

APLAR PULSE

Newsletter of the Asia Pacific League of Associations for Rheumatology

Issue 3 2020 February

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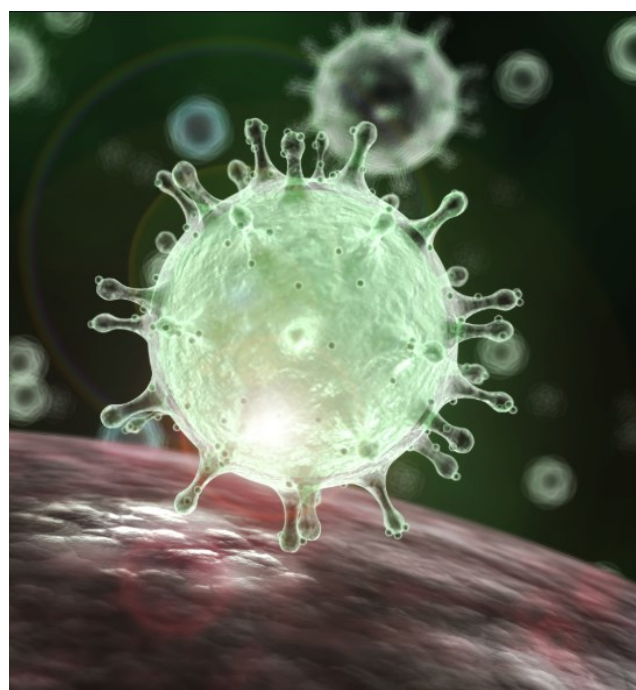
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HIGHLIGHTS — Novel Coronavirus outbreaks around the world



A novel coronavirus (2019-nCoV) was first reported to the World Health Organisation (WHO) in late December 2019 from Wuhan, China and has since infected tens of thousands of people in China and develops outbreaks in many countries around the world. The novel coronavirus causes fever, tiredness, myalgia and upper respiratory symptoms including dry cough and shortness of breath. This coronavirus is transmit-

ted primarily through close contacts between family members and co-workers at the workplace. Based on data from 44,000 patients, the WHO reported that majority of the infected patients developed mild symptoms (81%) whereas 14% had severe symptoms and 5% were in critical condition. Mortality from the disease, named Covid-19, is reported to be 1-2%. There are evidences of human-to-human transmission and sustained cycles of transmission. The WHO recommends the following precautions:

- * Frequent hand washing by soap or alcohol based hand rub
- * Practice respiratory hygiene
- * Maintain social distance away (at least 1 meter) from subjects who are coughing, sneezing and have fever

In many countries, recent travellers to China and some countries with outbreaks are required to be quarantined for 14 days upon return.

The disease appears to be more severe among older people and patients who have chronic illnesses such as diabetes, heart disease and liver disease. Patients who are immunocompromised need particular caution in protection against coronavirus infection. One study reported high oxygen dependence, (continued on page 2 ...)

EDITOR'S MESSAGE

2019 has been a fruitful year for APLAR. The APLAR congress in Brisbane was successfully held in April. A number of Centre of Excellence has renewed accreditation. Some other rheumatology centres in the APLAR region was also awarded the accreditation for the first time. More special interest groups under APLAR have been formed with ongoing hard work on regional research. You read in the last two issues of APLAR Pulse on the publication of APLAR guidelines on the management of rheumatoid

arthritis and spondyloarthritis. APLAR Young rheumatologists can now enjoy more academic exchange with their EULAR counterpart EMEUNET on an established platform that broadens their horizons in rheumatology learning. In this issue, we learn that training of nurse specialists in rheumatology have gained increasing importance in more APLAR countries. All contributions stem from the fruitful efforts by various masters of the APLAR region.

Our senior rheumatologists in APLAR are also offered Master Awards at the American College of Rheumatology. At the beginning of 2020, we are combating a huge battle against 2019-nCoV epidemic. Hope that everything would be fine for the Rheumatology community at

large. I look forward to seeing all of you at the APLAR congress in Japan. Stay healthy!

The writer is Dr Temy Mo-yin Mok Associate Professor, City University of Hong Kong, Hong Kong



(continued from page 1)

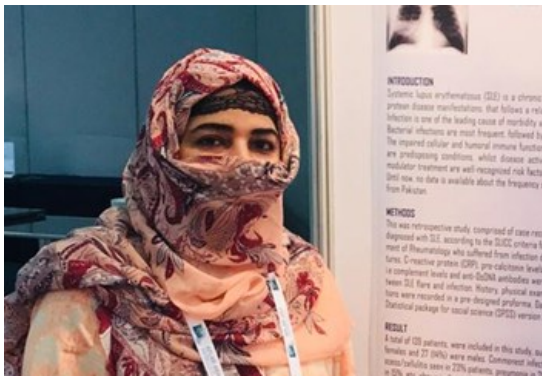
and mortality among a cohort of 35 haematopoietic cell transplant recipients and patients with haematologic malignancies who were diagnosed to have human coronavirus related lower respiratory tract disease⁽¹⁾. Another study examined risk factors for 85 immunocompromised paediatric patients and 1152 non-immunocompromised children with human coronavirus infection and found immunocompromised state increased risk of severe lower respiratory tract disease with an odds ratio of 2.5 [95% confidence interval 1.2—4.9]⁽²⁾.

References:

[1] Ogimi C et al. Clin Infect Dis 2017;65:1431

[2] Ogimi C et al. J Pediatric Infect Dis Soc 2019;8:21-8

The writer is Dr Temy Mo-yin Mok Associate Professor, City University of Hong Kong, Hong Kong



2019 American College of Rheumatology Annual meeting — Atlanta Georgia, USA

The 2019 ACR/ACRP annual meeting was held during 8—13 November 2019. More than 16,000 rheumatology professionals from more than 100 countries joined the congress.

Master of Rheumatology Award, American College of Rheumatology

Prof. Nighat Mir Ahmad from the National Hospital & Medical Centre in Lahore, Pakistan was a 2019 recipient of the Master of the ACR designation in the Atlanta meeting.

Feedback of ACR attendees

Najla Aljaberi (UAE): It was a great opportunity to share my research among an audience of varying levels of expertise. The ACR's annual meeting is an amazing time to network with clinicians and researches in the area that interests you. In particular, this year's pediatric community lounge was a unique platform that connected pediatric rheumatologists in a convenient and refreshing spot! As a clinical fellow almost concluding my training and planning to move to the other end of the world, ACR will always be my hotspot to stay in touch with the latest and most relevant in rheumatology in ways that helps my community.

Tahira Parveen Umer (Pakistan): Attending the ACR conference was an enlightening experience as always, especially the newer recommendations and guidelines. I also appreciate the incorporation of paediatric rheumatic diseases, which is really helpful for the adult rheumatologists dealing with paediatric rheumatic diseases as well.



APLAR Master Awardees 2019

APLAR Master Award is an honorary award given to a member of an APLAR national organization in recognition of outstanding contributions to the field of rheumatology through teaching, research, or professional services which have had significant impact within the APLAR region. Prof Vinay Ramchandra Joshi from India is one of the awardees in 2019.

Reflections on Receiving APLAR Award

I was delighted to receive the award. Had not expected to get it. My association with rheumatology



Prof Vinay Ramchandra Joshi

began in 1979, when following the death of Dr. M. M. Desai (founder of rheumatology in India and past president of APLAR-SEAPAL then), I was asked to take charge of rheumatology services at our hospital (Nair hospital, Mumbai). I was 43 years old then. At that time rheumatology in India, was a neglected, almost unknown, specialty of internal medicine. Laboratory facilities were sparse. None at Mumbai. There used be hardly any, exposure to rheumatology during both undergraduate and post-graduate training. The task at hand was daunting. To compound it, I had not received training in rheumatol-

ogy. For this, I went to RNHRD, Bath (UK) for clinical rheumatology and to Hammersmith hospital (U.K.) for hands on experience in laboratory techniques. On my return, had a senior biochemist trained in Dr. Malaviya's laboratory (Delhi) and established the much needed laboratory tests. Then, I got head-long immersed in clinical rheumatology, CMEs, lectures, (continued on page 3...)



(continued from page 2)

contributions to text-books, updates, papers, and importantly training and teaching the students. It was hard work, but enjoyable and certainly worth it. The guiding philosophy being was “Think Globally, Act Locally”.

Today due to the efforts of the initial centers, and the centers that followed there is a visible change. There are more centers providing patient care training, and involved in research. Rheumatology is now considered an essential specialty. There is visible energy. However, there is

still a long long way to go.

I have retired. I look back with satisfaction at whatever was achieved. I have had a wonderful innings.

I consider myself fortunate to be a rheumatologist, serve the needy patients, be part of the growth of rheumatology in India and witness the remarkable metamorphosis taking place in rheu-



matology. I am thankful to all those who helped me all along, to APLAR committee for the Award and to my family especially my wife, without whose support it would not have been possible.

The writer is Prof. Vinay Ramchandra Joshi, Research Director (Emeritus), P. D. Hinduja Hospital, Mumbai, India



APLAR Centre of Excellence —

Department of Allergy and Rheumatology, Graduate School of Medicine, The University of Tokyo

THE predecessor of our department was the Department of Medicine and Physical Therapy, Faculty of Medicine, The University of Tokyo. Prof. Kaichiro Manabe, who founded the department in 1926, served as the chief physician of Emperor Taisho. As a traditional medical office, the primary aim of our department is to provide best care and support to patients with rheumatic diseases. To this end, we have to clarify the mechanisms for autoimmunity seen in rheumatic diseases. We perform basic and clinical research to translate laboratory findings into novel therapeutic approach by combining genetics, transcriptome informatics and immunology. We think research of human immunology in collaboration with patients is the key to overcome rheumatic diseases. We are at the forefront of the latest

clinical, translational and basic science research to advance diagnosis and treatment for all types of rheumatic diseases. In particular, we are one of the top-level centers for human immunology research by combining genetics, transcriptome informatics and immunology. It is our mission to provide excellent clinical care while seeking to better define the causes, stratification of patients, and best treatment approaches for rheumatic diseases. We have established a catalog of expression quantitative trait locus (eQTL) for lympho-

cytes subsets [1]. Furthermore, we are developing a more sophisticated form of eQTL database, IMMUNEXT, from more than 500 patients of autoimmune diseases. Our functional genome approach may reveal several key pathways related to genetic risk in autoimmune diseases. Our facility consists of 1 professor, 2 contract associated professors, 2 lecturers, 8 assistant professors, and 3 contract assistant professors. All the staffs are the certified rheumatologists in Japan College of Rheumatology (JCR), and 4 staffs are authorized as the certified rheumatologist instructors in JCR.



We welcome fellows of the APLAR fellowship program. Although we have not formally accepted APLAR Fellowship visitors, junior and senior doctors from China, Hong Kong, and Taiwan visited to our department for the training of molecular biology, genetics, and bioinformatics analysis.

We provide more than 50 lectures per year in academic congress, sponsored seminar, and graduate school course of other universities for clinical management, research and techniques for ultrasound examination of joint.

Some young researchers from other university hospital come to our department to learn molecular biology, immunology and bioinformatics. Prof. Keishi Fujio is a committee member of basic research promotion in JCR and contribute to the annual basic research conference.

[1] Ishigaki et al. Nat Genet 2017

Important days to remember :

- World Arthritis Day (12 October)
- World Lupus Day (10 May)
- World Osteoporosis Day (20 October)

Celebrating World Arthritis Day and World Osteoporosis Day in Indonesia

On October 12, 2019, World Arthritis Day was celebrated in Bandung, West java Province. This activity was conducted by the Bandung branch of Indonesian Rheumatology Association (IRA), Hasan Sadikin Hospital, and the Rheumatoid Arthritis (RA) Foundation called SahaRA (Sahabat RA in Indonesian language meant Friends in RA). Many activities were done during this World Arthritis Day to increase awareness about arthritis especially RA, by holding lay forum with a talk show program about different kinds of arthritis, how to prevent and manage them, introducing exercise for patients with rheumatic diseases, fun walk, games and also offers of free consultation by experts including rheumatologists, psychologists, nutritionists, ophthalmologists, and also psychiatrists. Prior to this activity, there was also local TV live show interviewing with local rheumatologist Dr Sumartini Dewi on various aspects of arthritis and the prevention.

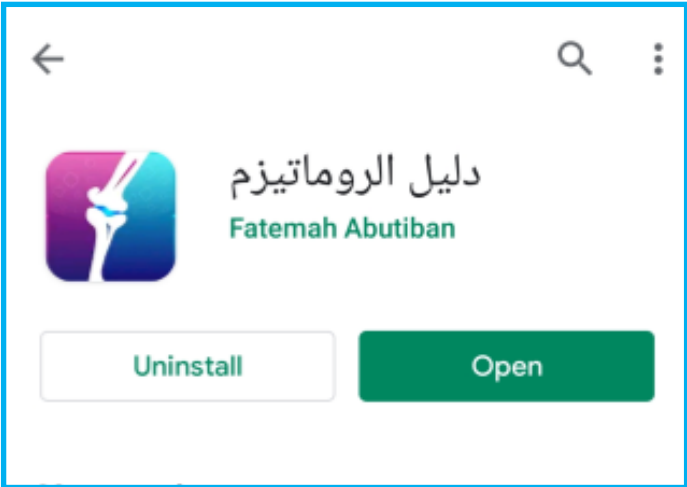
On October 27, 2019, the Malang branch of the Indonesian Osteoporosis Association celebrated World Osteoporosis Day in Saiful Anwar Hospital Malang East Java Province. A lay forum was conducted on prevention of osteoporosis at menopause. The participants were educated how to increase their bone health to prevent osteoporosis through healthy lifestyle, consumption of milk and dietary calcium intake, and regular exercise.

Dr Bagus Putu Putra Suryana, rheumatologist and also president of Indonesian Osteoporosis Association promoted this event that raise awareness on care about osteoporosis and arthritis.



World Arthritis Day Celebration in Kuwait

For the occasion of the World Arthritis Day 2019, the Kuwait Association of Rheumatology (KAR) celebrated with a huge campaign that extended from 12 September to 12 October 2019. The campaign included delivering positive messages on main streets in the city featuring our patients, having mobile booth that visited all major hospitals and health centers in Kuwait daily over one month, disseminating awareness articles and messages through social media, YouTube, TV, movie theaters and Kuwait international airport. There was also one-to-one contact with patients on the stage to deliver health messages and answer their questions. The campaign ended on 12 October with fun activities for kids and our pediatric patients to show off their artistic skills. During the campaign, KAR created an App by which patients can recognize the campaign activities, have an access to educational materials and book their doctor appointments.



World Lupus day and World Arthritis Day in Pakistan

In connection with World Lupus Day and World Arthritis Day, Arthritis Care Foundation arranged educational seminars and walks in collaboration with Fatimah Jinnah Medical University/ Ganga Ram Hospital, Lahore, Pakistan, for raising awareness among general public as well as health care professionals.



Global Rheumatology Educational Initiative in Pakistan

Arthritis Care Foundation Pakistan, in collaboration with The Royal Society of Medicine and The Royal College of Physicians, United Kingdom, organized a three-day educational program “Global Rheumatology Educational Initiative” in Lahore, Pakistan. This educational initiative was endorsed by Pakistan Society for Rheumatology (PSR) and was organized in Services Institute of Medical Sciences (SIMS) Lahore, University of Health Sciences (UHS) Lahore and Fatimah Jinnah Medical University (FJMU) Lahore, respectively. Panel discussions to improve teaching, training and research in Rheumatology in a developing country during this conference.



SIMS



UHS



FJMU

International Conference of Chinese Rheumatologists 2019 in Hong Kong

The fourth International Conference of Chinese Rheumatologists 2019 was held in Hong Kong on 30 November to 1 December 2019. This largest annual event of the year had attracted a total of 180 participants which included renowned rheumatologists, clinicians and academic elites from Hong Kong, China and worldwide. Over 20 international and local distinguished speakers shared their insights and latest findings on rheumatology. Various hot topics in rheumatology were covered.



Basic Musculoskeletal Ultrasound Course 2019 in Hong Kong

The Hong Kong Society of Rheumatology Basic Musculoskeletal Ultrasound (MSUS) Course was successfully held on 27-29 November 2019. This was also an EULAR endorsed MSUS course. There were 48 participants from various countries in Asia region. Feedback from the participants was excellent.



NEWS AND VIEWS in Sri Lanka

The Annual General Meeting of the College of Specialists in Rheumatology and Rehabilitation, Sri Lanka, was held on the 1st of September 2019. Dr. Duminda Munidasa, senior consultant in rheumatology and rehabilitation was elected as the new president of the college.



Symposium on Legal and Ethical Issues in Rheumatology in India

The symposium was held on 22 June 2019. The programme started with felicitation of Dr. V. R. Joshi for receiving the APLAR master 2019 award for his pioneering contribution to the field of Rheumatology. The award was handed over to him by Dr. Debashish Danda, President of India Rheumatology Association. The Boundaries of ethics and pseudoethics session covered topics on ethical issues on code of practice for rheumatologists, patient-physician interaction, professional relationship and self regulation. Lectures on basic legal knowledge for rheumatologists—The DO’s and DON’T’s was delivered to the audience.

NEWS AND VIEWS By Iran Rheumatology Association

- Activities and events of Iran Rheumatology Association during autumn season 2019.
1. The last election for board of directors of IRA was held at Sept 26th and new directors started their activity since Nov 21st. Dr

Reza Najafizadeh Dr Ali Bidari are elected as president and vice president respectively.

2. The 13th annual congress of IRA was held at Oct 25th –

26th at National Library Convention Center, Tehran, Iran

3. The 5th lupus seminar (Lupus and Pregnancy) was held at Dec 26th 2019 in Iran.

Joining hands with family physicians to fight rheumatic diseases in Pakistan

Pakistan is a densely populated country with over 200 million populations. Rheumatic diseases remain uncontrolled, un-monitored, and for a large part untreated in Pakistan due to deficiency of trained rheumatologists in the country. This problem can be solved to some extent by periodic training of Family Physicians who are the main fighting force and bearing the major burden of rheumatic diseases. First ‘Musculoskeletal Module’ of “Certificate Course For Family Physicians” was conducted by Dr Shamaila Mumtaz at Rawalpindi Medical University in November 2019 with an overwhelming response by course candidates. Addressing the course candidates and faculty, Vice Chancellor of the University Professor Muhammad Umar stated, “Family Physicians are the backbone of health-care delivery system and must be aware of categorizing the patients and setting priorities for treatment and referral”. He further emphasized, “This certificate course is the foundation stone towards development of a specialized teaching and training Centre for Arthritis and Rheumatic Disease at Rawalpindi Medical University.”










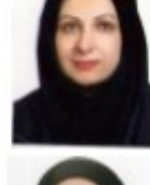



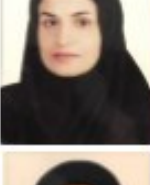
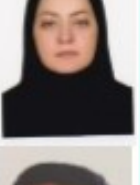


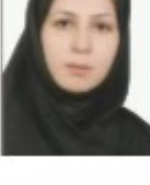





The 13th Annual Scientific Sessions of the rheumatology college in Sri Lanka

The 13th Annual Scientific Sessions of the College of Specialists in Rheumatology and Rehabilitation was successfully held on the 30th November & 1st of December in Colombo, Sri Lanka. The chief guest was the current president of APLAR Professor Syed Atiqul Haq. Professor Debashish Danda, President elect of APLAR and several other distinguished international lecturers contributed as resource personnel at this event. This is the largest academic event in the calendar year of the rheumatology college of Sri Lanka.



Congratulations to new Rheumatology Fellows !

Iran			
Mozhgan Azizizadeh		Mona Firouzabadi	
Zahra Azarioun		Samaneh Hatami	
Leila Azizi		Anvar Sharif Asgari	
Khaled Bavieh		Razieh Lashgari	
Sareh Basiri		Elham Nezhadyousefi	
Navid Davoodi		Nasim Naghshvad Esfahani	
Marzieh Daneshi		Mahin Nosrat zehi	
Horvash Ebrahimi		Maryam Rastin	
Mohammad Eftekharneszhad		Maryam Tavakoli	
Pakistan			
Masooma Hashmat		Haseeb Ahmed Khan	
Muhammad Salman Mushtaq			

Selena Gomez ‘s battle against lupus
What can we learn from her?

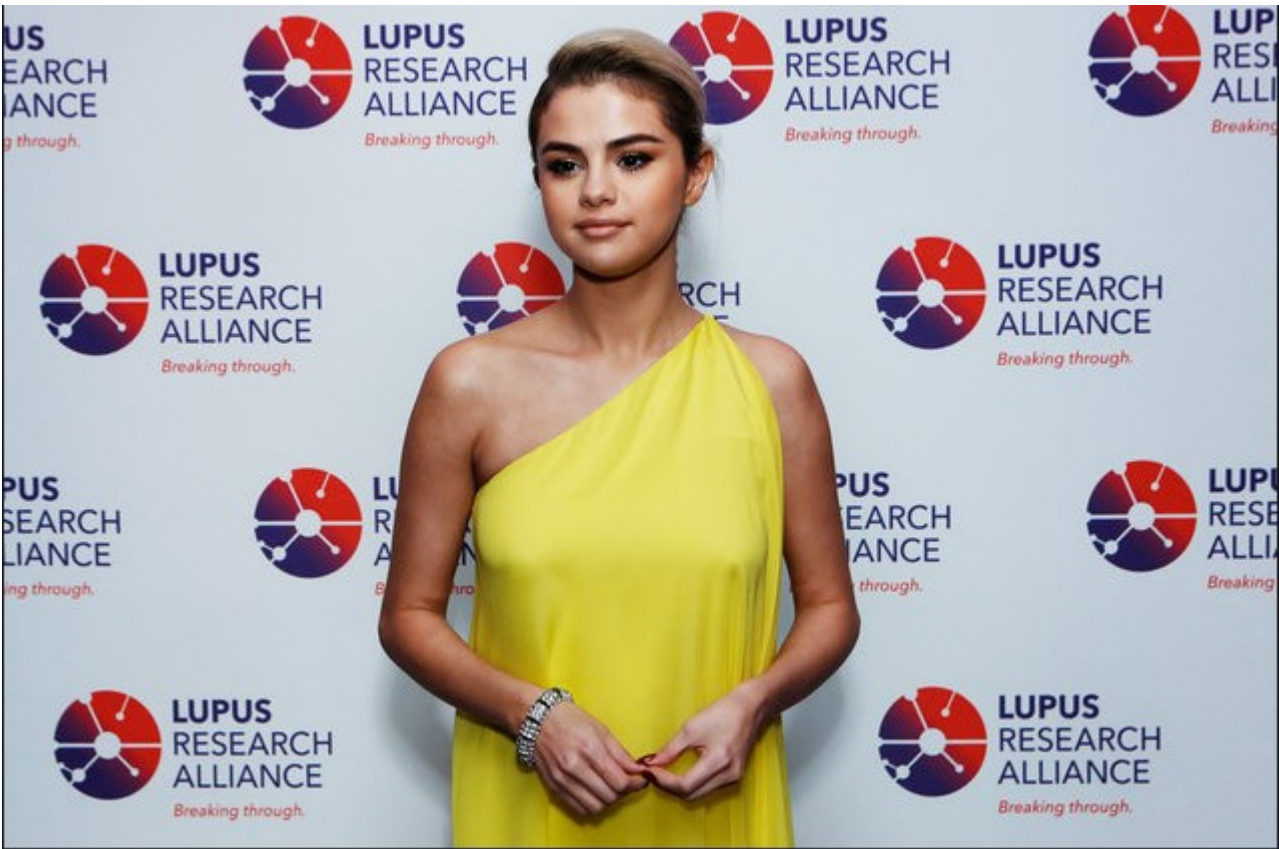
Selena Marie Gomez, 27 years old, is a very popular actress in this decade. She is well known all over the world, especially among young people. She is also a singer, songwriter, and a television producer. Here, we learn about the other facet of her life fighting against lupus.

At 10 years old, she was involved in a children’s television program “Barney and friends”. From there, her career later was well recognised in several television series, films, music shows, and band performances. Her former band “Selena Gomez and the Scene” has successfully produced several albums, “Kiss and Tell”, “A Year Without Rain” and “When the Sun Goes Down”, which reached Billboard Hot 200. Along her music career, her album has achieved platinum and her singles became very successful and popular. She also won numerous awards and was recognized as the Billboard Woman of the Year in 2017. She has many followers on social media, and was at one time the most followed individual on Instagram. Her other ventures include a clothing line, a handbag line and a fragrance line. She has also worked with various charitable organizations and became a UNICEF ambassador.



Barney and Selena Gomez

Behind the glamorous life, she has to face a disease called systemic lupus erythematosus, which has wax and wane course, need to handle carefully and take regular medical treatment for a long period. Lupus is a chronic autoimmune disease, and can



involve any organ of the patients, which can be severe and cause damage to different body organs. Despite her very successful life in career, she was diagnosed with systemic lupus erythematosus. During flares, she has to cancel her tour and undergo medical treatment. She has shown to the world that lupus, a chronic inflammatory disease which sometimes brought her to a debilitating condition, did not restrain her from keeping on with her work and such as producing music and songs

She would talk about her struggle to face this disease and how she lives with lupus to her fans and followers. This has raised public awareness about this disease to all over the world.

On September 14, 2017, she announced via Instagram that she had just received a kidney transplant from her best friend due to lupus nephritis. Despite good treatment for lupus, sometimes patient needs more than medication.

She is also active in social career. She volunteers for charity organizations and becomes

UNICEF ambassador. In 2008, she became spokesperson of UNICEF for the program Trick or treat campaign to collect money during Halloween to help children all over the world. She mentioned that she was extremely excited to encourage other kids to make a difference in the world. Thereafter she continued the charity work with UNICEF in several activities. Although she is very busy with all her activity, she was still doing many charity works.

Selena Gomez is one of the celebrities who suffer from chronic rheumatic conditions but has yet lived a proactive life. She has raised awareness of lupus in the community and has changed the point of view of many lupus patients. She brings an active message that instead of having negative thoughts that this disease is the end of the world, lupus patients can still be active and be what they want to be.

The writer is Dr Laniyati Hamijoyo, consultant, University of Padjadjaran Bandung, Indonesia.



Selena Gomez got kidney transplant to treat lupus



Selena Gomez and the Scene

APLAR Young Rheumatologists and EMEUNET social media exchange program

One of the initiatives launched after the June 2019 meeting between APLAR Young Rheumatologists (AYR) and EMEUNET (Emerging EULAR Network) was the social media exchange program. Under this scheme certain selected social media news items were shared in between these two organizations to enhance bilateral ties as well as to create more awareness about the ongoing activities.

EMEUNET is the organisation within EULAR countries formed by young rheumatologists and rheumatology trainees. They celebrated their 10th anniversary last year. EMEUNET has its own social media platforms in Facebook and Twitter. They have introduced certain novel concepts through social media such as "Twitter Journal Club" and carrying out internet based polls to select the "EMEUNET paper of the month".

Posts featuring details about APLAR Young Rheumatologists and APLAR Congress Koyoto 2020 were shared in the EMEUNET pages recently.

Dr Nadia Roodenrijs from EMEUNET Visibility & Global Affairs subgroup and Dr Himantha Atukorale, webmaster from AYR are coordinating this exchange program.



The 6th country liaison meeting of EMEUNET held at Spain EULAR Congress 2019



AYR @ Sri Lanka

APLAR is committed to create a conducive and nurturing environment for APLAR Young Rheumatologists (AYR) to network and collaborate in education, research and social activities. The current president of APLAR Professor Syed Atiqul Haq and the president elect of APLAR, Professor Debashish Danda recently met the APLAR Young Rheumatologists from Sri Lanka lead by Dr Himantha Atukorale, interim board member and webmaster of AYR. Prof Syed Atiqul Haq mentioned that promoting educational activities such as APLAR-EULAR School of Rheumatology & APLAR-EULAR Exchange Program will further enhance the standard of patient care within the APLAR community.



APLAR President Prof Syed, President elect Prof Danda and AYR board member Dr Himantha Atukorale pose with the AYR's from Sri Lanka

IMAGE QUIZ (Answer on page 9)



A 26 year old woman complained of progressive worsening of vision and eye pain for 4 years. She developed relapsing mouth ulcers one year ago.

Q1 : What is the clinical diagnosis of her eye condition?

Ix :

ESR 55, CRP 18 (N <4) mg/dl

ANA, anti-ENA negative

Rheumatoid factor, anti-CCP antibody negative

ACE level : normal

Q2 : Which genetic risk allele is associated with this condition?

The writers are Dr Saliha Ishaq, Consultant, Aga Khan University Hospital, and Dr Tahira Parveen Umer, Assistant Prof, Liaquat Medical University, Karachi, Pakistan

New Horizon in the UAE: Rheumatology Nurse

The expansion of rheumatology services with specialised nurses began in the late 1960's. Rheumatology nursing as sub-specialty was recognised in the United Kingdom (UK) in 1981 and in the United States in 1983. There was an increase in nursing interest. The first nurse-led arthritis clinic was developed in 1980's in the UK. In November 2012, the American Nurses Association Board of Directors recognised rheumatology nursing as a nursing specialty and approved the rheumatology nursing scope of practice statement. Rheumatology nursing is a specialty practice devoted to the comprehensive, holistic care of children's and adults with rheumatic conditions.

Role of Rheumatology Nurse

- * Understands autoimmune rheumatic diseases and the medical treatment protocols
- * Is familiar with the rheumatic medications (names and doses of common drugs)
- * Recognises common side effect

- profiles
- * Search for possible drug-drug interactions
 - * Administers infusions and subcutaneous medications
 - * Is familiar with monitoring disease outcome measure



Launching Rheumatology Nurse Education clinic :
First clinic in the Gulf!

- * Is familiar with monitoring disease activities e.g. ankylosing spondylitis, rheumatoid arthritis, systemic lupus, psoriatic arthritis
- * Performs focused physical assessment, such as, DAS28 for rheumatoid arthritis; signs of psoriatic arthritis e.g. psoriasis, dactylitis, enthesitis (e.g. Achilles enthesitis); spinal mobility

measurements (metrology) for spondylitis.

Rheumatology Nurse: Al Ain Hospital experience

We are blessed in Al Ain hospital to have supporting leaders from Nursing and Rheumatology Departments. I was able to learn and practice new skills to help our increasing number of rheumatology patients.

Examples of activities:

- * Participation in the development of patient educational materials on various rheumatic diseases.
- * Education of patients and their caregivers on disease processes and treatment options.
- * Open discussions about patient needs and expectations.
- * Ensuring easy accessibility for our patients to discuss any

concern.

- * Having a dedicated contact number for during normal working hours.
- * Providing a business card with contact info and email.
- * Linking patients to their rheumatologists.
- * Linking rheumatologists to other health care workers.



- * Advocating for patient and families.
- * Speaking for the profession at conferences such as APLAR.

Reference:

Carter. S. et al (2015) 1st edition, Core Curriculum for Rheumatology Nursing Pensacola, Florida

The writer is Nafja Alhasni, Rheumatology Nurse, Al Ain Hospital, Al Ain city, United Arab Emirates

Ans:Q1 : Panuveitis
Q2 : HLA B51 is risk allele identified for Behcet's disease



**22nd Asia-Pacific League of Associations
for Rheumatology Congress**

31 August – 3 September 2020
Kyoto, Japan

**ABSTRACTS
OPEN
OCTOBER 2019**



aplar2020.com

A cup of tea with the mentor

Prof Ramnath Misra is ex-Dean and Professor and Head of Clinical Immunology and Rheumatology, Snajay Gandhi Institute, Postgraduate institute of medical science, Lucknow, India

S : Padmanabha Sheony

M : Ramnath Misra

S: You have seen rheumatology develop in front of your eyes. According to you what are the landmark changes in this field?

M : The landmark changes are many that have changed the face of rheumatology in the last 4 decades. The go slow attitude of the 80's have evolved into a more aggressive one in the management of rheumatic diseases have been the most obvious features. This has been largely due to the dawning of the translational era in medicine. I would consider the start of this era with the advent of murine chimeric monoclonal antibody to TNF for treatment of RA by Tiny Maini and Mark Feldman. This landmark development paved the way not only for the use of TNF inhibitors but also other cytokine blockers in patients with other inflammatory arthritides with dramatic results. It will be appropriate to mention the increasing importance of the role of methotrexate used at a much higher dose than it was used with caution in the 1980s as a DMARD in RA and in other diseases where indicated, which made it an anchor drug both used singly and in combination. That combination DMARD is as effective in the management of RA for patients who cannot afford expensive biologic DMARD therapy is an important event. With the use of these newer therapy also brought in the risk of infectious complications particularly the emergence of TB which made rheumatologist cautious in prescreening of patients in high endemic areas. The recognition of premature atherosclerosis and early deaths due to cardiac events,

steroid induced osteoporosis and fractures with use of bone protective event, and wider acceptance of joint replacement of surgery are other landmark changes that have contributed to unbelievable transformation in rheumatology.

Landmark changes in the laboratory resulted in discovery a wide variety of autoantibodies of clinical significance. For examples



antibodies to CCP was more specific than Rheumatoid factor, assays for antibodies to ENA are widely available commercially, antibodies to PR3 and MPO assumed increasing diagnostic significance, antibodies to cardiolipin subsequently was discovered to be pathogenic in presence of β 2GPI defined antiphospholipid syndrome and myositis specific autoantibodies were expanded to define newer subsets in myositis. The usage of MRI and ultrasound to detect early synovitis, cartilage destruction, soft tissue abnormalities, crystal identification are noted advances.

S: Are there any changes which could have been avoided in the field of rheumatology ?

M : Changes are unavoidable but the impact has adversely affected some practice of rheumatology. Increasing reliance on laboratory investigation and imaging modalities, has put physical examination on the back seat. Use of newer diagnostic tools and expensive biological therapy has brought in a huge gap between the poor and the rich. The availability of information in the internet widely to patients community at large have created complexities in management of patients.

S: Looking back into your

illustrious career what do you think is the life changing moment of your life?

M : On two occasions, I faced defined my career. The first was very early on in my career when I opted to take an appointment as research officer soon after completing my postgraduate studies in medicine and posted under Prof AN Malaviya, at the All India Institute of Medical Sciences, Delhi. The shock was the laboratory environment, but it did influence my subsequent career and a further shift in my thinking was when I went on a fellowship to undergo training with Sir Prof Ravinder Maini at the Kennedy Institute of Rheumatology which opened my mind to the world of investigative rheumatology.

S: Is there any moment in your career you felt you have lost hope and then how did you overcome it?

M : The early years of training in was quite challenging and filled up with despair than hope. Training in the laboratory and working on the bench was quite frustrating. I did not do anything spectacular, but persisting with it and understanding the intricate basis of the various methodologies helped me to grow out.

S: According to you what is your best and worst quality ?

M : It is for the others to say I would reckon the quality to learn from my mistakes is probably the one that helped me grow and develop my attitude in life and one of the worst quality is not to say no even it is unpleasant temporarily.

S: You are admired by your patients and loved by your colleagues. What is the secret ?

M : To win over patients, one has to relate to their need. In chronic care setting, to patiently hear their complaints and act accordingly has been my way of providing care to them. I usually trust my colleagues and always give respect to their opinion. Probably these are the factors that underlie the admiration.

S: With so many accolades under your belt what do you feel is the best of them?

M : Recognition by professional society and fellow colleagues is always satisfying. The MN Passey award, for life time achievement by the Indian Rheumatology Association was perhaps the best.

S: Would you like to remember specific incident in patient care which made a huge impact in your life?

M : There are many incidents but the one that I remember was when I saw a young female patient from Nepal with SLE with end-stage renal disease waiting for a renal transplant in nephrology ward, but the surgery was delayed because of infections and fever with cytopenia. There were some features with activity, and despite the patient had resource crunch, I advised for IVIG, with which the thrombocytopenia improved to have the replacement. I saw the patient with her child several years later and she visited our hospital and it was so gratifying to see her family. This will be one of the many occasions where therapeutic decision have made a turning point in a patient life and being a witness to it does affect my life.

S: What is the message you would like to bring to colleagues especially those who are relatively fresh to the specialty.

M : Be a patient centric physician. Be a good listener, and perform a thorough clinical examination before formulating a diagnosis. Consider affordability of patients before planning investigations and treatment. If one pursues an academic career, then choose an area of one's interest and focus on it.

S: What do you think would be rheumatology in 2050 ?

M : By 2050, the rich and affordable patients will probably be benefited by the result of practice of personalized medicine. I suppose diagnosis of rheumatic diseases will be possible from a drop of blood/saliva/urine of several markers very early in the course of disease. Conventional drugs would have given away to a combined targeted therapy and will see cell-based therapy being used as personalised therapy. There will be increasing use of ultrasound and MRI to delineate structural changes and perhaps biopsy would have phased out. Unfortunately, clinical examination of the patients will be a forgotten art. The gap between the outlook of a patient between a rich and a poor patient would have widen enough to have two different protocols for management.

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