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Frequency and Pattern of Rheumatoid Arthritis in a Tertiary Hospital in Maiduguri, North-Eastern Nigeria

Fréquence et Profil de la Polyarthrite Rhumatoïde dans un Hôpital Tertiaire de Maiduguri, au Nord-Est du Nigeria

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ABSTRACT

BACKGROUND: Rheumatoid arthritis (RA) is considered rare and mild in Africa, its exact burden is unknown.

OBJECTIVES: To determine the pattern of RA and medications used in its management at University of Maiduguri Teaching Hospital (UMTH), Nigeria.

METHODS: A retrospective cross-sectional study of RA patients, aged ≥ 18 years, satisfying the American college of rheumatology (ACR) /European alliance of associations for rheumatology (EULAR) 2010 and/or ACR 1987 classification criteria seen over six years (January 2015 to December 2020) at UMTH. Ethical approval was granted by the hospital's Ethics committee. Excluded, were other Rheumatic and musculoskeletal diseases (RMDs) and those with incomplete data. Sociodemographic, clinical features, laboratory results, medications used, and clinical disease activity index (CDAI) were recorded. Data were analyzed using SPSS version 23.0. A p-value of < 0.05 was considered significant.

RESULTS: Of the 1,315 RMDs seen, 162 (12.3%) had RA of which 32 were excluded due to incomplete data. Their median [IQR] age was 40.9 [29.6–54.0] years and 78.5% were females. The median [IQR] disease duration before presentation was 3 [2–5] years. The wrist joint was the most affected (88.5%), while the hip was the least (15.4%). Sicca symptoms was reported by 42.3% while, 41.1% had subcutaneous nodules. The median [IQR] erythrocyte sedimentation rate (ESR) was 66.2 [45–72.3] mm in the 1st hour, 65.7% had positive Rheumatoid factor (RF). The mean (\pm SD) CDAI score was 33.0 (± 9.5) and 86.2% of patients had high disease activity. All patients were treated with steroids, 70.0% had methotrexate (MTX) while none received biologics.

CONCLUSION: In Maiduguri, RA patients present late with high disease activity and poor access to biologics. There is a need to improve early diagnosis and prompt referral to a rheumatologist. **WAJM 2022; 39(9): 902–908.**

Keywords: Rheumatoid arthritis, Northeastern Nigeria, Investigations, Disease activity management.

RÉSUMÉ

BACKGROUND: La polyarthrite rhumatoïde (PR) est considérée comme rare et bénigne en Afrique, son poids exact est inconnu.

OBJECTIFS: Déterminer le profil de la PR et les médicaments utilisés pour sa prise en charge à l'hôpital universitaire de Maiduguri (UMTH), au Nigeria.

MÉTHODES: Étude rétrospective transversale des patients atteints de PR, âgés de plus de 18 ans, répondant aux critères de classification 2010 de l'American College of Rheumatology (ACR)/European Alliance of Associations for Rheumatology (EULAR) et/ou ACR 1987, examinés sur une période de six ans (de janvier 2015 à décembre 2020) à l'UMTH. L'approbation éthique a été accordée par le comité d'éthique de l'hôpital. Ont été exclues, les autres maladies rhumatismales et musculo-squelettiques (RMD) et celles dont les données étaient incomplètes. Les caractéristiques sociodémographiques et cliniques, les résultats de laboratoire, les médicaments utilisés et l'indice d'activité clinique de la maladie (CDAI) ont été enregistrés. Les données ont été analysées à l'aide de SPSS version 23.0. Une valeur p de $< 0,05$ a été considérée comme significative.

RÉSULTATS: Sur les 1 315 DMR examinés, 162 (12,3 %) étaient atteints de PR, dont 32 ont été exclus en raison de données incomplètes. Leur âge médian [IQR] était de 40,9 [29,6-54,0] ans et 78,5% étaient des femmes. La durée médiane [IQR] de la maladie avant la présentation était de 3 [2-5] ans. L'articulation du poignet était la plus touchée (88,5 %), tandis que la hanche était la moins touchée (15,4 %). Des symptômes de siccité ont été signalés par 42,3 % des patients, tandis que 41,1 % présentaient des nodules sous-cutanés. Le taux de sédimentation érythrocytaire médian [IQR] était de 66,5 %.

La vitesse de sédimentation des érythrocytes (VS) médiane [IQR] était de 66,2 [45-72,3] mm au cours de la première heure, 65,7 % avaient un facteur rhumatoïde (FR) positif. Le score CDAI moyen (\pm SD) était de 33,0 ($\pm 9,5$) et 86,2% des patients présentaient une forte activité de la maladie. Tous les patients ont été traités par stéroïdes, 70,0 % par méthotrexate (MTX) et aucun n'a reçu de produits biologiques.

CONCLUSION : A Maiduguri, les patients atteints de PR se présentent tardivement avec une forte activité de la maladie et un faible accès aux produits biologiques. Il est nécessaire d'améliorer le diagnostic précoce et l'orientation rapide vers un rhumatologue. **WAJM 2022; 39(9): 902–908.**

Mots clés: Polyarthrite rhumatoïde, Nord-Est du Nigeria, Investigations, Disease Activity Management.

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Abbreviations: ACPA, Anticitrullinated Peptide Antibody; ACR, American college of rheumatology; ALT, Alanine amino transferase; Anti-CCP, Anti-Cyclic Citrullinated Peptide; AST, Aspartate Amino Transferase; BMI, Body Mass Index; BP, Blood Pressure; CDAI, Clinical Disease Activity Index; CI, Confidence Interval; cs/tsDMARDs, conventional/targeted synthetic Disease Modifying Anti-Rheumatic Drugs; ESR, Erythrocyte Sedimentation Rate; EULAR, European Alliance of Associations for Rheumatology; Hct, Hematocrit; IP, Interphalangeal Joint; IQR, Interquartile Range; MCP, Metacarpophalangeal Joint; MTP, Metatarsophalangeal Joint; MTX, Methotrexate; NSAIDs, Non-Steroidal Anti-Inflammatory Drugs; PGA, Physician Global Assessment; PIP, Proximal Interphalangeal Joint; PtGA, Patient Global Assessment; RA, Rheumatoid Arthritis; RF, Rheumatoid Factor; RMDs, Rheumatic and Musculoskeletal Diseases; SD, Standard Deviation; SJC, Swollen Joint Count; SPSS, Statistical Package for Social Sciences; TJC, Tender Joint Count; TLC, Total Leucocyte Count; TMJ, Temporomandibular Joint; UMTH, University of Maiduguri Teaching Hospital; USA, United States of America.