Reduced Disability at Five Years With Early Treatment of Inflammatory Polyarthritis

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Arthritis & Rheumatism published in May 2001 results of a clinical study by Wiles et al [1].

The study determined the effect of treatment with disease-modifying antirheumatic drugs (DMARDs) and/or steroids on 5-year disability outcome in patients with inflammatory polyarthritis. Wiles et al found that early initiation of systemic anti-inflammatory therapy (within 6 months of symptom onset) in patients with polyarthritis is associated with a 2-fold decrease in probability of becoming disabled 5 years later when compared to later initiation of treatment (6 months or longer after symptom onset). These observations strongly emphasize the importance of early initiation of systemic anti-inflammatory therapy.

The results and conclusions of this study are alarming. We observe a similar phenomenon in patients with chronic recurrent uveitis associated with juvenile idiopathic arthritis (JIA), former juvenile rheumatoid arthritis (JRA). Children repeatedly or continuously treated with topical corticosteroids by many ophthalmologists typically suffer from slowly progressive damage to the eyesight as a consequence of cystoid macular edema, cataract, glaucoma, cyclitic and/or epiretinal membrane formation. It is not rare that the patient treated with topical corticosteroids over a long period becomes disabled because of loss of vision sooner or later in life. In contrast, our experience and experience of some others with early institution of systemic anti-inflammatory therapy for chronic recurrent uveitis in JIA patients, at the time when damage to the eyesight is not produced, typically results not only in prevention of disability, but more importantly, in halting the progression of vision loss and excellent visual outcome over the long period. The take home message from the study by Wiles et al and from our experience is the critical need for early institution of systemic anti-inflammatory therapy in children with uveitis associated with JIA.