Challenges and Opportunities for Improving Arthritis Outcomes

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Musculoskeletal diseases (MSD) are among the most prevalent human disorders. According to the European League Against Rheumatism, MSD affect up to one third of people of all ages in the industrialized world at some point during their lifetime and encompass more than 200 different conditions including various types of arthritis [1,2]. In most countries arthritis is one of the leading causes of disability, loss of productivity, and increased utilization of health care resources, which represents a heavy economical, social and psychological burden [3,4]. MSD have been identified more commonly in the lower income and lower education groups, and the burden of some conditions such as musculoskeletal pain or osteoarthritis is much higher in developing countries [5]. Importantly, some rheumatic diseases are more frequent in elderly persons and among women. This is a public health issue of both industrialized and developing countries unlikely to improve in the foreseeable future. On the contrary, world population ageing, detrimental lifestyles, delayed diagnosis, and difficult access to treatment will likely intensify the problem.

For the past few decades, we have been witnessing the abolition of a variety of barriers which previously hindered the free circulation of people and goods. But globalization extends well beyond free trading: one of the major advances of the 20th century was undoubtedly the advent and expansion of the Internet. Almost immediate communication and dissemination of information is now possible regardless of geographic location or other constrains. The Internet introduced profound modifications in the way people access and deal with information, and also how they relate to each other. Medicine and medical investigation are no exception, and a plethora of information is now easily available to researchers, doctors, and patients. The web became a fundamental tool for science, allowing researchers to further their work. The need for timely and global access to knowledge fostered the development of open access online journals, where the publishing of research results can be faster and less expensive, all while assuring a high standard of quality, which is of paramount importance and can only be guaranteed by an independent and careful peer review process.

How can these developments translate into benefits for patients, in particular for those afflicted by MSD?

During the last years there have been major advances in the understanding of the pathogenesis of MSD, in particular chronic inflammatory diseases such as rheumatoid arthritis and spondyloarthritis. New treatment strategies and innovative medications have emerged that revolutionized the approach to some of these diseases. It is therefore not surprising that there has been a growing interest on this subject over the last decade, reflected by an increasing number of publications (Figure 1).

However, we are far from achieving satisfactory outcomes and from effectively reducing the burden of MSD. It is essential to implement strategies in order to reduce the prevalence, the disability and also to diminish late complications of rheumatic diseases including premature atherosclerosis and reduced life expectancy [6]. This is not an easy task and we need to overcome additional barriers such as unawareness, myths, and misconceptions. One cost-effective way to achieve better outcomes is by improving education and promoting the access to unbiased quality information. It is widely acknowledged the contribution of open access journals to equitable access to information. Concerning arthritis, at the present time less than one third of published articles are freely available and the gap between total and open access publications is widening (Figure 1). The Journal of Arthritis is an excellent opportunity to revert this trend.

References

1. EULAR - 10 things you should know about rheumatic diseases.

Figure 1: Number of papers on the subject “arthritis” published between 2000-2011 and indexed by PubMed Central.