

Rheumatology in the Developing Countries — Challenges and Solutions: 11th Annual Conference of the Pakistan Society for Rheumatology in Collaboration with the Baqai Rheumatology Unit

SHAKIL BAIG, MRCP(UK), Chair, Organizing Committee, 11th Annual PSR Conference, Consultant Rheumatologist, Baqai Rheumatology Unit; MUJAHID HUMAIL, Associate Professor of Orthopedic Surgery, Dow University of Health Sciences, Karachi, Pakistan. Address reprint requests to Dr. M.S. Baig, Baqai Rheumatology Unit, Plot 1-2, II-B, Block 2 Nazimabad, Karachi, 74600, Pakistan. E-mail: rheumatology@bideonline.com

The 11th Annual Conference of the Pakistan Society for Rheumatology was held in Karachi, Pakistan, March 4-6, 2007, in collaboration with the Baqai Rheumatology Unit of Baqai Medical University. It was a landmark event in many respects — international delegates from all continents were invited, and it attracted a large number of local delegates from all segments of the field of musculoskeletal care. The official attendance was 950, which included not only rheumatologists and internists, but also orthopedic surgeons, gynecologists, rehabilitation consultants, physiotherapists, and medical students.

The primary objectives of the congress were to highlight rheumatology as an important subspecialty of medicine, to highlight the regional variations in the patterns of common rheumatological conditions in this part of the world, and to update attenders on the modern management of rheumatic diseases.

A special session for allied health professionals was arranged for the first time, which included presentations from physiotherapists, dieticians, rehabilitation physicians, and medical students.

The scientific program was designed to accommodate all regional as well as international issues of relevance. There were 4 plenary sessions, 4 parallel sessions, and 4 state of the art and guest lectures, apart from 4 extremely useful interactive workshops.

The opening presentation was a lecture by Prof. Sara Ellen Walker from the University of Missouri, Columbia, Missouri, USA, on “The Preventive Aspects of Rheumatic Diseases.” Prof. Walker discussed in detail the preventive strategies for conditions particularly common in this region such as osteoarthritis (OA), rheumatic fever, rheumatoid arthritis (RA), and metabolic bone diseases. She recommended adequate intake of vitamins C and D, avoidance of joint trauma and repetitive joint use, and control of obesity in the prevention of OA. She also discussed how effective eradication of beta-hemolytic streptococci can prevent longterm damage to the cardiac valves. For the prevention of

joint destruction in RA, she emphasized that early intervention with disease modifying antirheumatic drugs (DMARD) can change the course and outcome of these patients.

The first plenary session was on RA. First, there were 3 presentations that covered disease characteristics management and cardiovascular comorbidities. Discussing the scope of “Changing the Disease Pattern” by early intervention in the window of opportunity, Prof. Muhammad Asim Khan stressed the identification of poor prognostic markers such as positive rheumatoid factor, anticyclic citrullinated peptide antibodies, high C-reactive protein, and high swollen and tender joint counts. In his opinion, about 30% to 40% of patients still fail to respond to conventional DMARD and should be considered for alternative therapies such as anti-tumor necrosis factor- α (TNF- α) agents. Prof. Faqir Muhammad Khan from Peshawar discussed the importance of nonpharmacological modalities for the treatment of RA. He emphasized the strengthening of the infrastructure of the care of physical medicine, occupational therapy, and rehabilitation services in this part of the world. Prof. Paul Bacon from Birmingham, UK, gave a comprehensive review of accelerated atherosclerosis and cardiovascular mortalities in RA. He was of the opinion that endothelial dysfunction resulting from vascular inflammation may have different and independent etiological factors from those causing synovitis in RA. He discussed the role of nitric oxide release and the SMase-induced signaling cascade in the causation of accelerated atherosclerosis.

The hallmark of the morning session was a hotly contested debate on “The Role of Conventional DMARD Versus Biological Agents Pertaining to the Third World Countries.” Prof. Rohini Handa quoted various studies and experiences from India of the use of low-dose infliximab. He expressed the opinion that such a strategy has been successful in reducing infective complications, especially tuberculosis, without compromising much of its efficacy. He also expressed reservations on the prophylactic INH use in high-risk patients. However, he admitted that in India

anti-TNF therapy has so far been more frequently used in ankylosing spondylitis (AS) than in RA — an observation contrary to what is expected elsewhere. He attributed it to the cost factor. Dr. M.S. Baig from Baqai Rheumatology Unit gave the Pakistani perspective of the situation. He quoted different studies suggestive of a lower prevalence rate as well as a less aggressive and erosive disease spectrum of RA in Pakistan. He argued that the higher disability index noted in our patients is mainly attributed to the lack of DMARD intervention for years after the onset of the disease. He further quoted the excellent response rate of the conventional DMARD, especially methotrexate (MTX), in local patients. Dr. Baig presented interesting data related to the socioeconomic background of the Pakistani population. A large number of audience members keenly participated in the debate and freely expressed their views.

The second plenary session was on Seronegative and Related Arthritides. Discussing the common misconceptions regarding spondyloarthritis, Prof. M.A. Khan elaborated that it is wrong to assume that they are uncommon or a group of mild diseases. Rather, they are underdiagnosed. Even in the developed world an average of 6 to 9 years pass before a correct diagnosis is made. He presented the data of countries like China and Turkey where AS could be even commoner than RA. He highlighted how the anti-TNF- agents have transformed the management of AS in nonsteroidal antiinflammatory drug (NSAID)-resistant cases. Dr. Housam Sarakbi presented interesting data on “Avascular Necrosis — An Often Forgotten Cause of Hip Pain.” In his series of 40 patients from a single center in Qatar, the leading causes were hematological diseases (22%), trauma (18%), corticosteroid use (15%), and malignancy (10%). Dr. S.J. Gupta from New Delhi discussed the classification and management of patients with juvenile idiopathic arthritis (JIA) from an Asian perspective. Dr. Abid Farooqi from Islamabad gave an account of his experience of management of psoriatic arthritis with interesting case presentations in a typical socioeconomic scenario of a developing country.

The last part of the first day was divided into 2 parallel sessions on “Rheumatology Experience in Pakistan.” Presentations were given by rheumatologists from all over Pakistan in the form of original work, case presentations, and reviews of topics most pertinent to this region. In Session A, speakers concentrated on their experience of the management of RA and various strategies for the use of DMARD. Prof. Masoodur Rehman presented his data from Peshawar on the gold standard role of MTX. Dr. Jawaid Malick from Rawalpindi discussed the local implications of various DMARD monotherapy/combotherapy strategies. Prof. Khurram Choudhry from Lahore gave the local perspective of the status of the NSAID/COXIB controversy, while Dr. Nighat Mir from Lahore spoke on the comorbidities associated with RA. Session B concentrated on the diagnosis of rheumatic diseases, and some local data were pre-

sented on the experience of management of connective tissue diseases. Dr. Azra Ali gave a general overview of the spectrum of rheumatic disorders in Karachi. Dr. Samina Ghaznavi discussed how conditions such as tuberculosis can pose diagnostic mimicry and therapeutic challenges in the management of multisystem diseases such as systemic lupus erythematosus (SLE) in this region of the world. Dr. Sumaira Farman gave an interesting account of “The Eye Manifestations of Rheumatic Diseases.” The last part of the day included 2 very interesting workshops: one on “Common Misconceptions in Rheumatology Practice” by Prof. R. Handa and the other by Dr. Terence Gibson on “The Knee Joint.”

The last day began with 2 parallel interactive workshops. One was on the role of dual-energy x-ray absorptiometry scanning and its interpretation in the local population, conducted by Dr. Waheed uz Zaman Akhatr from Ashford Hospital, London. The other workshop was for primary care practitioners on the role of intraarticular injections, presented by Dr. S.J. Gupta, who gave a practical demonstration by showing videos of various techniques of joint aspiration and injection.

The first plenary lecture was a state of the art presentation on “SLE and Antiphospholipid Syndrome (APS) by Dr. David D’Cruz from London. He started the discussion with a focus on increased cardiovascular mortalities in SLE. He attributed this to increased disease activity. Therapeutic agents such as cyclophosphamide, low-dose corticosteroids, and antimalarial therapy were associated with a lower risk by controlling the overall disease activity. Coexistence of SLE and APS not only further multiplies the risk of atherosclerosis but also causes a 3-fold increased risk of renal artery stenosis and 2-fold increase in lupus nephritis. He also summarized the new and old therapies for SLE, in particular the evolving roles of mycophenolate and rituximab.

The next plenary session was on connective tissue diseases. In his presentation, Dr. S.J. Gupta from New Delhi presented data on a series of 78 patients with idiopathic inflammatory myopathies. Interestingly, the commonest form was dermatomyositis. He revealed the general trend in India to start steroids and immunosuppressive drugs from the very beginning in the majority of patients. He suggested that the combination of MTX and azathioprine therapy was especially useful in their series in difficult and resistant cases. The 10-year survival in their series was 84%. Prof. R. Handa discussed the spectrum of vasculitides in India. He quoted the data from a very large series of over 1000 patients from India. Large-vessel vasculitis, in particular Takayasu’s arteritis, was relatively more frequent in this series of patients. Dr. Handa rightly pointed out a phenomenon another local speaker also experienced — the significant mimicry that tuberculosis can pose, especially in pulmonary manifestations of some vasculitides such as Wegener’s granulomatosis. Prof. P. Bacon gave a delicately

balanced overview of the management and comorbidities of vasculitides. He pointed out how the introduction of cyclophosphamide and to a lesser extent other immunosuppressives and corticosteroids have transformed the whole outlook of vasculitides from an acutely fatal condition to a chronic lingering disease, with comorbidities posing a new challenge.

The last plenary session was on OA and its regional perspectives. Dr. Mike Irani from Ashford, UK, gave a comprehensive overview of the clinical and socioeconomic burden of OA. He pointed out that arthritis alone is responsible for almost 40% of the chronic painful conditions that present to general practitioners in the UK, without getting its due attention from the health policy makers. Summarizing the pharmacological options for OA, Dr. H. Sarakbi from Qatar emphasized the evidence-based approach in the local practices, which is compromised so often. Prof. Faqir Muhammed Khan from Peshawar compared the differences in the nonpharmacological approaches in the 2 contrasting populations of Wales (UK), where he practiced rheumatology for 32 years as a consultant in the National Health

Service, and in Pakistan. He suggested that patients' education, social support, occupational therapy, and simple measures such as offloading and protecting the joints are easily overlooked in the local practices.

In the afternoon one of the parallel sessions was arranged on the "Complex Pain Syndromes." Dr. Robert Bernstein from Manchester, UK, presented his personal view of the fibromyalgia syndrome. Prof. R. Handa discussed the management of "Chronic Lower Back Pain," while Dr. M. Irani gave a presentation on the pain management ladder. The other parallel session was on "Metabolic Problems in Rheumatology." Prof. S. Walker presented an update on osteoporosis and its management. Dr. T. Gibson gave a comprehensive overview of the etiology and management of gout. He particularly addressed the issue of asymptomatic hyperuricemia and gave his personal views on it. Prof. Walker in her closing comments congratulated the organizers for arranging a world-class meeting, for a brighter future of rheumatology in this part of the world.