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Treatment of Undifferentiated Connective Tissue Disease by Primary Care Providers using csDMARDs

Leslie A. Anderson, PT, PA-S

Abstract

- Undifferentiated connective tissue disease (UCTD) is an autoimmune disease that presents similarly to other rheumatic conditions but fails to meet laboratory requirements which indicate a specific disease such as rheumatoid arthritis, systemic lupus erythematosus, Sjögren’s or scleroderma.
- UCTD presentation can include arthritis, myalgias, fatigue, fever, Raynaud’s phenomenon and sicca like symptoms with a positive antinuclear antibody (ANA) test.
- Patients with UCTD symptoms are normally referred to rheumatology but a shortage exists leaving primary care providers to treat UCTD patients.
- Using disease modifying antirheumatic drugs (DMARDs) such as hydroxychloroquine is an option but it is not commonly prescribed by PCPs.
- The study’s purpose is to determine if PCPs can effectively initiate and appropriately manage UCTD patients using DMARDs, such as hydroxychloroquine, to reduce patient’s symptoms and functional impairment.
- In the absence of rheumatology, PCPs using DMARDs such as hydroxychloroquine can safely and effectively provide treatment for these patients.

Introducion

- UCTD is also known as incomplete lupus erythematosus, undifferentiated systemic rheumatic disease, latent lupus, and potential lupus.
- Rheumatology shortage of 50% by 2025: UCTD patients will face long wait times and declined referrals. (Basen, 2016).
- DMARDs, such as hydroxychloroquine: proven effective in treating patients with UCTD, SLE, and RA.
- Primary care providers (PCP) play a key part in early recognition and referral of patients with UCTD symptoms.
- Scholarly project focus is review of available literature which demonstrates the use of csDMARDs by PCPs in treating UCTD patients.
- Projected outcome is that pain and functional impairment can be decreased via treatment with hydroxychloroquine in the absence of rheumatology intervention.

Statement of the Problem

- Use of csDMARDs by rheumatologists has the potential to control rheumatic diseases.
- UCTD patients often lack access to timely treatment by rheumatologist.
- Delaying treatment may result in ongoing symptoms such as but not limited to arthritis, myalgias, and functional impairment.
- UCTD patients who do not have access to rheumatologists frequently look to their primary care providers for treatment.
- Question: Is it possible to effectively decrease the inherent symptoms of UCTD by offering early interventions using csDMARDs such as hydroxychloroquine through a primary care provider?

Discussion

- Puchner et al. (2016) and Badley et al. (2015) identified the role of primary care providers to be significant in treating early connective tissue disease due to the rheumatology shortages.
- Small percentage of the primary care physicians acknowledged having initiated DMARD therapy, but the majority of general practitioners pointed out that they would prescribe DMARDs. (Puchner et al., 2016).
- Possible delays in referrals to rheumatology resulted in long-term harm, including joint inflammation and destruction
- Primary care providers comfort level and knowledge of DMARD therapy use can be limiting factors
- Current studies have provided significant data supporting the use of DMARDs in treating UCTD, but there is minimal evidence that supports the use of DMARDs by primary care providers.

Applicability to Clinical Practice

- Primary care providers have an opportunity to greatly impact the progression and detrimental effects of UCTD using early csDMARDs therapy.
- Given the gap and lack of accessibility to rheumatologists by patients with UCTD, health care sector could collaborate with primary care providers to offer formal training.
- Rheumatology organizations should consider the possibility of working with physician assistant programs and schools of nursing to integrate rheumatology into the curriculum. (Solomon et al., 2014).
- Greater comfort in prescribing DMARDs could be achieved by altering the design of educational programs for primary care providers. (Gennet et al., 2019).
- There continues to be a need for improving awareness and education regarding diagnosing and treating UCTD patients in primary care where early treatments with DMARDs make a significant impact on a patient’s health and quality of life.

Clinical Features of UCTD % Patients

- Fatigue 83
- Raynaud’s syndrome 61
- Arthritis 56
- Muscle pains 56
- Fever 51
- Polyarthritis 51
- Alopecia 29
- Weight loss 24
- Thyroiditis 19
- Oral aphthous 19
- Lymphadenopathy 17
- Urticaria 17
- Synovitis 15
- Serositis 14
- Photosensitivity 12
- Erythema nodosum 9
- Other 7

References


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