



Editorial

Present and Future of Rheumatic Diseases in Latin America. Are We Prepared to Face Them?☆

Presente y futuro de las enfermedades reumáticas en Iberoamérica. ¿Estamos preparados para hacerles frente?

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Rheumatic diseases are a major cause of morbidity in the general population. There are over two hundred diseases that produce varying degrees of pain, disability and deformity. In general, these diseases do not increase short-term mortality and, therefore, are not taken into account as health and education priorities. However, their influence on the deterioration of the quality of life¹ is increasingly recognized.

Latin America has undergone an epidemiological transition for a number of years. Having not overcome health problems, education and social needs related to poverty, they now address both this challenge and that of developing pathology. The latter includes chronic degenerative diseases and, especially relevant, rheumatic diseases. This phenomenon imposes major challenges on health systems and scarce resources are often used to address urgent needs and attention is diverted to emerging problems.

Rheumatologists are no strangers to the overwhelming numbers that reflect the overall impact of musculoskeletal diseases. It is estimated that approximately 10% of the general population suffers from rheumatic disease. These diseases are among the top ten reasons for total disability in countries like the United States, Canada and Mexico. In the Mexican Social Security Institute, the disability rate has been calculated at 1.38 per 1000 beneficiaries.

There are methodological problems in measuring the overall impact of rheumatic diseases. There is only fragmentary information about other equally important aspects such as the impact on quality of life (pain, suffering, progressive deformity and inability to perform activities of daily living). It is also important to measure other variables such as social isolation, loss of work opportunities, employment promotion and education, economic dependence and undesirable changes in life plans. We should not forget either the consequences on the family or caregivers. Therefore, it should be emphasized that the study of rheumatic diseases should be part of

a list of health priorities due to the personal, family, social and work impact they can produce.

The World Health Organization dedicated the years from 2000 to 2010 as the Bone and Joint decade. This is in order to highlight the importance of musculoskeletal diseases. Four diseases have been considered particularly relevant: a) rheumatoid arthritis, b) osteoporosis, c) osteoarthritis and d) lower back pain.² The impact of this decade should be assessed critically in different regions of the world. In Latin America it seems to have been particularly successful.

Information from COPCORD surveys and the EPISER³ studies in Latin America⁴⁻⁷ revealed several relevant issues that clearly emphasize the importance of these diseases. The prevalence of musculoskeletal pain during the last week is about 25% of individuals surveyed at the community level. Many of these patients are not served by health systems. General practitioners, who often prescribe only NSAIDs, often treat patients who need specialized medical care. Several of these diseases should be diagnosed and managed by the rheumatologist. The delay in the diagnosis of diseases such as rheumatoid arthritis has been associated to a poor prognosis.^{8,9} Spain has been successful in experimenting with education programs for general practitioners in order to improve diagnostic quality and timely referral of patients to specialized treatment. They have also shown a reduction in the time needed for beginning treatment with disease modifying antirheumatic drug in rheumatoid arthritis.¹⁰ Similar examples should be promoted in Latin America and are part of a set of recommendations issued by the GLADAR and PANLAR¹¹ groups.

COPCORD studies in several countries show the prevalence rates of common rheumatic diseases that cause pain and disability. A recent effort in five regions of Mexico by the Epidemiological Study of Muscle-Articular Diseases (Group GEEEMA), using survey methodology with a standardized questionnaire, physical examination and diagnostic validation, show significant regional differences regarding the prevalence of pain, disability and various diagnoses. The regional representation is expected in countries with heterogeneous population types, climate, customs, health, economy and education. The cost and complexity of regional surveys should be balanced and an assessment of the advantages of

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the information that can be used for regional purposes¹² needs support. The impact of this information in health policy is likely to be reflected after several years of coordinated and intense work.

Rheumatology is often regarded as a specialty that treats vague diseases of adulthood and especially the elderly. Rheumatoid arthritis, osteoporosis, crystal deposition disease, osteoarthritis, musculoskeletal diseases associated with drugs and the proper management of comorbidities are of special interest in rheumatology in the latter age group. Future trends draw our attention to the urgent need to seriously consider the aging population. Some authors in the field of aging have pointed out that this phenomenon has special features in Latin America and the Caribbean, namely: a) the rate of aging is particularly rapid in this region. It is thought that in 2030, the population over 60 will be 2.5–3.5 times higher when compared with 2000 figures, b) this region shows a gap between aging and the appropriate standards of life. Compared with other populations, such as Europe, the population of Latin America and the Caribbean will reach adulthood without having enjoyed living standards of other populations and it is postulated that aging may be associated with less favorable standards; c) the socio-political and institutional volatility significantly limit more optimistic predictions. It is thought that we have not adequately prepared to cope up with the challenges that population aging will impose on our region.¹³ You cannot ignore the efforts made thus far in different countries, but an increase in social awareness, political and economic planning as well as predictive efforts are recommended. We as a society need to train more rheumatologists, ensure better training for primary care physicians, promote communication and the formation of health teams and facilitate the incorporation of patients in discussion forums. Planning and needs change from one country to another and will require individualized efforts to meet a common agenda. Rheumatology Societies should play a visionary role in a future that gets closer each day.

The Latin American agenda must emphasize the study of indigenous people, who constitute a large group of citizens who have not received, in most cases, the cultural, economic, educational and development conditions they deserve. The health implications are obvious and rheumatic diseases are no exception. Recent studies have shown that Amerindian genes predisposing to systemic lupus erythematosus¹⁴ and the prevalence of rheumatoid arthritis in Native American groups seems to be increased in a population studied in the Maya of Yucatan.¹² The ability to provide these groups with health services in rheumatology should be a part of comprehensive care.

Our region has a high frequency of obesity and diabetes. Health campaigns have emphasized the risks of this new pandemic in Latin America. The success of those campaigns certainly has a positive effect on the frequency of gout, knee osteoarthritis and back pain. Rheumatology in Latin America must adjust its services to meet the growing number of these pathologies.

Rheumatology Societies in Latin America now recognize that the number of rheumatologists is insufficient to meet the demands imposed by rheumatic diseases.⁸ Immediate adjustments are required to change an unflattering future for rheumatic patient care in our countries. May this document lead us to careful reflection and purposeful action to achieve what we all seek, timely and efficient care for our patients.

Conflict of Interest

The authors have no conflict of interest to declare.

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