

CLINICAL PRACTICE GUIDELINE FOR DIAGNOSIS AND MANAGEMENT OF RHEUMATOID ARTHRITIS

- **Title:** Clinical Practice guideline for diagnosis and management of rheumatoid arthritis.
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- **Abstract:**

Objective: to provide evidence-based clinical recommendations for diagnosis and initial management of rheumatoid arthritis (RA). Methods: a guideline task force (GTF) was formed with specialized physicians and methodologists. The group proposed 10 clinical questions to be answered in this Clinical practice guideline (CPG). Systematic searches of preview reviews were performed and when it was necessary, primary studies from PubMed and CENTRAL from December 2017 to July 2019 were reviewed. The evidence was selected aiming to answer each proposed question. Certainty of evidence was evaluated using Grading of Recommendations Assessment, Development, and Evaluation (GRADE) methodology. In periodical work sessions, the group used GRADE methodology for reviewing the evidence and formulated recommendations, good clinical practice items and the flowcharts. Finally, the CPG was approved by Resolution N° 132-IETSI-ESSALUD-2019. Results: This CPG approached 10 clinical questions, divided into two topics: diagnosis and management. Based on these questions; 16 recommendations (5 strong and 11 conditional), 45 good clinical practice items and 3 flowcharts were formulated.

- **PICO questions for CPG:**

DIAGNOSIS			
Question 1: In patients with arthralgia, which clinical characteristics determine high risk of progression to rheumatoid arthritis?			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Patients with arthralgia at risk of developing RA.	ACR criteria	Other diagnosis criteria or clinical suspicion	SROC, AUC, LR +, LR -, DOR, sensitivity, specificity, progression to RA, precision.
Question 2: In patients with early arthritis, what is the best diagnostic tool to confirm rheumatoid arthritis?			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)

Patients with arthritis	1987 vs 2010 ACR diagnosis criteria vs other criteria or diagnostic tests	RA Diagnosis based on clinical evolution or expert consensus on RA	SROC, AUC, LR +, LR -, DOR, sensitivity, specificity, progression to RA, and precision.
Question 3: In patients with diagnosis of Rheumatoid Arthritis, what is the best index to stratify disease activity?			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Patients with RA	DAS28, CDAI, SDAI, PAS, PAS-II, and RAPID3 scales	DAS28, CDAI, SDAI, PAS, PAS-II, and RAPID3 scales	SROC, AUC, LR +, LR -, DOR, sensitivity, specificity, progression to RA, precision, concordance and construct validity.
Question 4: In patients with Rheumatoid Arthritis, which treatment strategy should be used: Treat-To-Target (T2T) or usual treatment?			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Patients with RA	T2T strategy	Usual treatment (no T2T)	<ul style="list-style-type: none"> - Disease activity - Remission - Quality of life - Functional capacity
TREATMENT			
Question 5: In patients with diagnosis of Rheumatoid arthritis, should treatment with mono-therapy or combined therapy with FARMEsc be started?			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Patients with RA	Monotherapy with FARMEsc	Combined FARMEsc	<ul style="list-style-type: none"> - Remission - Response - Disease activity - Quality of life - Functionality - Radiological progression - Adverse events.
Question 6: In patients with Rheumatoid Arthritis in whom it is decided to administer monotherapy with FARMEsc, which FARMEsc is the most clinically effective and safe?			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)

Patients with RA	Monotherapy with FARMEsc	Monotherapy with FARMEsc	<ul style="list-style-type: none"> - Remission - Response - Disease activity - Quality of life - Functionality - Radiological progression - Adverse events.
Question 7: In patients with Rheumatoid Arthritis in whom it is decided to administer combined therapy, which combined therapy with FARMEsc is the most clinically effective and safe?			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Patients with RA	Combined therapy with FARMEsc	Combined therapy with FARMEsc	<ul style="list-style-type: none"> - Remission - Disease activity - Functionality - Quality of life - Radiological erosion - Adverse effects.
Question 8: In patients with rheumatoid arthritis, Is the use of systemic corticoids clinically effective and safe?			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Patients with RA	Systemic corticoids	Placebo or not to treat with Systemic corticoids	<ul style="list-style-type: none"> - Remission - Response - Disease activity - Quality of life - Functionality - Radiological progression - Adverse events.
Question 9: In patients with rheumatoid arthritis, Is the use of intra-articular corticoids clinically effective and safe?			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Patients with RA	Intra-articular corticoids	Placebo or control	<ul style="list-style-type: none"> - Disease activity - Functionality - Quality of life - Morning stiffness - Swollen joints - Pain - Adverse effects.

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OBJECTIVE MONITORING			
Question 10: In patients with rheumatoid arthritis who achieve clinical remission, should ultrasound be used as a method to confirm clinical remission?			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Patients with RA and clinical remission	Evaluation using ultrasound	Without evaluation using ultrasound	Sensitivity and specificity, Swollen joints, relapse, and structural progression

- **Key words:** Rheumatoid Arthritis, Practice Guideline, Evidence-Based Medicine, GRADE Approach (MeSH-NLM).