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

Leslie A. Anderson

University of North Dakota

Follow this and additional works at: https://commons.und.edu/pas-grad-posters

Part of the Medical Sciences Commons

Recommended Citation


https://commons.und.edu/pas-grad-posters/1

This Poster is brought to you for free and open access by the Department of Physician Studies at UND Scholarly Commons. It has been accepted for inclusion in Physician Assistant Scholarly Project Posters by an authorized administrator of UND Scholarly Commons. For more information, please contact zeinebyousif@library.und.edu.
Treatement of Undifferentiated Connective Tissue Disease by Primary Care Providers using csDMARDs

Leslie A. Anderson, PT, PA-S

Department of Physician Assistant Studies, University of North Dakota School of Medicine & Health Sciences

Grand Forks, ND 58202-9037

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, Sjogren’s or scleroderma.
- UCTD presentation can include arthralgias, 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

Introduction

- 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. (Badley, 2015)
- 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 rheumatology.
- Delaying treatment may result in ongoing symptoms such as but not limited to arthralgias, 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 rheumatologist 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 shortages 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. (Glen 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.

References

- Puchner, R., Benjamin, Ryan, Joseph, and Thomas for supporting me throughout my rough draft.
- Solomon et al. (2014) integrate rheumatology into the curriculum. (Solomon et al., 2014)
- 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.

Clinical Features of UCTD

<table>
<thead>
<tr>
<th>Symptom</th>
<th>% Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td>83</td>
</tr>
<tr>
<td>Raynaud’s syndrome</td>
<td>81</td>
</tr>
<tr>
<td>Arthralgia</td>
<td>56</td>
</tr>
<tr>
<td>Muscle pains</td>
<td>56</td>
</tr>
<tr>
<td>Fever</td>
<td>51</td>
</tr>
<tr>
<td>Polyarthralgia</td>
<td>51</td>
</tr>
<tr>
<td>Lymphadenopathy</td>
<td>29</td>
</tr>
<tr>
<td>Urticaria</td>
<td>27</td>
</tr>
<tr>
<td>Synovitis</td>
<td>24</td>
</tr>
<tr>
<td>Serositis</td>
<td>19</td>
</tr>
<tr>
<td>Oral aphthous</td>
<td>19</td>
</tr>
<tr>
<td>Photosensitivity</td>
<td>17</td>
</tr>
<tr>
<td>Erythema nodosum</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
</tbody>
</table>

- I would like to thank my husband, Dean, and my four boys, Benjamin, Ryan, Joseph, and Thomas for supporting me throughout the scholarly project process. It would have been possible without their patience and understanding.
- I would like to thank Professor Julie Solberg, PA-C for helping me focus my research and use my rough draft.
- I would also like to thank Cindy Mills, Steve Pietrusza, Jamie Johnson, and Duane Lee for being a great scholarly project support group.

Acknowledgements

- 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 rheumatologist 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 shortages 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. (Glen 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.

References

- Puchner, R., Benjamin, Ryan, Joseph, and Thomas for supporting me throughout my rough draft.
- Solomon et al. (2014) integrate rheumatology into the curriculum. (Solomon et al., 2014)
- 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.

Clinical Features of UCTD

<table>
<thead>
<tr>
<th>Symptom</th>
<th>% Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td>83</td>
</tr>
<tr>
<td>Raynaud’s syndrome</td>
<td>81</td>
</tr>
<tr>
<td>Arthralgia</td>
<td>56</td>
</tr>
<tr>
<td>Muscle pains</td>
<td>56</td>
</tr>
<tr>
<td>Fever</td>
<td>51</td>
</tr>
<tr>
<td>Polyarthralgia</td>
<td>51</td>
</tr>
<tr>
<td>Lymphadenopathy</td>
<td>29</td>
</tr>
<tr>
<td>Urticaria</td>
<td>27</td>
</tr>
<tr>
<td>Synovitis</td>
<td>24</td>
</tr>
<tr>
<td>Serositis</td>
<td>19</td>
</tr>
<tr>
<td>Oral aphthous</td>
<td>19</td>
</tr>
<tr>
<td>Photosensitivity</td>
<td>17</td>
</tr>
<tr>
<td>Erythema nodosum</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
</tbody>
</table>

- I would like to thank my husband, Dean, and my four boys, Benjamin, Ryan, Joseph, and Thomas for supporting me throughout the scholarly project process. It would have been possible without their patience and understanding.
- I would like to thank Professor Julie Solberg, PA-C for helping me focus my research and use my rough draft.
- I would also like to thank Cindy Mills, Steve Pietrusza, Jamie Johnson, and Duane Lee for being a great scholarly project support group.

Acknowledgements