Increased delay from diagnosis to treatment in Venezuelan Patients with Rheumatoid arthritis. A health warning.

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Increased delay from diagnosis to treatment in Venezuelan Patients with Rheumatoid arthritis. A health warning.

Despite a decrease in time from disease onset to diagnosis, patients of a recent cohort had increased delay in initiation of first DMARD compared with patients from an earlier cohort, increasing the risk for disability in Venezuelan RA patients.

The goal was to assess the promptness of initiation of disease modifying anti-rheumatic drugs (DMARD) in a cohort of Venezuelan patients with rheumatoid arthritis (RA) confronting an internationally recognized health crisis, and compare it with that of an earlier cohort. The early commencement of treatment is key to avoid joint damage and permanent disability in RA patients.

We previously reported a delay between diagnosis and initiation of the first disease modifying anti-rheumatic drug (DMARD) in Venezuelan patients with rheumatoid arthritis (Cohort 1) (1). In the midst of a growing health crisis in Venezuela (2) we sought to compare the lag time between disease onset and diagnosis (Time 1), and between diagnosis and initiation of first DMARD (Time 2) in a new cohort of patients recruited between 2008 and 2013 (Cohort 2). This was a retrospective, observational study of 405 consecutive patients (Cohort 1, n = 232; Cohort 2, n = 173) seen at Hospital Universitario de Caracas. Patients of both cohorts were comparable in age, sex, marital status, years of education, duration of disease and presence of comorbidities. More patients of Cohort 1 had family history of RA and more patients of Cohort 2 belonged to the middle socioeconomic level. Despite a significant decrease in lag time between disease onset and diagnosis (20.9 ± 31.8 months in Cohort 2 vs. 40.7 ± 61.1 months in Cohort 1, p < 0.0001), patients in Cohort 2 had a mean longer time before getting the first DMARD: 29.3 ± 65.3 months in Cohort 2 vs. 12.8 ± 38.1 months in Cohort 1 (p < 0.0001). Multivariate linear regression analysis showed that RA patients in Cohort 2 had shorter lag time between onset of symptoms and diagnosis [β = -19.40, Standard Error (SE) = 5.56, p = 0.0005] but longer lag time between diagnosis and initiation of first DMARD (β = 15.08, SE = 4.49, p = 0.0009), after controlling for all covariates. Despite a decrease by nearly half of the lag time from disease onset to diagnosis, patients in Cohort 2 did not benefit from earlier DMARD treatment, a key issue in prevention of permanent articular damage and disability, a high risk for RA patients confronting the current health crisis in Venezuela.

Despite a decrease of the lag time from disease onset to diagnosis by nearly half, patients in Cohort 2 did not benefit from earlier DMARD treatment, a key point for prevention of permanent articular damage and disability. The critical shortage amidst an evolving humanitarian crisis in Venezuela may explain this paradox. Under the present conditions a growing number of Venezuelan patients with RA are now at a higher risk of permanent joint damage and irreversible disability.

