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

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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 arthritis, myalgia, 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.

Use of csDMARDs by rheumatologists has the potential to control rheumatic diseases.

UCTD patients often lack access to timely treatment by rheumatologists.

Delaying treatment may result in ongoing symptoms such as but not limited to arthritis, myalgias, fatigue, and functional limitation.

UCTD patients who do not have access to rheumatologists frequently look to their primary care providers for treatment.

Questions: 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?

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.

The statement of the problem is: UCTD patients are normally referred to rheumatology but a shortage exists leaving primary care providers to treat UCTD patients.

The statement of the problem is: Most rheumatologists feel that UCTD patients should be referred to rheumatology as soon as possible.

Rheumatology shortage of 50% by 2025: UCTD patients will face a shortage of rheumatologists.

One Rheumatology organization has identified the role of csDMARDs in treating UCTD, but there is minimal evidence that supports the use of DMARDs by primary care providers.

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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.

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