FOLLOWING THE AMERICAN COLLEGE OF RHEUMATOLOGY QUALITY GUIDELINES CAN ENHANCE THE SAFETY OF RHEUMATOID ARTHRITIS PATIENTS TREATED WITH DISEASE MODIFYING DRUGS

INTRODUCTION

Adverse events (AEs) and serious adverse We collected data on DMARD and events (SAEs) from disease modifying biologic usage of 250 RA patients in a drugs (DMARDs) for Rheumatoid Arthritis Musculoskeletal clinic in the United (RA) can result in significant morbidity Arab Emirates (UAE) and audited the and even fatality. The American College practice to see how many of the ACR of Rheumatology (ACR) has published drug safety guidelines were being drug safety disease modifying drug followed. Subsequently we analyzed (DMARD) guidelines for doctors to follow how many patients suffered from AEs so that they can monitor side effects.

METHODS

and SAEs (death, initial or prolonged hospitalization, persistent or significant disability, cardiac failure, or myocardial infarction). Outcomes of the AEs and SAEs were recorded.

OBJECTIVES

The aim of our study was to audit our practice to see if the ACR guidelines were followed and what impact that had on RA patients with AEs and SAEs.

ACR GUIDELINES

- 1. Informing patients about risk
- 2. Prophylaxis for patients at risk for gastrointestinal bleeding
- B. Hemoglobin tests
- A Serum creatinine tests
- 5. Baseline studies
- 6. Drug toxicity monitoring

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RESULTS

Figure 1. Number of Adverse Events.



Figure 2. Ethnicities Represented.



CONCLUSIONS

Of the 250 patients administered with 518 drugs, 39 (15.6%) reported AEs of which 1.8% of them were deemed SAEs and 29 patients (74.4%) discontinued the DMARD. All adverse events were resolved withdrugdiscontinuation and no patients had irreversible side effects. We believe that adherence to the ACR DMARD safety guidelines for RA treatment can limit the impact of AEs and SAEs and enhance the safety of patients.

KEY POINT

Strict adherence to the ACR drug safety guidelines results in patient safety and effective RA treatment.



