DELAYS IN ASSESSMENT OF RHEUMATOID ARTHRITIS IN PATIENTS ACROSS EUROPE

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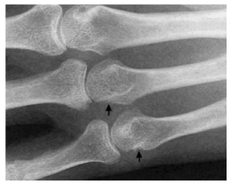
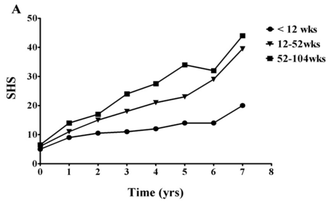
Background

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

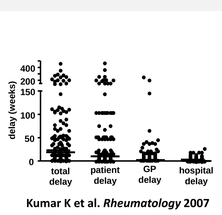




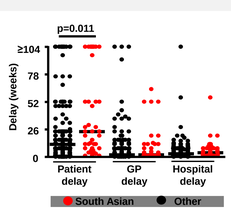
van der Linden M et al *Arthritis Rheum* 2010

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

Symptom onset → Sees GP → Referred by GP → Sees Rheumatologist



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

Lucy K Smith, Catharine Pope, Johannes L Botha

Lancet 2005; 366: 825–31
Published online August 11, 2005
DOI:10.1016/S0140-6736(05)67030-4

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

Rheumatology 2008;47:1577–1582
Advance Access publication 18 August 2008
doi:10.1093/rheumatology/ken304

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

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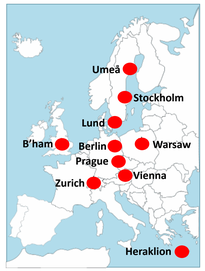
Important triggers for consultation in patients with **RA** are:

[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



Delay 1 Symptom onset
Delay 2 Request to see initial health care professional (HCP)
Delay 3 Sees initial HCP
Delay 4 Referred by initial HCP
Sees Rheumatologist

Results 1

	Berlin	B'ham	H'klion	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)	10 (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)

[#] 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'klion	Lund	Prague	S'holm	Umeå	Vienna	Warsaw	Zurich
Berlin										
B'ham	**<0.001**									
H'klion	**<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'klion	Lund	Prague	S'holm	Umeå	Vienna	Warsaw	Zurich
Berlin										
B'ham	**0.004**									
H'klion	**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	

Delay 4: Rheumatologist delay

	Berlin	B'ham	H'klion	Lund	Prague	S'holm	Umeå	Vienna	Warsaw	Zurich
Berlin										
B'ham	**0.004**									
H'klion	**<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	

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).

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

	Berlin	B'ham	H'klion	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	NS	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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