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MEETING ABSTRACTS

Implementing American College of Rheumatology (ACR) Quality Indicators for Rheumatoid Arthritis (RA) in the United Arab Emirates (UAE)

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Background/Purpose

Prior to the establishment of RA standards set by the ACR, a widespread discrepancy was formed between practices, which were treating patients with RA with different levels of care. Thus, in order to regulate quality, the ACR implemented the following quality indicators worldwide: tuberculosis screening prior to biological disease modifying drugs (DMARDs), periodic assessment of disease activity, functional status assessment, assessment and classification of disease prognosis, glucocorticoid management, treatment with DMARDs, and follow up treatment with DMARDs.

The aim of our study was to audit our management of RA patients, and assess whether the before mentioned quality indicators were being implemented in our practice and whether this was reflected in better RA disease control.

Methods

Data was collected on 182 consecutive RA patients in the UAE meeting ACR criteria for RA, and measuring the care we provide with the expected standard of quality outlined.

Results

100% of patients received a tuberculosis screening prior to being prescribed biological DMARDS (16% of the 181 total); TB tests were not applicable to patients receiving any other type of treatment for RA. 98% of patients had a periodic assessment of disease activity (DAS Score) at least once over a twelve-month span. All 100% of patients were subject to a functional status assessment by HAQ at least once during their treatment. However, no patients were provided with a disease prognosis, or prediction of how their disease may progress positively or negatively. Similarly, no patients were provided with documentation of a glucocorticoid management plan correlating with the improvement or change their disease activity (however, no patients were prescribed 10 mg of Prednisone daily for any period of time). 100% of patients were being treated with disease modifying treatments (DMARD), unless contraindicated, and 100% of patients were followed up with as treatment progressed to ensure the medication continued to be effective, and dosage adjustments made based on DAS Score. 53% of our patients were in low disease activity as defined as a DAS28 score < 3.2.

Conclusion

The majority (53%) of patients in our practice had achieved RA disease activity DAS 28 targets of <3.2, which may be a reflection that the practice is strong in upholding most of the tenets of quality with almost 100% compliance with six of the seven ACR quality indicators. There are still areas for improvement such as documenting a yearly disease prognosis and ensuring a written glucocorticoid management plan, assuming the patient is being treated with a glucocorticoid greater than 10 mg of prednisolone daily. We feel that there is correlation between achieving treatment targets and adherence to ACR quality guidelines but this will need to be studied in larger cohorts in the region.

Disclosure:

H. Beermann,
None;

J. Daoud,
None;

H. Badsha,
None.