



Recommendation 2: Predicting the Diagnosis & Prognosis in Patients with UPIA

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Learning Objectives



At the end of this section participants should be able to:

- Define the predictors of diagnosis in a patient with UPIA
- Define the predictors of prognosis in a patient with UPIA
- Describe the overlap between predictors of diagnosis and prognosis in the setting of UPIA

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To establish a specific diagnosis and prognosis following presentation of UPIA, a careful systematic history and physical examination should be performed, with particular attention to:

- Age
- Gender [1a,A]
- Geographic area [5, D]
- Functional status [1a, A]
- Duration of symptoms/early morning stiffness
- Number plus pattern of tender/swollen joints [1a, A]
- Axial/enthesal involvement and extra-articular/systemic features [5, D]

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To establish a specific diagnosis and prognosis following presentation of UPIA, a careful systematic history and physical examination should be performed, with particular attention to age, gender [1a,A], geographic area [5, D], functional status [1a, A], duration of symptoms/early morning stiffness, number plus pattern of tender/swollen joints [1a, A], axial/enthesal involvement and extra-articular/systemic features [5, D].

This recommendation had a strong agreement of 8.8/10.

98% of rheumatologists felt that this recommendation was already implemented in their practice.

Undifferentiated Arthritis



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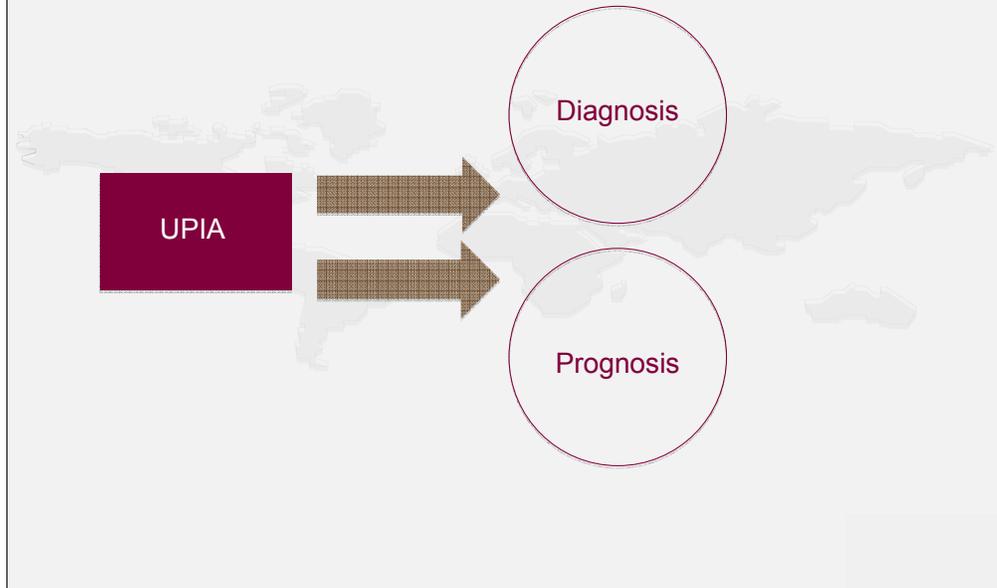
- Early stage of classifiable disease
- Part of an overlap of disease
- Partial form of a defined disease
- Disease of unknown origin

UA envelops a heterogeneous group of recent onset arthritides that are not classifiable within established criteria sets such as those of the American College of Rheumatology (ACR) and The European League Against Rheumatism (EULAR).

UA may represent an early stage of a classified form of arthritis that will eventually be definable; an overlap of more than one disease; a partial form of a defined disease; or a disease of unknown origin. UA overall has a better prognosis than RA as it encompasses a spectrum of self-limited disorders. As compared to RA, a patient with UA usually presents with fewer affected joints, less radiographic erosions, better functional ability, and a greater likelihood of being seronegative. Patients with UA are also less likely than patients with RA to require treatment that involves the use of corticosteroids (such as Prednisone) or DMARDs and a substantial proportion of UA patients remit spontaneously.

Hitchon CA, Peschken CA, Shaikh S, El-Gabalawy HS. Early undifferentiated arthritis. *Rheum Dis Clin N Am*. 2005;31:605-626.

Patient characteristics may predict diagnosis OR prognosis

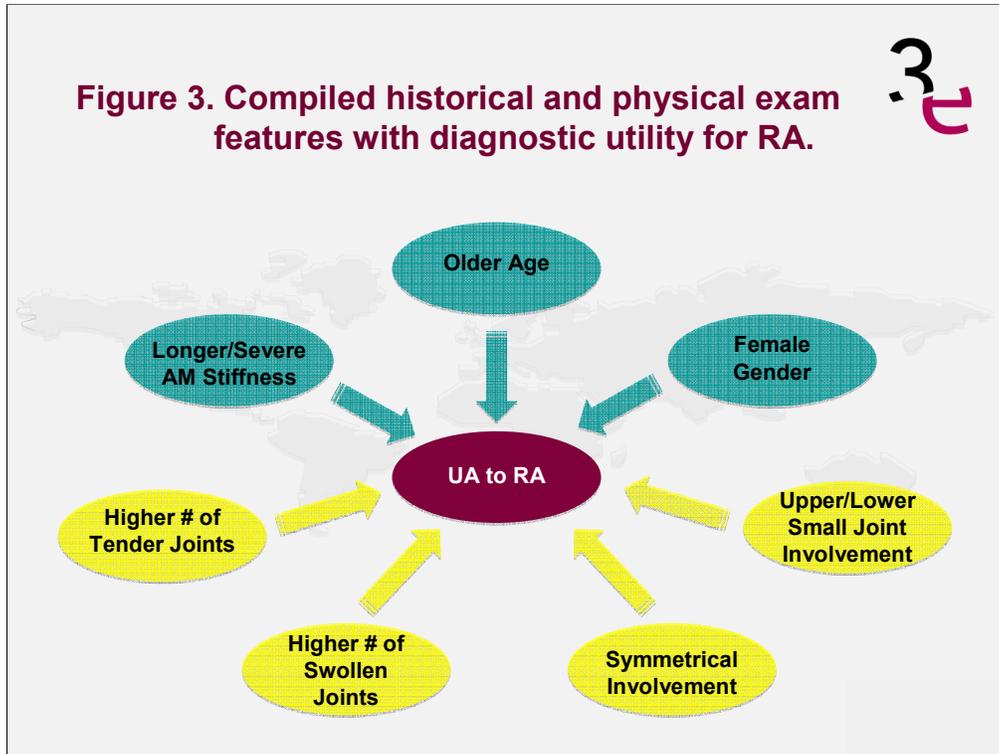


UPIA is a heterogeneous population, and it is important to recognize patient characteristics which will help predict which patients are more likely to develop a certain *diagnosis* (eg – RA) or *prognosis* (eg – functional disability).

Can features on history or physical exam help predict a diagnosis or prognosis in patients with UPIA?

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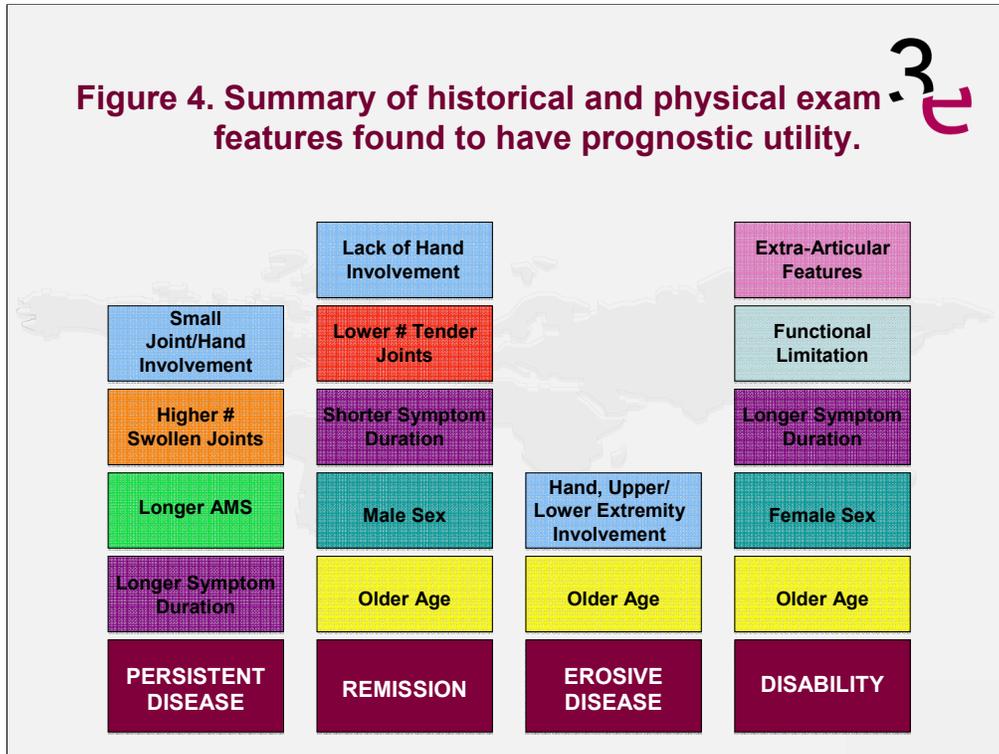
Figure 3. Compiled historical and physical exam features with diagnostic utility for RA.



This is the combination of historical and physical exam features that were identified as having diagnostic utility among UA patients.

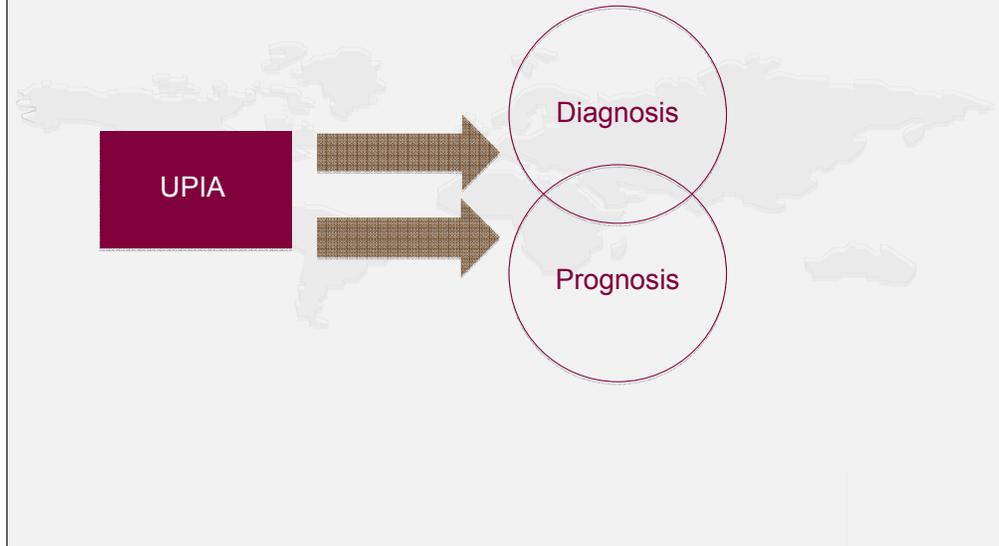
Figure 4. Summary of historical and physical exam features found to have prognostic utility.

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This depicts the combination of history and physical exam features that were predictive for each of the 4 prognostic outcomes.

Predictors for Diagnosis and Prognosis Overlap



There is considerable overlap between *diagnostic* predictors and *prognostic* predictors, as a diagnosis infers prognostic information pertaining to that diagnosis.

- **Most results from the systematic literature review were related to diagnosis of RA or prognostic outcomes associated with RA**
- **The expert panel highlighted the contribution of patient's geographic area of residence, presence of axial/enthesal involvement and presence of extra-articular/systemic features**

•Most results from the systematic literature review were related to diagnosis of RA or prognostic outcomes associated with RA

•Based on their clinical experience, the expert panel also highlighted the contribution of the patient's geographic area of residence, the presence of axial/enthesal involvement and the presence of extra-articular/systemic features

But...



- **The specific features mentioned do not preclude a complete history and physical exam**
- **All possible causes of arthritis should be considered**

BUT

- The specific features mentioned do not preclude a complete history and physical exam
- [recommendation 1] All possible causes of arthritis should be considered... a **complete** history and physical exam will determine the ranking order of possible differential diagnoses

Summary



- **UPIA is a heterogeneous population**
- **UPIA may evolve into a specific diagnosis over time, or may remain undifferentiated with varying prognoses**
- **Certain historical features and findings on physical exam can help predict both diagnosis and prognosis and should be sought as part of a complete history and physical exam**

Summary

- UPIA is a *heterogeneous* population
- UPIA may evolve into a specific diagnosis over time, or may remain undifferentiated with varying prognoses
- Certain historical features and findings on physical exam can help predict both diagnosis and prognosis and should be sought as part of a complete history and physical exam

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