

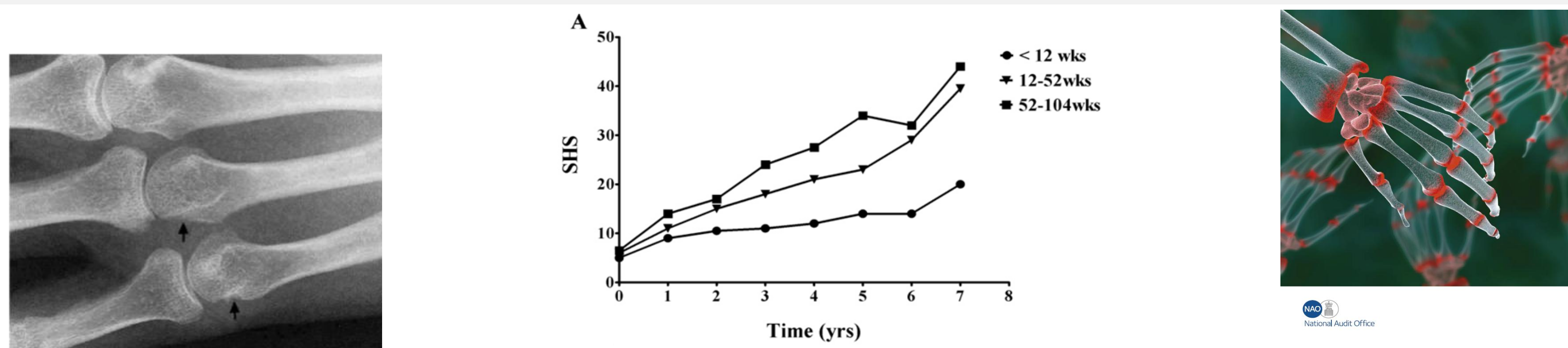
DELAYS IN ASSESSMENT OF RHEUMATOID ARTHRITIS IN PATIENTS ACROSS EUROPE

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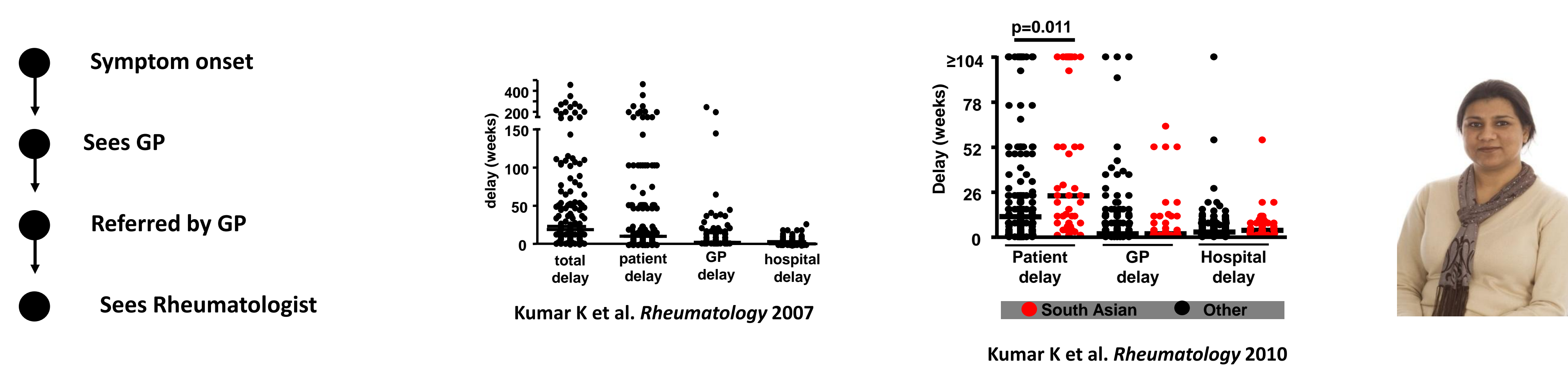
Background

1. Delay in the institution of therapy is associated with worse outcomes in patients with RA:



van der Linden M et al *Arthritis Rheum* 2010

2. Delay on the part of patients in consulting their GPs is an important factor explaining delays in assessment by Rheumatologists in the UK:



Kumar K et al. *Rheumatology* 2007

Kumar K et al. *Rheumatology* 2010

3. Drivers for help seeking in patients with arthritis in the UK

Patients' help-seeking experiences and delay in cancer presentation: a qualitative synthesis

Lacey K Smith, Catherine Pope, Johannes L. Rethke

Important triggers for consultation in patients with **cancer** are:

- [1] Specific well known symptoms (e.g. a lump)
- [2] Knowledge of cancer symptoms and awareness of risk
- [3] Symptoms that worsened or persisted
- [4] New additional symptoms (e.g. pain)
- [5] Severe symptoms that reached crisis point
- [6] Symptoms which affected everyday life
- [7] Discussion of symptoms with friends and family

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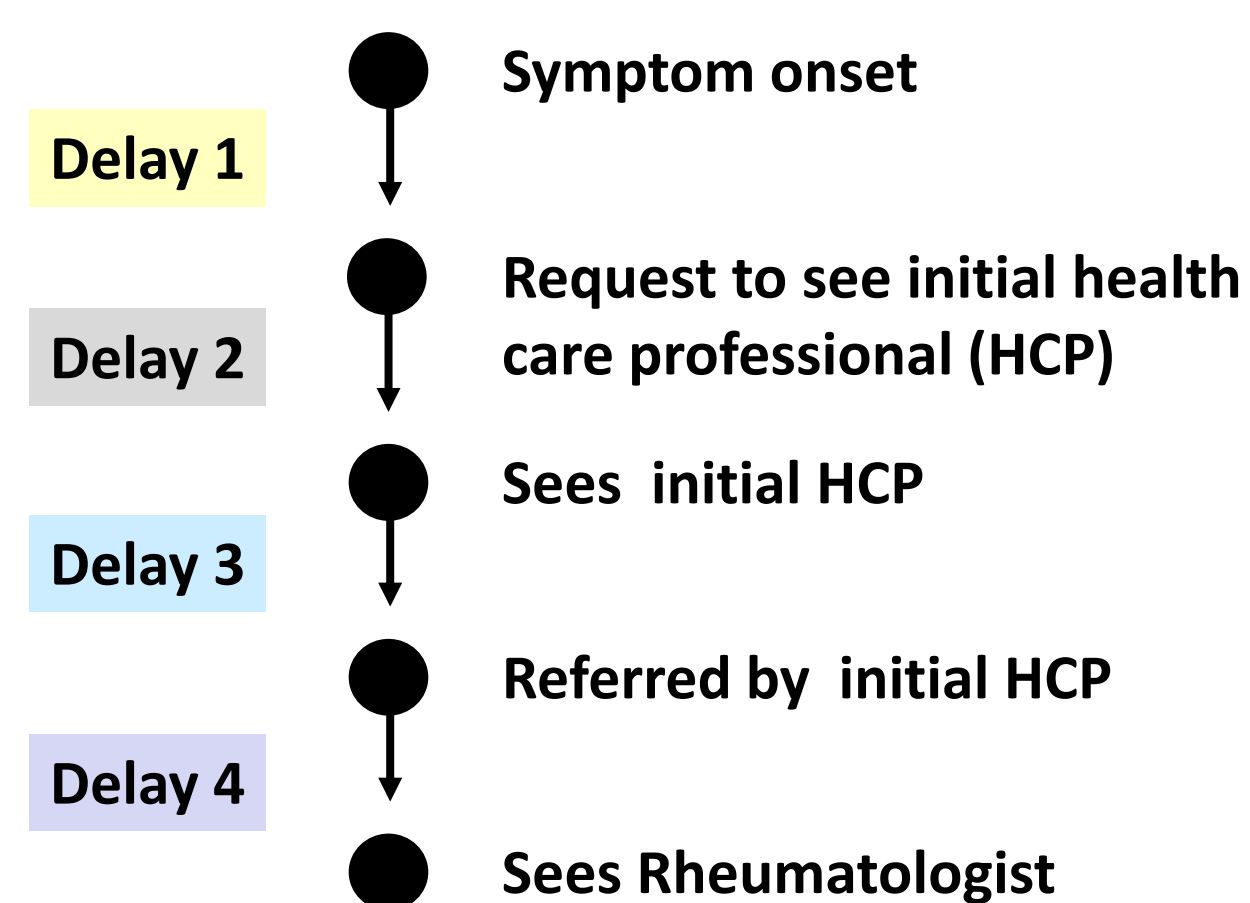
'I just thought it was normal aches and pains': a qualitative study of decision-making processes in patients with early rheumatoid arthritis

J. Sheppard^{1,*}, K. Kumar^{1,2,*}, C. D. Buckley^{1,2}, K. L. Shaw³ and K. Raza^{1,2}

Important triggers for consultation in patients with **RA** are:

- [1] Specific well known symptoms
- [2] Knowledge of arthritis symptoms and awareness of risk
- [3] Symptoms that worsened or persisted
- [4] New additional symptoms (e.g. pain)
- [5] Severe symptoms that reached crisis point
- [6] Symptoms which affected everyday life
- [7] Discussion of symptoms with friends and family

Methods



Results 1

| | Berlin | B'ham | H'kion | Lund | Prague | S'holm | Umeå | Vienna | Warsaw | Zurich |
|--|------------|-------------------------|-------------|------------|------------|------------|------------|------------------------|------------|------------|
| Total number of patients | 50 | 50 | 42 | 48 | 50 | 55 | 50 | 38 | 50 | 49 |
| Age (years; median (IQR)) | 44 (35-59) | 55 (44-69) | 53 (43-62) | 58 (45-68) | 56 (40-60) | 59 (44-68) | 55 (42-67) | 56 (47-66) | 55 (47-62) | 53 (36-62) |
| Gender (female; number (%)) | 35 (70) | 33 (66) | 36 (86) | 35 (73) | 35 (70) | 39 (71) | 36 (72) | 29 (76) | 41 (82) | 37 (76) |
| Initial HCP (number (%)) | | | | | | | | | | |
| GP | 26 (52) | 49 (98) | 2 (5) | 46 (96) | 35 (70) | 49 (89) | 47 (94) | 25 (66) | 36 (72) | 46 (94) |
| Rheumatologist | 2 (4) | 0 | 12 (29) | 0 | 4 (8) | 0 | 0 | 1 (3) | 7 (14) | 0 |
| Internist | 2 (4) | 0 | 9 (21) | 0 | 1 (2) | 3 (5) | 0 | 1 (3) | 3 (6) | 1 (2) |
| Company health service | 0 | 0 | 0 | 0 | 0 | 1 (2) | 3 (6) | 0 | 0 | 0 |
| Orthopaedic surgeon | 13 (26) | 0 | 19 (45) | 0 | 9 (18) | 1 (2) | 0 | 8 (21) | 2 (4) | 1 (2) |
| Emergency department | 5 (10) | 1 (2) | 0 | 0 | 0 | 0 | 0 | 1 (3) | 0 | 0 |
| Neurologist | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 (2) | 0 |
| Not recorded / other | 2 (4) | 0 | 0 | 2 (4) | 1 (2) | 1 (2) | 0 | 2 (5) | 1 (2) | 1 (2) |
| Levels of delay (weeks; median (IQR)) | | | | | | | | | | |
| Delay 1 | 2 (1-8) | 12 (3-64) ^b | 22 (8-72) | 8 (4-8) | 8 (2-12) | 4 (2-8) | 8 (2-17) | 2 (1-10) | 4 (1-8) | 8 (4-13) |
| Delay 2 # | 2 (1-4) | 1 (<1-1) ^b | 12 (6-63) | 2 (1-2) | <1 (<1-2) | 1 (<1-2) | 1 (<1-2) | <1 (<1-1) ^b | 2 (1-8) | 1 (1-2) |
| Delay 3 * | 10 (3-23) | 2 (1-5) ^b | 3 (<1-4) | 8 (4-12) | 2 (3-52) | 2 (1-8) | 8 (2-20) | 8 (2-26) | 12 (2-48) | 8 (4-15) |
| Delay 4 | 11 (4-14) | 4 (2-6) | 4 (<1-8) | 3 (2-4) | 4 (2-8) | 3 (2-4) | 4 (2-5) | 1 (1-2) | 4 (1-8) | 2 (1-3) |
| Total delay (weeks; median (IQR)) ^a | 27 (19-43) | 21 (13-63) ^c | 38 (16-192) | 22 (15-32) | 25 (12-77) | 16 (9-27) | 25 (14-53) | 16 (7-65) ^b | 35 (14-74) | 20 (13-36) |
| Patients seen ≤ 12 weeks after symptom onset (number (%)) ^a | 5 (10) | 9 (19) | 6 (14) | 4 (8) | 14 (28) | 23 (42) | 7 (14) | 14 (38) | 11 (22) | 11 (22) |

^a where initial HCP was a Rheumatologist, data on this aspect of delay is included under Delay 4. ^{*} No data for this variable if initial HCP of contact was a Rheumatologist. ^a calculated for patients for whom data on delay at all levels were available. ^b data on this variable not available for one patient. ^c data on this variable not available for two patients.

Results 2: Comparisons between centres for each level of delay

Delay 1: Patient delay

| | Berlin | B'ham | H'kion | Lund | Prague | S'holm | Umeå | Vienna | Warsaw | Zurich |
|--------|--------|-------|--------|------|--------|--------|------|--------|--------|--------|
| Berlin | | | | | | | | | | |
| B'ham | <0.001 | | | | | | | | | |
| H'kion | <0.001 | NS | | | | | | | | |
| Lund | 0.004 | NS | NS | | | | | | | |
| Prague | 0.041 | NS | 0.004 | NS | | | | | | |
| S'holm | NS | NS | <0.001 | NS | NS | | | | | |
| Umeå | 0.010 | NS | 0.018 | NS | NS | NS | | | | |
| Vienna | NS | 0.012 | <0.001 | NS | NS | NS | NS | | | |
| Warsaw | NS | 0.026 | <0.001 | NS | NS | NS | NS | NS | | |
| Zurich | 0.003 | NS | NS | NS | NS | NS | NS | NS | NS | |

Delay 3: Initial health care professional delay

| | Berlin | B'ham | H'kion | Lund | Prague | S'holm | Umeå | Vienna | Warsaw | Zurich |
|--------|--------|-------|--------|------|--------|--------|------|--------|--------|--------|
| Berlin | | | | | | | | | | |
| B'ham | 0.004 | | | | | | | | | |
| H'kion | 0.026 | NS | | | | | | | | |
| Lund | NS | 0.012 | NS | | | | | | | |
| Prague | NS | 0.001 | 0.005 | NS | | | | | | |
| S'holm | 0.036 | NS | NS | NS | 0.006 | | | | | |
| Umeå | NS | 0.045 | NS | NS | NS | NS | | | | |
| Vienna | NS | NS | NS | NS | NS | NS | NS | | | |
| Warsaw | NS | 0.002 | 0.014 | NS | NS | 0.019 | NS | NS | | |
| Zurich | NS | 0.014 | NS | NS | NS | NS | NS | NS | NS | |

Dunn's multiple comparisons test was used to compare each level of delay between pairs of centres. P values are shown. Where the P value was > 0.05 this was regarded as non-significant (NS).

Delay 4: Rheumatologist delay

| | Berlin | B'ham | H'kion | Lund | Prague | S'holm | Umeå | Vienna | Warsaw | Zurich |
|--------|--------|--------|--------|------|--------|--------|--------|--------|--------|--------|
| Berlin | | | | | | | | | | |
| B'ham | 0.004 | | | | | | | | | |
| H'kion | <0.001 | NS | | | | | | | | |
| Lund | <0.001 | NS | NS | | | | | | | |
| Prague | 0.029 | NS | NS | NS | | | | | | |
| S'holm | <0.001 | NS | NS | NS | NS | | | | | |
| Umeå | 0.011 | NS | NS | NS | NS | NS | | | | |
| Vienna | <0.001 | <0.001 | NS | NS | <0.001 | 0.023 | <0.001 | | | |
| Warsaw | <0.001 | NS | NS | NS | NS | NS | NS | 0.003 | | |
| Zurich | <0.001 | 0.045 | NS | NS | 0.007 | NS | 0.020 | NS | NS | |

Results 3: Comparisons within each centre between the four levels of delay

| | Berlin | B'ham | H'kion | Lund | Prague | S'holm | Umeå | Vienna | Warsaw | Zurich |
|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Friedman p value | <0.001 | <0.001 | <0.001 | <0.001 | <0.001 | <0.001 | <0.001 | <0.001 | 0.008 | <0.001 |
| Comparisons between pairs of delays | | | | | | | | | | |
| 1 v 2 (1 > 2) | NS | <0.001 | NS | <0.001 | <0.001 | <0.001 | <0.001 | <0.001 | NS | <0.001 |
| 1 v 3 (1 > 3, except black) | <0.001 | <0.005 | <0.001 | NS | NS | NS | NS | NS | NS | NS |
| 1 v 4 (1 > 4, except black) | <0.001 | <0.025 | <0.001 | <0.001 | NS | NS | NS | NS | NS | <0.001 |
| 2 v 3 (3 > 2, except black) | <0.001 | <0.005 | <0.005 | <0.001 | <0.001 | <0.001 | <0.001 | <0.001 | NS | <0.001 |
| 2 v 4 (4 > 2, except black) | <0.001 | <0.001 | <0.001 | NS | <0.001 | <0.001 | <0.001 | <0.025 | NS | NS |
| 3 v 4 (3 > 4) | NS | NS | NS | <0.001 | NS | NS | NS | <0.01 | <0.025 | <0.001 |

The Friedman test was used to compare the different levels of delay at each centre. A post hoc test was used to compare pairs of levels of delay. P values are shown. Where the P value was > 0.05 this was regarded as non-significant (NS).

Conclusions

- This research highlights the contribution of patients, professionals and health systems to treatment delay for patients with RA in Europe.
- Although some centres have strengths in minimising certain types of delay, interventions are required in all centres to ensure timely treatment for patients.

Future directions in the UK

NIHR Research for Patient Benefit funded DELAY study to investigate extent of and reasons underlying delay in presentation to primary care in patients with inflammatory arthritis.

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