

## Preface

# Early Rheumatoid Arthritis

For many years, early management of arthritis has been viewed as the ideal approach. However, implementation requires patients to be seen early and treated appropriately at the earliest opportunity. This has been hampered by a number of obstacles. Perhaps the most important one being the fact that referring physicians saw no urgency in identifying appropriate patients because of a lack of evidence that early intervention was effective. Furthermore, it was hard to select the appropriate patients because clinical features did not distinguish self-limiting from persistent disease and there were no diagnostic tests available. Therefore, rather than referring inappropriately, primary care physicians (logically) thought it was more appropriate to watch, wait, and efficiently refer the few patients in whom the disease had manifested itself as rheumatoid arthritis (RA).

In recent years this attitude has changed thanks to evidence that early intervention is the most effective clinical strategy. In this issue of *Rheumatic Disease Clinics of North America*, we review from numerous viewpoints the contemporary management of early RA. In the first article, Drs. Quinn and Cox update the evidence documenting the efficacy of early intervention, providing compelling evidence that patients seen and treated earlier fare better in the short- and long-term. In the second article, Dr. Cush looks at the inertia of primary care referral and how to overcome the obstacles from a primarily American point-of-view, where management of early RA is just one of the issues.

The concept of an evolving early arthritis has emerged, and the importance of an undifferentiated arthritis is now appreciated. Drs. Hitchon, Peschken, Shaikh, and El-Gabalawy discuss the clinical and pathologic features of the very interesting early undifferentiated arthritis population. Patients who have oligoarthritis (arthritis with involvement of up to four joints) are a neglected subgroup. The article by Drs. Marzo-Ortega, Cawkwell, and Green describes the first clinical trial of oligoarthritis which affects a young population, and note the relatively poor outcome, clinical features, and therapy.

Psoriatic arthritis is the second most common inflammatory disorder in RA and has been enigmatic by definition as it is difficult to differentiate from other forms of arthritis. In its early form, it is poorly described, and inception cohorts

have not been documented. The features of early disease are described comprehensively by Drs. Kane and Pathare in a cohort studied in Ireland.

The cohorts of what might be described as established early RA have been followed for a number of years, and Dr. Young describes their clinical features and an outcome in a wide-ranging review of the area discussing the major long-term studies.

Imaging has been a mainstay of outcome in inflammatory arthritis and radiology has been the gold standard as described by Drs. Boonen and van der Heijde in their article. Meanwhile, new imaging modalities have been developed: of particular interest are the more sensitive and multiplanar modalities such as a three-dimensional MR imaging and ultrasound as described by Drs. Keen, Brown, Wakefield, and Conaghan. Dr. Haugeberg stresses the value of dual energy x-ray absorptiometry. Its precision makes it an extremely valuable diagnostic aid because bone loss of RA is both unique and universal.

It has been the outcome of therapy which has really driven the need and appropriateness of early referral, and appropriate therapy given early has proved much more effective than that given late. The impact of conventional disease-modifying antirheumatic drugs as monotherapy and in combination with various other approaches is described by Drs. Sokka, Hannonen, and Möttönen. The exciting development of biologics applied to early arthritis is described in the article by Drs. de Vries-Bouwstra, Dijkmans, and Breedveld who include the most recent data aiming at biologic-free remission. In the final article, Dr. Quinn highlights the possibilities for altering substantially the population in the circle window of opportunity. Thus this small issue of the *Rheumatic Disease Clinics of North America* moves from theory to practical management.

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