



## Rheumatic disorders- A Rural Experience

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Rheumatic diseases constitute a major health problem in the general adult population. Prevalence of rheumatic disorders is increasing drastically world wide both in urban and rural areas (1-5). The majority of people suffering from rheumatic diseases are elderly and since the age of the population is increasing, the burden related to these diseases is expected to increase in the near future

This has led to alarming increase in physical, social and economic burden (2, 3), which is preventable to a greater extent with early identification of disease & aggressive treatment. However, the primary rheumatology services are inadequate in rural areas. We would like to share with our readers, rural experience of rheumatic disorders collected from one of our rural hospital based prospective study done in Katra, Vashianodevi-J&K (5).

Prevalence of rheumatic disorders was recorded as  $172/1360 \times 100 = 12.64\%$ , which suggests that prevalence of rheumatic disorders is increasing even in rural areas as being suggest by others. (2-4)

Females were commonly affected with rheumatic disorders in comparison to males. Osteo arthritis was commonest disorder followed by Symptom related Ill-defined rheumatic symptoms, Vague Symptoms & RA. Low back ache, Myalgia, Frozen Shoulder, Sero-Positive RA & Gout were also common. OA commonly affected 46-65 year age group, whereas (SR)/ILL-Defined Rheumatic Symptom and vague symptoms affected commonly 15- 45 years age group. Light and moderate type of work doing people were more affected. Hypertension, Diabetes Melitus, dyslipidemia, anxiety, acid peptic disease and anemia were most common co-morbid conditions.

Unawareness about disease was prevalent among patients. Poly consultations were prevalent due to inadequate response & dissatisfaction. Practitioners lacked acquisition of knowledge of various aspects of basic and applied medical sciences relevant to common rheumatological disorders. They lacked competence in diagnosis, knowledge in interpretation of investigations and committed many common mistakes in treatment of patients with common rheumatological disorders.

NSAIDs and glucocorticoid institution was irrational in many patients. DMRDs were prescribed in inadequate dosage and at improper timing. Co-morbidities like H.T, DM dyslipidymia & osteoporosis were not evaluated in many patients. Patients were put on so many dietary restrictions. Education regarding disease treatment & prognosis was imparted to none of the patients. Multivitamins and pain killers were over prescribed. Diagnosis was not established and were ignorant about the diagnosis and management in diseases like (Vasculitis, Scleroderma etc). In gout patients diagnosis of acute attack of gout was not established if uric acid was found  $< 6 \text{ mg/dl}$ . Anti-hyperuricemic agents were started or stopped during an acute attack of gout in few patients.

Practitioners also lacked awareness of the value of supportive & complementary therapies like physiotherapy, occupational therapy, assessment and follow up.

Hence, basic training & continued education of practitioners (serving in rural areas), nation wide short regular rheumatology courses and inclusion of rheumatology clinics and special classes for graduates in the field of rheumatology is need of hour

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