



## Recommendation 10: Disease Activity Scales in Patients with UPIA

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## Learning Objectives

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- **Compare and contrast potential disease activity scales for UPIA**
- **Describe the role and limitations of disease activity scales in the evaluation of patients with UPIA**
- **Explain how disease activity scales can be used to monitor patients over time**


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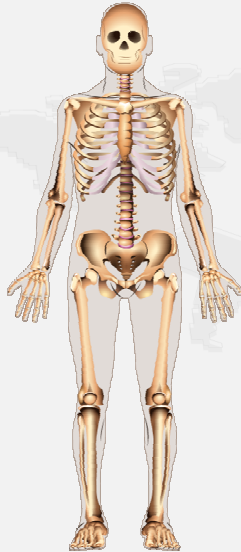


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## Undifferentiated Arthritis



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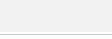
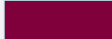
- Early stage of classifiable disease
- Part of an overlap of disease
- Partial form of a defined disease
- Disease of unknown origin

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.

## How should disease activity be assessed?



- Acute Phase Reactants
- Physicians Global Assessment
- Tender/swollen joint counts
- Patient reported measures
- Patient function

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There are many different aspects to the assessment of a patient with inflammatory arthritis. We sought to determine if there was any measure or measures which could be recommended for the assessment and follow-up of patients with UPIA.

## **Scales Identified in the Literature Search to assess UPIA**

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- **WHODAS (WHO Disability Assessment Schedule)**
- **LHS (London Handicap Scale)**
- **DRP (Disease Repercussion Profile)**
- **HAQ (Health Assessment Questionnaire)**
- **3 physical measures**
  - **RADAI (RA Disease Activity Index)**
  - **McROMI (McGill Range of Motion Index)**
  - **NOAR-DJC (NOAR Damage Joint Count)**

### **Scales Identified in the literature search**

- WHODAS (WHO Disability Assessment Schedule)
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  - RADAI (RA Disease Activity Index)
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  - NOAR-DJC (NOAR Damage Joint Count)

There were several scales which had been studied in patients with UPIA. Many of these focus on patient function and disability. While this is important in patient assessment, the list failed to capture the more commonly used composite measures of disease activity.

## Commonly used measures of disease activity

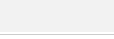
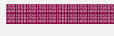


	DAS	DAS28	CDAI	SDAI
Tender joint count	66	28	28	28
Swollen joint count	66	28	28	28
ESR/CRP	+	+		+
Patient global	+	+	+	+
Physician global			+	+

### Commonly used measures of disease activity

Other commonly used composite measures of disease activity are listed in the table above with differences highlighted.

## How should disease activity be assessed?



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- *Many options available*
- *More important is to choose a validated measure(s) and follow over time*

### How should disease activity be assessed?

- Many options
- More important is to choose a validated measure(s) and follow over time

Although no instrument of disease activity has been fully validated for its use in UPIA, experts felt that it was important to recommend that there should be a conscious effort to record disease activity.



## Summary

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- **Disease activity should be measured and followed, and there are many options available for how best to do this**

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## References

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