RESEARCH LETTER

Prescription Mistakes In Rheumatology Practice

Vishal R Tandon, Annil Mahajan*

Prevalence of rheumatic disorders (RD) is increasing drastically world wide, leading to alarming increase in physical, social and economic burden (1-2), which is preventable to a greater extent with early identification of disease & aggressive treatment. However, the primary rheumatology services particularly in rural area are inadequate.The present study was done to evaluate common mistakes in the diagnosis, treatment and follow up of common RD with the aim to rectify and create awareness among doctors and patients about the RD. Prescriptions of 168 Patients (*Table-1*) of RD enrolled in CHC, Katra (Rural area in J&K) over a period of 6 months were evaluated for common mistakes in there diagnosis, treatment & follow up records. Diagnosis was established/confirmed using clinical ACR criteria's & suitable investigations & patients were put on individualized treatment & are on regular follow up. The common mistakes are depicted in *table -2*.The findings of the present study suggest that we as doctors need to update knowledge of various aspects of basic and applied medical sciences relevant to common RD.We need to upgrade our skills & competence in diagnosis, knowledge in interpretation of investigations & treatment of patients with common RD.There is a need to create awareness of the value of supportive & complementary therapies like physiotherapy, occupational therapy, assessment and follow up. Basic training & continued education of practitioners in the field of rheumatology is need of hour.

Table 1. Commonest Rheumatic Disorder

Diagnosis	No.	M : F
Rheumatoid Arthritis	11	3 : 8
Gout	7	3: 4
Osteo-Arthritis	36	9: 27
Septic arthritis	1	1:0
Psoriatic arthritis	1	1:0
Vague Symptoms	58	20:38
LBA/Siatica	27	14:13
Soft Tissue Rheumatism	20	8:12
Vaculitis/Takasakys disease	1	0: 1
Periarthritis	5	1:4
Scleroderma	1	0:1
Total	168	

Table -2. Showing Prescription Mistakes

RA	**n**
Diagnosis purely made on RF+ ve	5/11
RF by Nephelometeric method (a better quantitative method)	0/11
RF negative, but ACR criteria's suggested RA (not treated for RA)	5/11
Assessed for acute phase reactants	4/11
Assessed for ANAs	0/11
NSAIDs not prescribed in smallest possible dose for a minimum period keeping co-morbid conditions in mind	7/11
Concomitant use of two NSAIDs	2/11
Prophylaxis with anti-ulcer agents in high risk patients	3/11
Long acting preferred for Pts having significant morning stiffness	4/11
Patients on inject able NSAIDs since long	6/11
GC institution-irrational	10/11
Ca, Vit D, bisphosphonates considered in Pts on GC	0/11
DMRDs in adequate dosage and proper timing	3/11
Methotexate was prescribed to a patient with Hb <7 gm%	1/11
DM Pt on continuous GC therapy without monitoring of B .glucose or modification of drugs	1/11
Careful monitoring done/advised in patients on DMRDs	0/3
Child bearing ladies (2) advised regarding the prospects of various therapies and importance of sex education	0/2
Co-morbidities like H. disease, HT, DM & osteoporosis evaluated	2/11
Education regarding disease and treatment & prognosis imparted to patients	0/11
Patients Nadrolone with a notion that this will improve their disease	4/11
Patients were put on so many dietary restrictions	9/11
Gout	
Diagnosis of acute attack of gout not established uric acid < 6 mg/dl-	3/7
Anti-hyperuricemic agents were started or stopped during an attack of gout	3/7
Co-morbid conditions like H.T & Dyslipidemia Evaluated	1/7
Co-morbid conditions like H.T & Dyslipidemia instituted im-proper drugs	1/7
OA	
NSAIDs choice not based on considering concomitant disease	24/36
Actaminophen (preferred rug) prescribed in only	7/36
Patients were on irregular gulcosomine therapy	6/36
Patients on diacerin	0/36
LBA	
Conventional pain killers prescribed continuously without trying to find out the cause	19/27
Timing of Investigations were not justified	21/27
Education imparted about physiotherapy	2/27
Other diseases (Vasculitis, scleroderma etc)	
Diagnosis was not established and were ignorant about the diagnosis and management	
Periarthritis	
Patients considered for intrarticular steroid option	0/5
on regular physiotherapy	0/5
Vague Symptoms	
Multivitamins and pain killers were over prescribed	

References

1. Theis KA, Murphy L, Hootman JM, Helmick CG, Yelin E. Prevalence and correlates of arthritis-attributable work limitation in the US population among persons ages 18-64: 2002 National Health Interview Survey Data. *Arthritis Rheum* 2007 ;57:355-63.
2. Bhatt AD, Sane SP, Vaidya AB, Bolar HV. Patterns of rheumatic diseases and antirheumatic drug usage in 11931 Indian patients. *J Assoc Physicians India* 1993; 41:571-2

From the PG Department of Pharmacology and Therapeutics and *General Medicine Govt Medical College Jammu J&K- India
Correspondence to : Dr. Annil Mahajan Asoociate Prof, PG Deptt. of Internal Medicine & Incharge Rheumatology Clinic, GMC, Jammu