EDITORIAL

Prevalence of Rheumatic Diseases in India

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Clinical medicine is concerned with patients who already have a disease and seeks to understand how the disease progresses, its effects, and how it can be treated. Epidemiology, on the other hand is the study of the incidence, distribution and determinants of disease in human populations in order to identify their causes and ultimately lead to prevention. The first step in this process is to study the incidence rates of a particular disease or a group of disorders in a particular area followed by identification of the possible causative factors. The incidence of disease is defined as the number of new cases occurring in a specific period of time and in a defined population. The proportion of a population that is already affected by a disease at a particular time is known as the prevalence of the disease.

A wide spectrum of rheumatic diseases is seen in the Indian subcontinent. Epidemiological information on rheumatological diseases is unfortunately scanty. The earliest report on the epidemiology of rheumatological disorders from India was reported by Malaviya et al (1). In this report 39,826 persons, living in five villages, within 50 kilometers of Delhi, were surveyed over a three year period. A total of 3393 patients (8.5%) were identified. The primary aim of the Delhi survey was to find out the prevalence of lupus however, it provided useful data on 'lupus' and 'RA' in the Indian population. The main draw back of this study was total stress on finding out the prevalence of well characterized rheumatological disorders like SLE and RA rather then looking for the more common rheumatological disorders (soft tissue rheumatism and regional pain syndromes) in the community. Since the soft tissue rheumatism and regional pain syndromes are much more common than diseases like lupus and RA and more common cause of absent work days, this study did not truly represent the picture of rheumatological disorders in the community.

In 1981, World Health Organization (WHO) and International League Associations for Rheumatol-ogy (ILAR) launched a special program for rheumatic diseases called COPCORD (Community Oriented Program for Control of Rheumatic Diseases) with an objective of acquiring data on the prevalence of rheumatic symptoms/diseases, along with their disability, from the rural communities in the developing countries so as to target the needs of the community. It envisages: collection of prevalence data, identification of risk factors, and control of "risk factor" through health education. The first such report from India was reported by Chopra et al in 2001 (2). In this rural community based survey, of 4092 adults, 746 (18.5%) were identified to have rheumatological complaints. The various Musculo-skeletal syndromes reported were OA 5.8%, Soft tissue rheumatism 5.5%, RA 0.51%, inflammatory arthritis (unclassified) 0.85% and ankylosing spondylitis 0.09%. Surprisingly, authors did not encounter any case of SLE. Similar to this study, Mahajan et al has aimed to study

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the prevalence of various rheumatological disorders in region around Jammu and have presented their paper in this issue of the journal (3). In this report, of 1024 adults surveyed, 245 (23.9%) were detected to have rheumatological problems. The most common of which were LBA (34.7%), OA (24.9%) unclassified rheumatic diseases (18.7%), soft tissue rheumatism (17.9%) and RA (0.8%). Results of both the epidemiological surveys (2,3) appear similar however, the highlight of the study by Mahajan et al, is the higher percentage of the manual workers developing low back ache (LBA) and soft tissue rheumatism and also that the various rheumatological disorders being more prevalent in the rural community as compared to the urban community. The most common causes of LBA and soft tissue rheumatism are poor posture, carrying loads for daily living or inappropriate use of joints, an aspect which can easily be improved upon by simple education and improvement of the working conditions.

Critical rheumatological issues of national significance have been recognized from the results of the present study and the one by Chopra *et. al.* All studies are an eye opener and highlight the need to plan the larger and more studies and tackle various rheumatological disorders in the grass root in the community to prevent loss of productivity in our population.

References

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