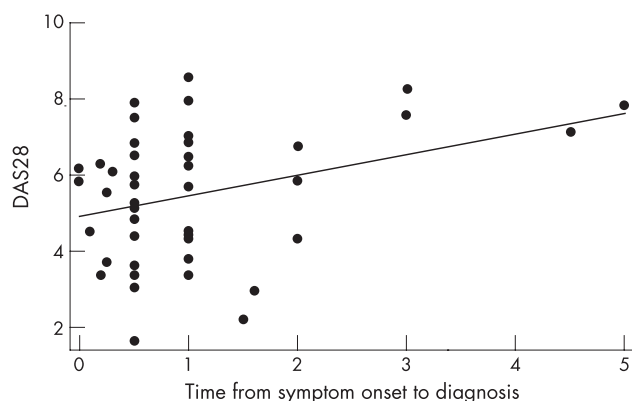
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**Figure 1** A significant trend towards increasing disease activity using 28 joint counts (DAS28) with increasing time delay from the onset of the symptoms to the diagnosis of rheumatoid arthritis (RA). ( $r = 0.323$ ,  $p = 0.025$ ).

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