



Sociedad Española  
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## Original Article

# Homologies and heterogeneity between Rheumatology Congresses: Mexican, American College of Rheumatology and European League Against Rheumatism<sup>☆</sup>



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## ARTICLE INFO

### Article history:

Received 1 January 2018

Accepted 5 April 2018

Available online 25 February 2020

### Keywords:

Rheumatology meetings  
Randomized controlled trials  
Observational studies  
Rheumatoid arthritis  
Systemic lupus erythematosus  
Spondyloarthropathies  
Vasculitis

## ABSTRACT

**Background:** Medical meetings are a tool to help physicians advance and update their medical knowledge. Their quality is the responsibility of colleges and institutions.

**Objective:** To assess and compare the academic level of four different annual rheumatology meetings.

**Material and methods:** As a source, we used the summaries published in the supplements of the journal *Reumatología Clínica*, SE1 Vol. 12 issued in February 2016, SE 1 Vol. 13 issued in February 2017, the electronic application of the 2016 American College of Rheumatology/Association of Rheumatology Health Professionals (ACR/ARHP) for the 2016 Annual Meeting and the web site of the 2017 European League Against Rheumatism (EULAR) Congress devoted to abstracts submitted to the XLIV Mexican Congress of Rheumatology (CRM 44), XLV Mexican Congress of Rheumatology (CMR 45), the 2016 ACR/ARHP Annual Meeting (ACR2016) and EULAR 2017, respectively. From each abstract, we compiled information on the diverse diseases, the type of trial, content and characteristics.

**Results:** In all, 275, 340, 3275 and 4129 studies were submitted to the XLIV Mexican Congress of Rheumatology, XLV Mexican Congress of Rheumatology, the 2016 ACR/ARHP Annual Meeting and EULAR 2017, respectively. Rheumatoid arthritis (RA) was the most common disorder, dealt with in 23%, 26%, 21% and 27% in CMR 44, CMR 45, 2016 ACR and EULAR 2017, respectively, followed by systemic lupus erythematosus; in third place, Mexican congresses reported trials related to systemic vasculitis, whereas spondylitis was the main subject of international congresses. In the case of RA, clinical topics accounted for 30% in the Mexican congresses and ACR, and nearly 20% in EULAR.

Observational studies accounted for 40% in the Mexican congresses vs. 33% in 2016 ACR and 55% in EULAR 2017. Studies on basic science were minimal in the Mexican congress, whereas in 2016 ACR, they represented 21% and 12% in EULAR 2017.

**Conclusion:** Rheumatology meetings constitute a tool to obtain adequate evidence-based medical knowledge in this important branch of medicine. For our Mexican Congress, we should encourage collaborative efforts between institutions, which will result in a greater number of controlled studies, clinical trials and basic studies that support the quality of the congress. We wish to emphasize that a greater diffusion of other musculoskeletal diseases is needed, not only autoimmune diseases, since the former represent an important percentage of the daily practice.

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<sup>☆</sup> Please cite this article as: Cuevas-Orta E, Pedro-Martínez AJ, Ramírez-Rodríguez C, Abud-Mendoza C. Análisis de homología y heterogeneidad entre congresos de Reumatología: mexicanos, ACR y EULAR. *Reumatol Clin.* 2020;16:87–91.

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## Análisis de homología y heterogeneidad entre congresos de Reumatología: mexicanos, ACR y EULAR

### R E S U M E N

#### Palabras clave:

Congresos de reumatología  
Estudios clínicos controlados  
Estudios observacionales  
Artritis reumatoide  
Lupus eritematoso sistémico  
Espondiloartropatías  
Vasculitis

**Introducción:** Los congresos médicos representan una herramienta que favorece la actualización permanente del médico; su calidad es obligación de los Colegios e Instituciones.

**Objetivo:** evaluar el contenido académico de 4 congresos internacionales de Reumatología.

**Materiales y métodos:** Se utilizó como fuente de información los resúmenes publicados en los suplementos de la revista Reumatología Clínica, SE1 Vol. 12 del mes de febrero de 2016, el suplemento SE 1 Vol. 13 del mes de febrero de 2017, la aplicación electrónica del ACR/ARHP Congreso Americano de Reumatología (ACR) 2016 y la página electrónica de archivos y resúmenes de la EULAR 2017, dedicados a los trabajos presentados en el XLIV Congreso Mexicano de Reumatología (CMR 44), XLV Congreso Mexicano de Reumatología (CMR 45), del 2016 ACR/ARHP Annual Meeting (ACR 2016) y EULAR 2017 respectivamente. Compilamos información sobre la principal patología referida, el tipo de información contenida, características de trabajo (categoría y diseño).

**Resultados:** se presentaron 275, 340, 3275 y 4129 estudios en el CMR 44, CMR 45, ACR 2016, EULAR 2017, respectivamente. La artritis reumatoide (AR) fue la patología con mayor número de trabajos con 23%, 26%, 21% y 27% en el CMR 44, CMR 45 y ACR 2016 y EULAR 2017 respectivamente, seguida por informes sobre lupus eritematoso sistémico; en tercer lugar, en los congresos mexicanos destacan reportes sobre vasculitis, mientras en los congresos internacionales lo ocupan las espondiloartropatías. De resaltar que en el caso de AR los tópicos sobre clínica representan alrededor de 30% en los congresos mexicanos y ACR, y casi 20% en EULAR.

Los estudios observacionales representaron el 40% en los congresos mexicanos vs 33% en el ACR 2016 y 55% en EULAR 2017, por otro lado, los estudios sobre ciencia básica fueron mínimos en los congresos mexicanos mientras que en ACR 2016 representan el 21% y en EULAR 12%.

**Conclusiones:** Los congresos de Reumatología constituyen fuente adecuada para la obtención de conocimientos basados en evidencia. Para estudios mexicanos requerimos de fomentar el esfuerzo de colaboración entre instituciones, que reditúen en mayor número de estudios controlados, ensayos clínicos y estudios básicos que apuntalen la calidad del congreso. Se debe hacer conciencia que hace falta mayor difusión del resto de enfermedades del aparato locomotor, y no solo las patologías autoinmunes, ya que las primeras constituyen un porcentaje importante de la práctica diaria.

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## Introduction

It is evident that Medicine is becoming increasingly complex, and doctors have to face two fundamental challenges. The first is to satisfy the needs of patients who are becoming progressively better informed, and the second, which may be even more of a challenge, is to keep up-to-date so that they can offer evidence-based medicine that is able to improve the quality of care. The medical and non-medical literature available unrestrictedly online (in Internet) means that patients are increasingly more and potentially better informed, although often unsuitably. The number of medical lawsuits due to supposedly poor *praxis* or negligence is growing every day, and it is risky to practice medicine without an insurance policy to cover lawsuits.<sup>1,2</sup>

It is easy to obtain medical information quickly, although this is not the case for high quality medical information. The majority of high quality journals are not open access, and this often results in a high cost for the medical community, most especially in developing countries or for doctors who do not work for institutions. Medical literature is full of poor quality information, even in high-impact peer reviewed journals. All of the above considerations, together with the lack of critical analysis of published information, do not favour high quality evidence-based medicine. Additionally, and in spite of the advantages of having large-scale studies which are usually supported by the pharmaceutical industry, many studies are biased and bear the sponsor's hallmark. Their conclusions are not necessarily drawn from proper analysis, which even with statistically significant differences may not infrequently have a poor clinical impact and minimum importance.<sup>3,4</sup>

Medical societies in any branch of medicine have worked to keep their members permanently updated. On-line course, web

sessions, annual conferences and regular re-certifications are all used as strategies with this aim. Annual conferences are a way of bringing together a good proportion of members for a few days to offer them relevant, evidence-based information, controlled clinical trials and expert opinions, among other things. These are usually selected by experts on the basis of critical analysis, with the core aim of raising the quality of medical care for the population.

We are obliged to regularly evaluate the academic content of conferences, the relevance and quality of the information that is offered together with its impact on the medical community and its eventual role in leading to better evidence-based medicine.

## Objective

To evaluate the academic content of 4 Rheumatology conferences, covering their main topics and subjects, the most commonly treated diseases and the types of work presented.

## Materials and methods

The summaries published in the following journals were used as the objective sources of information: the supplements of the journal Reumatología Clínica, SE1 Vol. 12, February 2016,<sup>5</sup> SE 1 Vol. 13 of February 2017,<sup>6</sup> the electronic media application of the ACR/ARHP 2016 of the American Congress of Rheumatology 2016<sup>7</sup> on the works presented in the XLIV Congreso Mexicano de Reumatología (CMR 44), the XLV Congreso Mexicano de Reumatología (CMR 45) and the 2016 ACR/ARHP Annual Meeting (ACR 2016) and the electronic page of files and summaries of EULAR 2017,<sup>8</sup> respectively; information was extracted from each work on the main pathology covered, the type of information contained and the type of

work. It should be pointed out that some works covered combined pathologies or designs, so that the one which in our judgment was the most important was selected.

**Results**

*Works classified according to pathology*

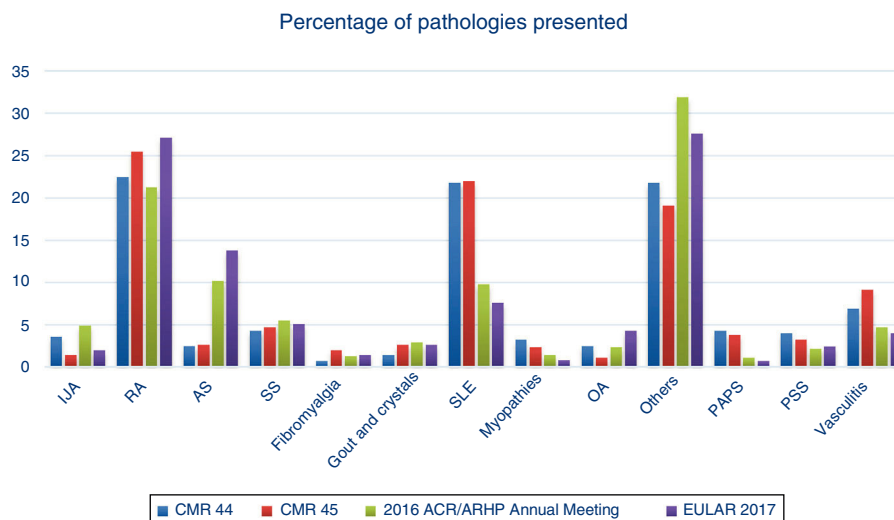
The total numbers of works presented were 275, 340, 3275 and 4129 in the CMR 44, CMR 45, ACR 2016 and EULAR 2017, respectively.

Rheumatoid arthritis (RA) was the pathology covered by the highest number of works, with 23%, 26%, 21% and 27% in the CMR 44, CMR 45, ACR 2016 and EULAR 2017, respectively, followed by works on systemic lupus erythematosus (SLE) with an average of 22% in Mexican conferences, 10% in the ACR conference and 7.6% in EULAR 2017. The set of RA, SLE and systemic vasculitis accounted

for >50% of all the works presented during the Mexican conferences (Fig. 1).

*Works according to category*

Once the works had been classified according to the pathologies or diseases they covered, they were separated according to content using arbitrary classification based on epigenetics, demography, physiopathogenesis, symptoms, diagnosis, treatment and prognosis. Table 1 shows the main pathologies covered according to number of works in a conference and the main focus of the said works. In the case of RA it was observed that the subjects referring to clinical manifestations accounted for approximately 30% of works in national conferences and the ACR 2016, and only 19.6% in EULAR 2017. Works on prognosis came in second place, and in the CMR 44 they accounted for 20.9% of works, while in the CMR 45 33.3% of works were on diagnosis. In the international conferences



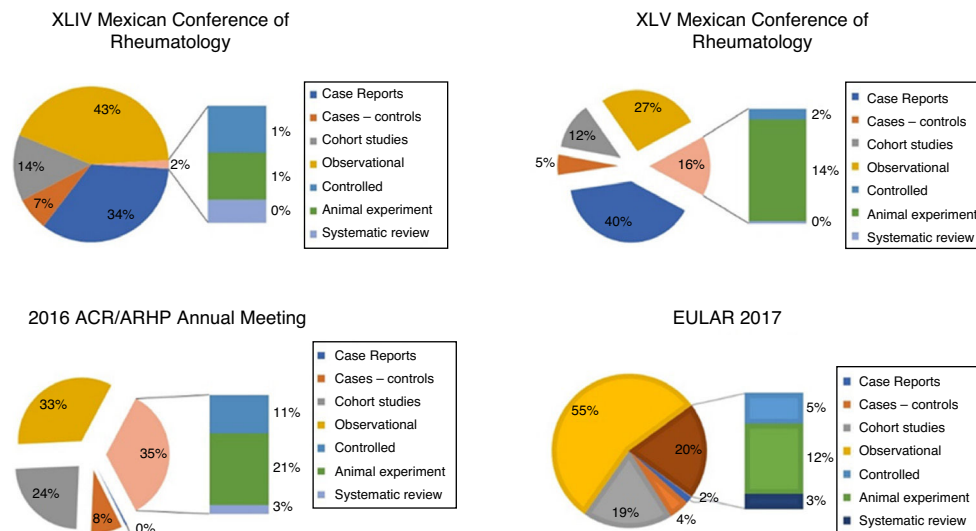
**Fig. 1.** Frequency of diseases in several Mexican (CMR), American and European Rheumatology conferences. The number of works on rheumatoid arthritis stands out, as does the small number of works on fibromyalgia and arthropathy caused by crystals.

**Table 1**

Distinctive characteristics of the types of study presented in Mexican, American and European conferences. The lack of studies on epigenetics, demography and basic factors stands out in the Mexican conferences.

Pathologies	Epigenetics	Demographic	Physiopathogenesis	Clinical	Diagnostic	Treatment	Prognosis	Total
<b>RA</b>								
CMR 44	3 (4.8)	1 (1.6)	8 (12.9)	20 (32.2)	5 (8)	12 (19.3)	13 (20.9)	62 (22.5)
CMR 45	4 (4.5)	0	21 (24.1)	29 (33.3)	19 (21.8)	8 (9.1)	6 (6.8)	87 (25.5)
ACR	22 (2.2)	138 (14.3)	197 (20.4)	321 (33.3)	46 (4.7)	238 (24.7)	0	962 (29.3)
<b>SLE</b>								
CMR 44	3 (5)	0	9 (15)	34 (56.6)	3 (5)	3 (5)	8 (13.3)	60 (21.8)
CMR 45	1 (1.3)	0	7 (9.3)	43 (57.3)	12 (16)	8 (10.6)	4 (5.3)	75 (22)
ACR	8 (2.1)	49 (12.8)	81 (21.3)	101 (26.5)	38 (10)	77 (20.2)	26 (6.8)	380 (11.6)
<b>Vasculitis</b>								
CMR 44	0	0	0	17 (89)	2 (10.5)	0	0	19 (6.9)
CMR 45	0	0	2 (6.4)	21 (67.7)	1 (3.2)	4 (12.9)	3 (9.6)	31 (9.1)
ACR	3 (1.6)	32 (17.5)	27 (14.8)	48 (26.3)	33 (18.1)	27 (14.8)	12 (6.5)	182 (5.5)
<b>PAPS</b>								
CMR 44	0	0	1 (8.3)	6 (50)	0	2 (16.6)	3 (25)	12 (4.3)
CMR 45	0	0	1 (7.6)	7 (53.8)	3 (23)	2 (15.3)	0	13 (3.8)
ACR	4 (9.7)	2 (4.8)	11 (26.8)	9 (21.5)	5 (12.1)	4 (9.7)	6 (14.6)	41 (1.2)
<b>ES</b>								
CMR 44	0	0	3 (25)	8 (66.6)	1 (8.3)	0	0	12 (4.3)
CMR 45	1 (6.2)	0	2 (12.5)	6 (37.5)	5 (31.2)	1 (6.2)	1 (6.2)	16 (4.7)
ACR	0	6 (3.1)	62 (32.9)	39 (20.7)	32 (17)	29 (15.4)	20 (10.6)	188 (5.7)
<b>Inflammatory myopathies</b>								
CMR 44	0	0	0	7 (77.7)	2 (22.2)	0	0	9 (3.2)
CMR 45	0	0	3 (37.5)	4 (50)	1 (12.5)	0	0	8 (2.3)
ACR	4 (9.7)	2 (4.8)	11 (26.8)	9 (21.9)	5 (12.1)	4 (9.7)	6 (14.6)	41 (1.2)

## Study design



**Fig. 2.** Frequency of studies according to design. Observational studies represented almost 40% of those in Mexican conferences, which is not very different from 33% in the ACR 2016 and 55% in EULAR 2017.

works on aspects of treatment accounted for 24.7% and 32.9% of works in the ACR 2016 and EULAR, respectively.

In the cases of SLE and vasculitis clinical aspects were the most reported in the different conferences. In the case of lupus they amounted to 56%, 57%, 26% and 20% for CMR 44, CMR 45, ACR 2016 and EULAR 2017, respectively; for vasculitis they amounted to 89%, 67%, 26% and 39% for CMR 44, CMR 45, ACR 2016 and EULAR 2017, respectively.

#### Works classified according to design

Fig. 2 shows the works according to their design. Observational studies represented almost 40% of the works in the Mexican conferences vs. 33% in the ACR 2016 and 55% in EULAR 2017, while cohort studies amounted to 14%, 12%, 24% and 19% for the CMR 44, CMR 45, ACR 2016 and EULAR 2017, respectively.

#### Distribution of works in populations >16 years old and <16 years old

The great majority of works corresponded to an adult population, and only 12.3% (34/275), 5.5% (19/340) and 4.9% (163/3274) included subjects on Paediatric Rheumatology in the CMR 44, CMR 45 and ACR 2016, respectively. In EULAR 2017 the distribution of works made it impossible to apply this categorisation.

#### Discussion

Working in medicine using evidence-based decisions is a challenge, as much of the medical information that is available does not meet quality standards. The workload in some institutions and doctors' lack of interest in keeping up-to-date do not favour high level medical practice. Although permanent updating is the main goal of medical institutions, associations and societies, this task is not easy. The amount of medical information constantly generated every day is such that it easily surpasses the capacity of doctors, associations and institutions. Medical information platforms (PUBMED, EMBASE and others) are tools that make it possible for doctors to obtain information that is precise, concise and up-to-date, with the

intrinsic risk that it will not be good quality information; making decisions based on this data without critical analysis would not seem to be reasonable, and it would put our clinical practice at risk.

The small number of works on diseases such as fibromyalgia, gout or osteoarthritis in comparison with RA, SLE and vasculitis stands out; The aforementioned diseases are almost equally present in the everyday practice of rheumatologists as the latter, showing a preference for mainly autoimmune pathologies over others that chiefly involve the locomotive apparatus, and which may be an important cause of morbidity and disability in economically active populations. It is therefore necessary to underline the need to include larger studies of these diseases, thereby spreading knowledge of their physiopathology, treatment and prognosis, which could improve the rheumatological medical care of this group of patients.

The predominance of works on RA in the Mexican population is understandable for several reasons: it is highly prevalent and many patients are treated by Rheumatology departments for long periods of time, patients are willing to take part in research studies, and interest in this pathology has increased due to biological therapies and small molecules. SLE as the prototype autoimmune disease is still a highly attractive pathology for rheumatologists, as its complex physio- and immunopathogenic routes, the range of clinical manifestations and in particular its high level of morbimortality all justify and explain the number of works presented in conferences.

It should be underlined that pathologies that are highly prevalent in the general population, such as gout, which is considered to be the most common inflammatory arthropathy in men over the age of 40 years old, and which increases in incidence and prevalence with age, and fibromyalgia, which is more prevalent (at from 3% to 8%) than RA, have been the subjects of very few studies in the CMR 44 (Table 1) with 4 and 2 works, respectively. Osteoporosis, which is very common and has a high rate of morbimortality, was the subject of few presentations.

The prevalence of clinical subjects stands out for presentations. This can be explained by the special interest felt by the rheumatological community in offering information on the most important clinical aspects of several nosological entities within the speciality,

sharing their experience of rare manifestations of some entities or underlining clinical aspects that are relevant for Mexican patients.

To conclude, although Rheumatology conferences are a good source of evidence-based knowledge, some challenges have to be overcome; in Mexican conferences the lack of controlled studies and the poor proposal of therapeutic challenges are weakness, and to solve them the institutions will have to work together. Multi-centre studies are the most viable options for rare diseases, and controlled double blind studies require the cooperation and participation of several centres and institutions to obtain results that are able to modify and improve therapeutic behaviour. Although isolated efforts against entities as complex as lupus, interstitial lung disease, vasculitis and inflammatory myopathies are laudable, they do not achieve their goals. Interest in basic studies has to be encouraged, as these may lead to better measurements of outcomes based on translational medicine. We have to be aware of the lack of more information about the other locomotive apparatus diseases, not restricting ourselves to autoimmune pathologies, given that the former represent a large percentage of our everyday practice.

### Conflict of interests

The authors have no conflict of interests to declare.

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