RHEUMATOLOGY

ELECTIVE REPORT

By Ranjeev Salh

1. What are the prevalent rheumatological conditions in East London? How do they differ from the rest of the UK?

There are several rheumatological conditions that are more common in East London. Firstly, certain infectious diseases are more prevalent such as tuberculosis and sarcoidosis. Tuberculosis can spread to the bones and joints. It can therefore cause long standing arthritis in the joints affected if not treated sufficiently or quickly enough. It also can cause generalised myalgia, fever and night sweats. Tuberculosis in East London is the most prevalent out of all areas of the UK. The prevalence is comparable with some areas in Africa. It therefore is a very important issue to address in East London rheumatology. Another granulomatous condition is sarcoidosis. This causes respiratory problems predominantly as tuberculosis does but it also can cause other systemic problems such as uveitis and arthritis. If systemic involvement occurs; this is indication for steroid treatment to commence. East London also has many patients with sarcoidosis.

There are several reasons for the increased prevalence of infectious diseases. There is an increased population in East London of people from countries where there has not been a vaccination against conditions like tuberculosis and also where this disease is of high prevalence anyway. Examples include Pakistan, Bangladesh and countries from Northern Africa. These people may immigrate to the UK. They may then visit their home nation and then return to the UK. They may then bring the infectious disease back to the UK with them. In addition tuberculosis has been shown to manifest itself in areas of poverty and low socioeconomic status. Some areas of East London are known as some of the poorest areas in the UK. East London is also full of high rise flats and largely overcrowded areas. These conditions make it easier for infectious diseases like tuberculosis to spread within the community.

In addition, with my time spent in rheumatology at Mile End hospital, I have noticed that arthritis is generally a very prevalent condition seen in clinics. A vast number of patients with rheumatoid arthritis are seen on a daily basis. This probably does not differ with many other rheumatology departments throughout the UK as patients with rheumatoid arthritis often need DMARD therapy and regular reviews to check the progression of their disease.

2. What rheumatological options are available on the NHS that are not available in lesser economically developed countries?

There are many therapies that are available on the NHS that are not available in lesser economically developed countries. I was particularly focussing on patients with ankylosing spondylitis during the elective. Patients in the UK receive an option to receive supervised

physiotherapy. They receive prescriptions for analgesia such as NSAIDs and paracetamol. If their disease becomes extensive, they may receive anti-TNF therapy which is extremely expensive. A 40 mg injection of Humira (adalimumab) is around £350. Anti-TNF has been shown to be effective not only for patients with ankylosing spondylitis but also patients with rheumatoid arthritis, psoriatic arthritis and inflammatory bowel disease. With respect to ankylosing spondylitis, it can severely reduce the patients' symptoms to significantly improve mobility. Therefore if one has the disease and is living in the UK, they have a significant advantage over lesser economically developed countries. The Governments of these countries can simply not afford to pay for these therapies and consequently the patient will have to pay themselves if they want the therapy. In these countries therefore the poor in particular will suffer extremely with these disabling conditions. It is clear to see therefore under the NHS patients do not always receive the treatment that could benefit them from the beginning of the period after their diagnosis. This is due to scarce resources within the NHS. Their symptoms may have to worsen before they receive the treatment that is required. However patients in less economically developed countries may not receive the help they require ever in their lifetimes. They may have to learn to put up with these rheumatological problems, as there may not be any free healthcare service In their country and they are unable to pay for the therapy themselves.

3. To gain further experience in rheumatology and understand treatment options available on NHS for rheumatological conditions

I feel that I have learnt about the various treatments available for patients on the NHS by sitting in on clinics. The treatment, as with the majority of conditions in the UK, is divided into a step-by-step regime. This means that a first line treatment is offered first. If that has no effect a second line is offered and so on. This is due to several reasons. The NHS budget is obviously restricted to a certain amount. If everyone could just skip to the best and most effective treatment for their condition, the budget would obviously run out very quickly. This is because with many conditions the best treatment is often the most expensive. An example is methotrexate for rheumatoid arthritis for instance. Therefore the stepwise treatment is in part a reflection of the scarcity of resources on the NHS. In addition, the stepwise treatment also may protect the patient. These expensive, more effective therapies often have stronger, worse side effects than the milder treatments. Methotrexate, for instance, has a whole host of side effects that have to be monitored with blood tests, which also cause further expense. Liver abnormalities and bone marrow suppression are just two problems of this treatment. Therefore if the symptoms of the rheumatoid arthritis can be managed with simple analgesia, then it is highly logical to try this first to see its effects before jumping to a DMARD, which can further risk the patient's health.

WORD COUNT: 947 WORDS

APPENDIX 4: SSC 5c (Elective) Assessment - Reflection (part2)

Name: Ranjeev Salh

Dates of elective:

06/05/2013 – 07/06/2013

Elective address:

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Subject:

Rheumatology

Was it what you expected?

Yes the placement was how I expected it. I had done 3 weeks of rheumatology in fourth year and therefore it was similar but just gave me more experience in the field.

Clinical experience?

The clinical experience was based in clinics. Therefore the clinical experience was mainly the practice of clerking patients.

What did you learn about the people and the country?

My elective was based in the UK and as I live here I did not learn more about the people, as I am well accustomed to the culture in this country and in East London. However there is undoubtedly a need for the clinician to address certain patients differently than others. For instance the Bangladeshi community is strongly prevalent in East London. Many of the patients therefore may require translators, which is not ideal for communication and addressing the patients issues.

What did you learn about the health care professionals you worked with?

I learnt that they are all extremely professional and dedicated to their job. They are all extremely knowledgeable in rheumatology and all keep up to date with new developments in management.

What did you learn about the health care system in that country?

I did not learn too much, as I am very much aware of the NHS healthcare system. It just added to my knowledge of the stepwise approach to management. I also paid more attention to the cost of therapies in rheumatology.

What were the best bits?

The best bits were when the patient really felt content with the treatment that they were getting and were so grateful to the doctor for all they had done to improve their lifestyle.

What were bits you least enjoyed?

I least enjoyed seeing patients that were negative and quite miserable. It is very hard to see how the patient will get better witht this attitude and usually this type of patient will be chronic and continuously be returning to clinics with non-improving symptoms.

Were there any shortcomings?

None

Would you recommend it to another student?

Yes definitely. All the doctors are extremely welcoming and friendly and clinics are in generally a relaxed atmosphere making it extremely easy to learn new things.

Would you do anything differently?

I would probably partake in more ward rounds but I enjoyed clinics extremely.

What did you learn about yourself?

Learnt that I just have to become more independent and learn to take on opportunities myself without needing someone to urge me.

Where there any deviations from the risk assessment?

No

How was your accommodation?

Stayed at home.

How were your travel arrangements?

Drove to hospital. Parking areas are limited and traffic getting to the area can be bad in the morning.

Other experiences and information useful to future students: None