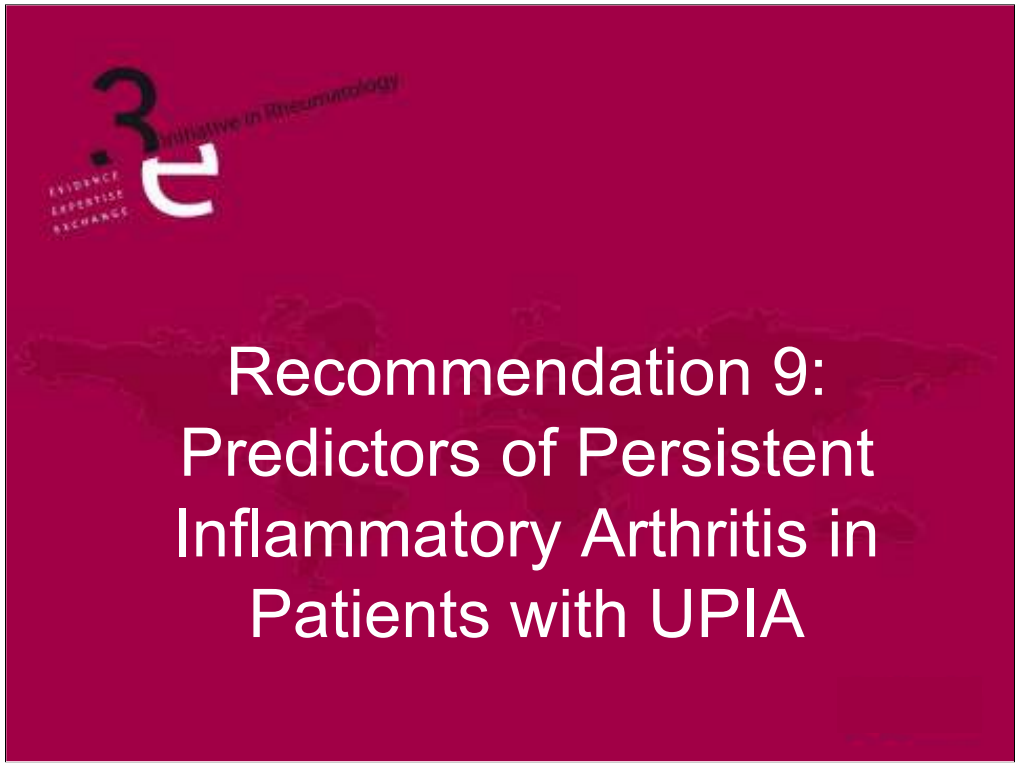
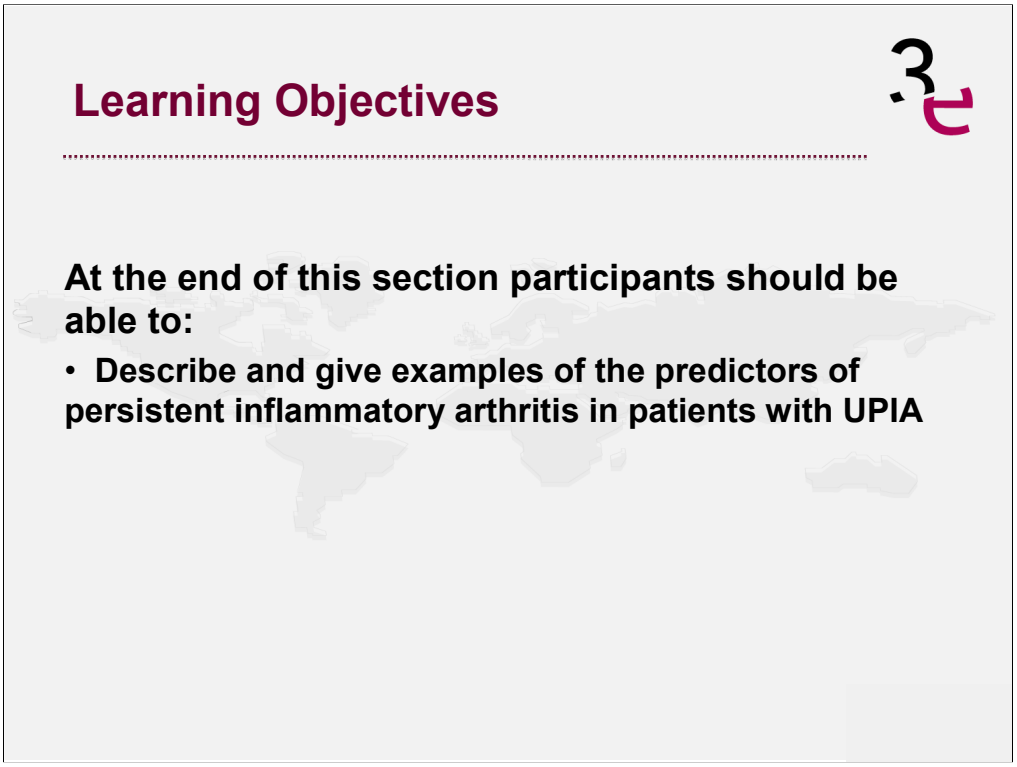


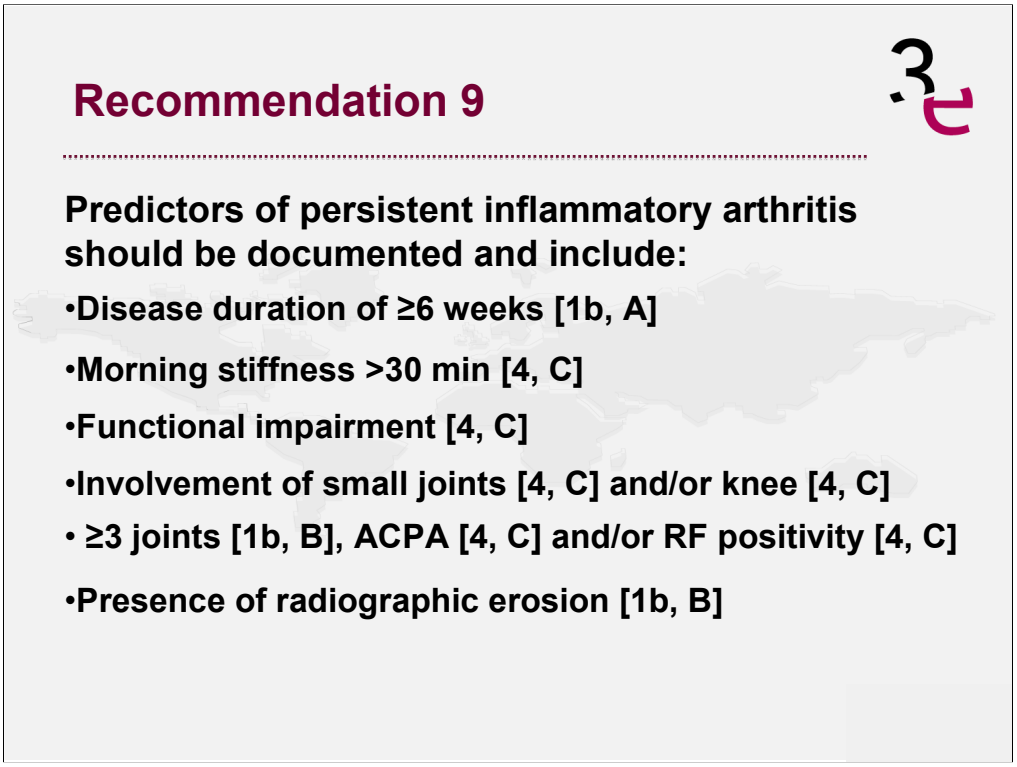
Recommendation 9



Learning Objectives

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

- Describe and give examples of the predictors of persistent inflammatory arthritis in patients with UPIA

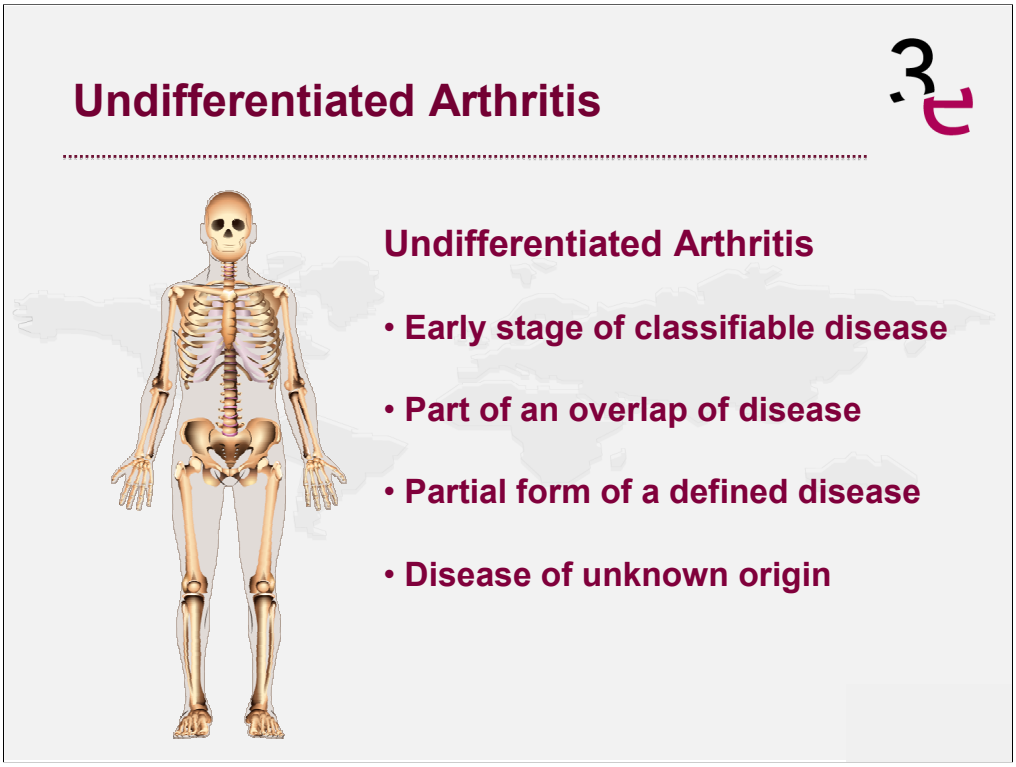


Recommendation 9

Predictors of persistent inflammatory arthritis should be documented and include disease duration of ≥6 weeks [1b, A], morning stiffness >30 min [4, C], functional impairment [4, C], involvement of small joints [4, C] and/or knee [4, C], ≥3 joints [1b, B], ACPA [4, C] and/or RF positivity [4, C] and presence of radiographic erosion [1b, B].

This recommendation had an agreement of 8.6/10.

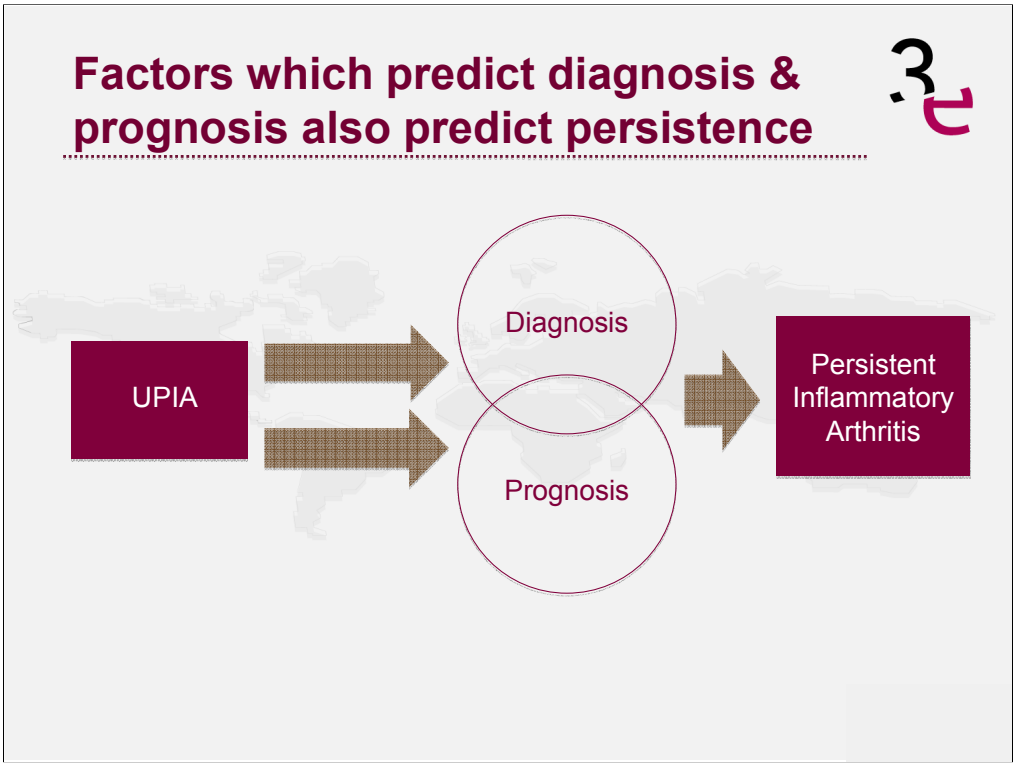
67% of rheumatologists felt that this recommendation was already implemented in their practice and 25% felt it would change their practice.



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.



With a diagnosis of UPIA, it is important to identify factors which will help predict a certain diagnosis and/or prognosis.
A key question is which patients will develop a persistent inflammatory arthritis. This can be thought of as a prognostic question, however, once persistent inflammatory arthritis is diagnosed, treatment is usually initiated. Thus, persistent inflammatory arthritis is in a sense a specific diagnosis. There is therefore overlap when considering the diagnostic and prognostic predictors of UPIA.

Summary
Predictors of Persistent Disease

	UA	Mixed population
History	Disease duration	Disease duration ≥4 mo
		Symptom duration >6 wk
	Morning stiffness	Morning stiffness
	Change of HAQ at 3 mo	HAQ at baseline
Physical exam	Synovitis at 2 wk	Arthritis ≥3 joints
		Swollen PIP joint, Small joint arthritis
	Knee involvement	MTP squeeze test +
Lab	Rheumatoid factor	IgM- Rheumatoid factor
	Anti-CCP	Anti-CCP (presence and level)
Imaging		Erosion (hand or feet)

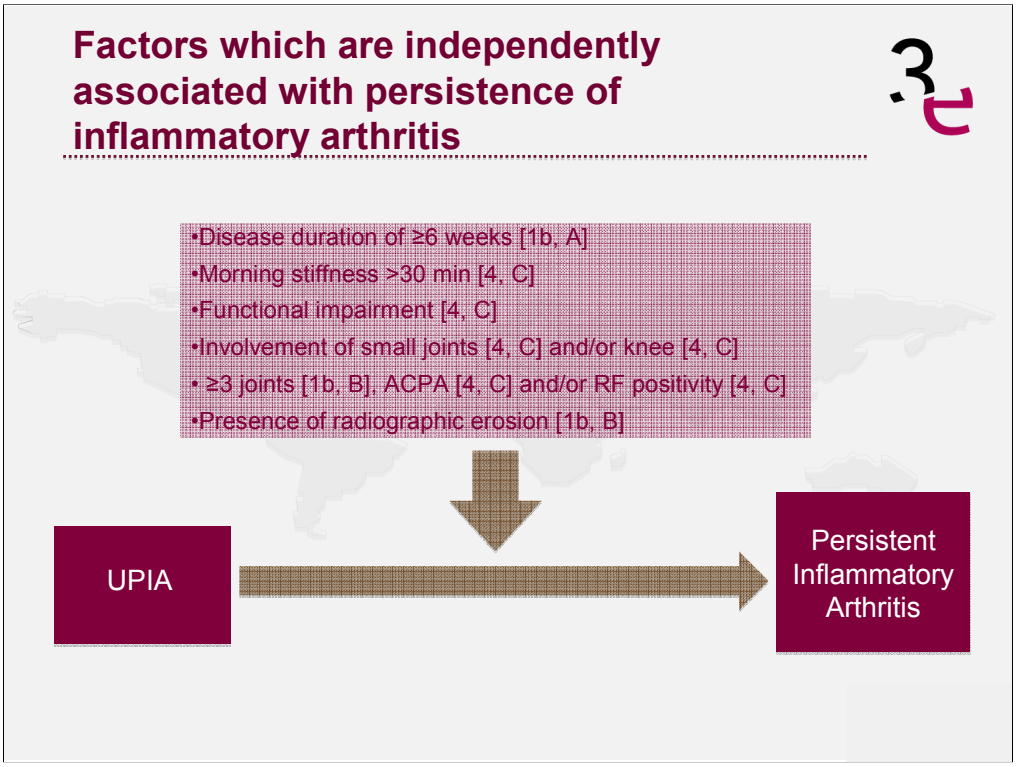
Summary

Predictors of persistent disease

•All varialbes listed in this table were independent predictors of persistent arthritis in UA and mixed populaiton.

•There is no data regarding predictive value of genetic and soluable markers, ultrasound, and MRI for persistent arthritis.

•According to the “Oxford level of evidence scale”, the level of evidence of each predictor is 1b, individual cohort study with ≥80% follow-up



Factors which are independently associated with persistence of inflammatory arthritis

The magnitude of the association in the same predictor was diverse among the studies depending on the patient characteristics (namely if the population was purely UPIA or not), the study design, and the variables used to adjust for in the models.

Disease Persistence

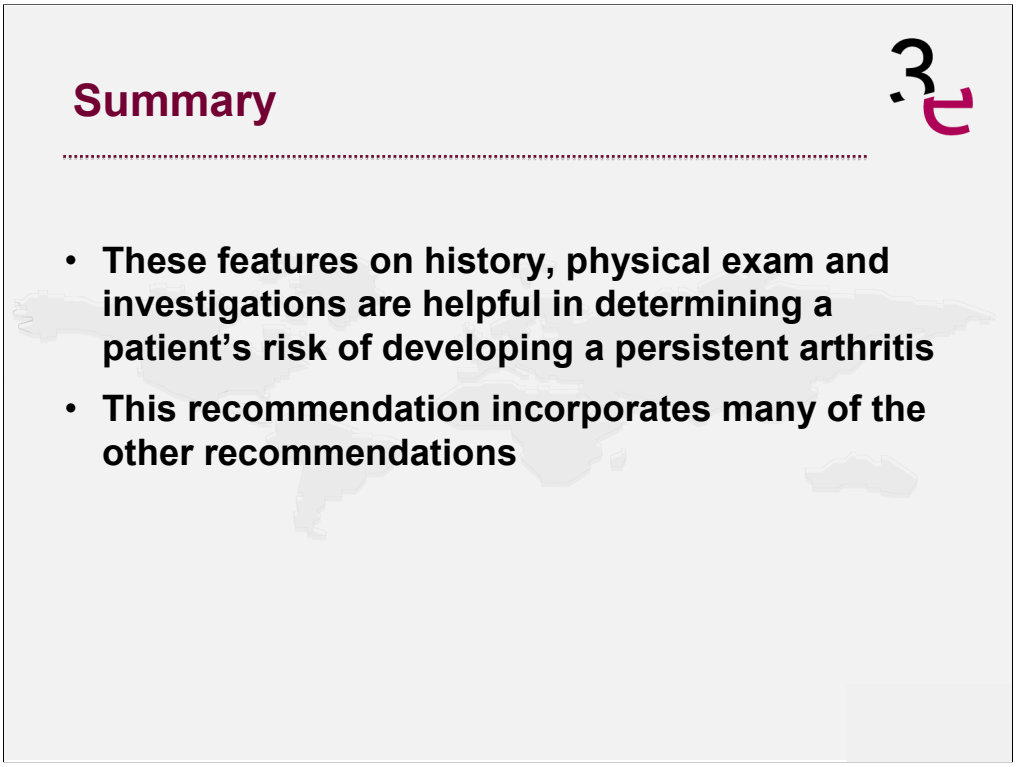
Features that predict persistent disease include:

- **History: disease duration, AM stiffness, change in HAQ**
- **Physical exam: presence of synovitis over time, knee involvement**
- **Laboratory findings: +RF, +ACPA**
- **Imaging findings: erosions of the hands or feet**

Summary

There are many important features on history, physical exam and investigations which are helpful in determining a patient's risk of developing a persistent arthritis

This recommendation incorporates many of the other recommendations



Summary

There are many important features on history, physical exam and investigations which are helpful in determining a patient's risk of developing a persistent arthritis

This recommendation incorporates many of the other recommendations

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