

Towards Elucidation of the Epidemiology of the Rheumatic Diseases in Mexico. COPCORD Studies in the Community

Rheumatic diseases constitute a group of more than 200 clinical conditions affecting the musculoskeletal system and in most cases a number of other organs and systems. As a group, rheumatic diseases are highly prevalent in most populations of the world and their consequences span from joint pain and swelling to severe musculoskeletal and multisystemic diseases, leading to poor function, impaired health, and reduced survival.

Epidemiologic studies describing the frequency, distribution, and determinants of diseases in human population are the initial strategies for disease control¹. Despite the fact that the rheumatic diseases impose an important burden of illness in developed countries, little is known about the prevalence and impact of this group of diseases in developing countries. Not surprisingly, the rheumatic diseases are frequently unrecognized by health authorities and are not usually included in healthcare programs². Consequently, the negative effects of rheumatic diseases for patients and their families could be very high. Rheumatologists in Mexico are concerned about the lack of epidemiologic information available on rheumatic diseases in our country. Similarly, medical professionals have been concerned about the effects of these diseases on different targets. Without this information rheumatologists cannot get proper support from healthcare authorities. Therefore, we have joined forces to produce epidemiologic information about the rheumatic diseases in our country. Entities such as Colegio Mexicano de Reumatología, Fundación Mexicana para la Salud (FUMERAC), Consejo Nacional de Ciencia y Tecnología (CONACyT), and even some pharmaceutical companies have shared our interest in gathering this information for Mexico.

While some of the studies presented here were carried out independently from each other, all relied on the Community Oriented Program for the Control of Rheumatic Diseases (COPCORD), a validated, previously used strategy endorsed by the Panamerican Leagues of Associations of Rheumatology (PANLAR)³.

Accompanying this issue in *The Journal of Rheumatology* is a separate supplement comprising a collection of ambitious regional surveys implemented to obtain epidemiologic information in different geographic areas in Mexico. Although a previous study using the COPCORD strategy showed very important epidemiologic information⁴, rheumatologists in different regions of the country wanted

local representation regarding this burden of illness of musculoskeletal diseases that could be used in healthcare planning. At the time of such discussions 2 groups were already using COPCORD as a screening tool in order to characterize musculoskeletal complaints and certain inflammatory conditions for patients in Mexico City and the State of Nuevo León.

Fortunately, epidemiologic information can now be obtained using the same protocol in the 5 regions in Mexico, which collected the same core information to produce comparable data to be used in a pooled analysis. Further, some studies produced independent information with additional methodology designed to answer specific research questions.

The COPCORD methodology has been used for almost 30 years in many surveys worldwide. The epidemiologic information provided in these studies has had a direct influence in those areas with scarce resources. This study also includes a critical evaluation of the COPCORD questionnaire, the research instrument that could be simplified. Pain characteristics (present or past, intensity, perceived severity, distribution, and duration), associated disability, coping strategies, and healthcare-seeking behavior remain the core aspects of this methodology. This questionnaire can be useful in rheumatic diseases with pain and disability as the main determinants of the clinical picture. Validation of positive cases by a rheumatologist is a key element in case definition. This core instrument has important information; however, detailed disease-specific data should be implemented according to specific research questions.

We proudly present this team effort, which is now supported by several agencies and organizations. The coordination of this supplement to *The Journal of Rheumatology* and particularly the coordination and guidance of most of the studies presented here were the responsibility of many people from the Research Unit of the Colegio Mexicano de Reumatología. The information contained in the supplement needs to be disseminated and used to improve access, diagnosis, and treatment of rheumatic patients in México. Education strategies should be implemented in undergraduate and postgraduate programs. Important research questions have to be answered in different regions of the country, with additional research methodology.

We hope that this Mexican experience model will be useful for other researchers carrying out epidemiological surveys in their countries.

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