

Rheumatology 2014 Conference Report

The UK's leading rheumatology conference | 29 April -1 May | Liverpool, UK



Thank you for your continuing support for the conference. We hope you enjoy reading the conference review and remembering your time at Rheumatology 2014.

This year more than 2,000 people came to Liverpool to experience the phenomenal range of educational opportunities available at Rheumatology 2014.

Held at the ACC Liverpool, the conference offered innovation, education and networking for the rheumatology community. We were overwhelmed by the amount of positive feedback, which told us **91% of you consider the conference to be a key date in your professional calendar and almost all delegates (97%) would recommend Rheumatology 2014 to a colleague.** Most of all we were thrilled to see the practical learning support that the conference provides to rheumatology professionals, with 75% of delegates agreeing that they would change their practice because of things they had learnt at Rheumatology 2014.

We are still interested in any suggestions for making next year's conference even better. Please share your ideas with us by emailing events@rheumatology.org.uk or call on 020 7842 0900.

While the deadline for main session proposals for Rheumatology 2015 has now passed, we will be opening the submission site for your abstracts soon (**deadline 15 November 2014**) so keep this date in your diary.

Conference in numbers

Over 250 presentations available to view online
343 posters | 30 years of BSR | 1,365 tweets
2,030 delegates | 590 abstracts submitted
18 RCP CPD points | 46 industry partners

Contents

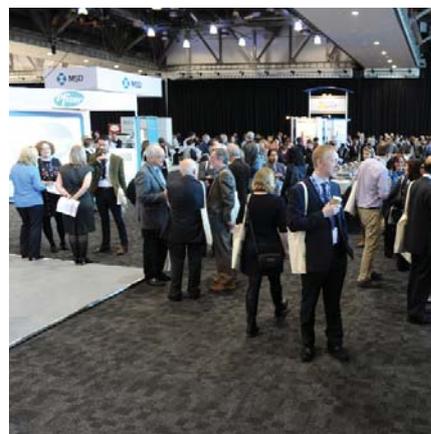
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See you in Manchester next year
www.rheumatology2015.org.uk

Conference delegates can see the slides from the conference sessions at www.rheumatology2014.org.uk (you will need to log in using the password you were given after you filled in the feedback survey).

Acknowledgements

The British Society for Rheumatology would like to acknowledge and thank all of our exhibitors and sponsors for their generous support of the conference.



This year our **46 industry partners** hosted **six symposia sessions**, **seven innovation theatre sessions** and welcomed our delegates to visit them in what was a hugely successful exhibition.

Almost **75% of delegates** agreed that attending the exhibition at Rheumatology 2014 was a **valuable experience**, with the range of exhibitors and the quality of exhibition stands both rated 4 out of 5. Thank you to all of our exhibitors.

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We look forward to welcoming back all of our industry partners in 2015.

If you have any comments about the exhibition or suggestions for organisations you'd like to meet there in future, get in touch: lmcclenaghan@rheumatology.org.uk

Social media and engagement

 There were 1,365 tweets using #rheum2014 over the conference period.



App stats

This year we introduced our new conference app, which allowed delegates to enhance their conference experience. Features allowed users to personalise their calendars, browse exhibitor listings as well as network with fellow attendees. All in addition to viewing the full, most up-to-date, conference programme.

Rheumatology
2014

The app had a total of
1,081 users

There were just under **1000 views** of the exhibitors tab and almost **50 exhibitor handouts** downloaded via the app.

We're hoping to improve our app design and ability even further next year so if you have any ideas on how we can make it even better please email events@rheumatology.org.uk.

-  [@rheumatologyuk](#)
Congratulations to @NASSchiefexec @DrStephLing & @JamesBateman – our winning rheum-mates who will report live from #rheum2014 to you!
-  [@bsrbr_ra](#)
Incidence and severity of MI in subjects receiving anti-TNF for RA – data from BSRBR-RA presented at Jewels in the Crown session #rheum2014
-  [@medpagetoday](#)
Life expectancy among patients with RA has increased dramatically over the past 25 years. #rheum2014. [@rheumatologyUK](#) bit.ly/1q8kB4K
-  [@sara_medwriter](#)
Ultrasound could replace biopsy for temporal arteritis diagnosis tr.im/5gyqh from [@rheumnews1](#) #rheum2014
-  [@vascuk](#)
Just wanted to say how much we enjoyed #rheum2014 raising awareness of #vasculitis last week in #Liverpool #VAM2014 pic.twitter.com/FbzvOTGm5L



Keynote lectures



Chris Deighton and Richard Watts

Heberden Round

Prof Richard Watts gave an excellent clinical overview of vasculitis, going from cases seen by William Heberden himself, right up to the present day. Vasculitis occurs either in childhood or in the elderly. The classification and diagnosis of vasculitis remains a challenge, with the differential diagnosis being broad. Recognition of vasculitis has improved over the past two decades. This is especially true following the introduction of routine testing for the presence of anti-neutrophil cytoplasmic antibodies (ANCA). The treatment of all forms of vasculitis has progressed. Cytotoxic agents, especially cyclophosphamide, in combination with glucocorticoids, have resulted in improvement to convert

them from diseases with a very high mortality to chronic diseases requiring long term therapy. The modern treatment paradigm of remission induction, consolidation and maintenance therapy has been underpinned by a suite of multinational European clinical trials which have provided a solid evidence base for therapy. The introduction of B cell depletion is now based on scientific rationale rather than empiricism. Many patients now remain on therapy for many years and they and their carers require appropriate medical, education and social support. Richard illustrated all these points with highly informative patients from his own clinical practice.

Chris Deighton

Heberden Oration

Prof Deborah Symmons gave us a master-class in the epidemiology of rheumatoid arthritis (RA). Over the past 25 years the mortality and morbidity of RA have improved substantially with tremendous advances in our understanding of risk factors for the development of RA and a marked increase in the range and efficacy of treatments. Whether this translates into better long term outcomes can only be addressed in the context of longitudinal observational studies. Examples of such cohorts include the Norfolk Arthritis Register (NOAR) and the British Society for Rheumatology Biologics Register for RA (BSRBR-RA). Contemporary data from these cohorts has shown that mortality in patients with RA has improved in parallel with that of the general population, but the gap between the two persists. The excess risk of lymphoma also persists but is not increased by exposure to anti-TNF therapy. Successful anti-TNF therapy has already been associated with a reduced risk of myocardial infarction in the medium term. An early treatment strategy aimed at minimising disease activity is associated with improved function and fewer joint replacements. Yet there is still room for further improvement, including even better



Deborah Symmons

drugs and life style approaches such as decreasing the risk factors of smoking and obesity. In the future we will learn about the outcome of RA both from maintaining cohorts of RA patients assembled since the advent of biologics, and from linkage of electronic patient data collected systematically in a number of settings including primary and secondary care, and nationally. Deborah Symmons needs to take much credit for laying the foundations for this vision to be translated into reality.

Chris Deighton

Jewels in the Crown

The main theme of the BSR conference was the global burden of musculoskeletal disorders (MSDs). For the first Jewel we were honoured to have **Dame Carol Black** give a superb lecture on MSDs being a major cause of presenteeism, sickness absence and early exit from the workplace worldwide. Obesity and a desire to extend working lives add to the challenges posed to governments, employers, healthcare professionals and patients. The Michael Mason Prize was awarded to **Prof Elaine Dennison** who gave an excellent overview of the determinants of bone health among participants in the Hertfordshire Cohort Study. The Garrod Prize was awarded to **Dr Sandra Sacre** who spoke on targeting toll-like receptors in rheumatoid arthritis, with a true bench to bedside talk. There were three abstracts that were selected as being the highest scorers of all submissions. **Rebecca Stack** gave an excellent presentation on the considerable delays still being



experienced by RA patients getting their first rheumatology consultation, and gave some insights into what might underpin these delays, and how we might address them. **Audrey Low** shared some fascinating data from the BSR-BR showing that RA patients receiving anti-TNF therapy have a decreased risk of myocardial infarction, and speculated on why this might be the case. **Clare Thornton** described a novel mechanism for methotrexate in vasculoprotection in chronic systemic inflammation with intriguing evidence from in vitro work and in a mouse model. The general consensus was that the Jewels in the Crown was a superb and varied presentation of some of the best and thought-provoking work in our speciality.

Chris Deighton

91% say conference is a key date in their professional calendar

Droitwich lecture

The Droitwich lecture marks the highlight of the BHPR programme, incorporating the presentation of the prestigious Droitwich lecturer session and the BHPR award presentations, an opportunity for inspiring allied health professionals to share their work.

In 2014 the prestigious Droitwich prize was given to Prof Krysia Dziedzic, Arthritis Research UK Professor of Musculoskeletal Therapies, Keele University, Keele and NICE fellow. She presented her talk 'Remodelling Osteoarthritis Care: Maximising the Impact of Best Evidence' which was followed by the BHPR prizes and awards ceremony.



ARUK prizes



ARUK prizes



Chandrika Gordhan



Hayley McBain



Annette Bishop



Krysia Dziedzic

Annual general meeting

At 2014's AGM we bid farewell to Presidents Chris Deighton and Robert Field. In their place Simon Bowman joins us as the President of BSR and Michael Backhouse as the new BHPR President.

Thank you to all the outgoing officers, including Robert Moots and Frank McKenna. Congratulations to the following people: Elizabeth Price is the new Chair-elect of Heberden. Gavin Clunie is the new Chair-elect of ESP. Elaine Dennison is the new Chair-elect of the Biologics Registers steering committee.

Other committee changes:

BSR Honorary Treasurer – Colin Pease
Honorary Editor – Jaap Van Laar

New Regional Chairs:

East of England – Dr Chetan Mukhtyar
Mersey – Dr Rikki Abernethy
London South – Dr Patrick Gordon
West Midlands – Dr Kaushik Chaudhuri
Yorkshire and Humber – Dr Zunaid Karim
Northern Ireland – Dr Adrian Pendleton
London Central and North East – Dr Alan Hakim (co-opted)



Michael Backhouse, Robert Field, Chris Deighton and Simon Bowman.

30th anniversary dinner and Presidents' reception

Circo on the Albert Dock offered the perfect backdrop for a lively and exciting evening. In store for those that attended the 30th Anniversary dinner was a feast for the senses. Not only did guests enjoy the delights of Dr Phil Hammond's post-dinner talk, entertainment came from all angles in the form of aerial dancers, fire breathers and a magician.



Phil Hammond and Chris Deighton.



Should we continue to ignore rheumatic disease related fatigue?

Dr Neil Basu (University of Aberdeen) discussed the epidemiology of rheumatic fatigue. Fatigue is reported by the majority of rheumatology patients. It is a patient priority and a principal determinant of poor quality of life and work disability. However, fatigue is often not assessed by rheumatologists in their care of RA patients. Dr Basu suggested that a stratified approach is essential for fatigue management.

Prof Wan-Fai Ng (Newcastle University) discussed the potential biological mechanisms underpinning fatigue. There are many potential non-mutually exclusive biological mechanisms that contribute to fatigue such as the inflammatory process, neurotransmitter metabolism (e.g. serotonin, dopamine), circadian, rhythms, sleep disorders, anxiety and depression. The biological basis for fatigue is therefore not yet fully understood and needs further exploration in a large study cohort.



Prof Sarah Hewlett (University of the West of England, Bristol) discussed managing fatigue in rheumatic diseases. Fatigue has only been accepted relatively recently as a symptom and therefore has only started being reported as an outcome of clinical trials in recent years, and so there is a lack of conclusive evidence to support medication, physical exercise or psychological interventions. Prof Hewlett discussed the benefits of a cognitive behavioural approach to help patients alter their thoughts, feelings and behaviours to improve their fatigue.

Caroline Flurey and Kanta Kumar

Primary care oral abstracts

The primary care oral abstracts session on Tuesday was well-attended and vibrant with plenty of debate and discussion. All six presentations were of a very high standard.

Amongst the results presented were data showing that despite the Quality Outcomes Framework there is incomplete screening of rheumatoid arthritis patients for cardiovascular risk in primary care. The session also demonstrated that there is a high population prevalence of posterior heel pain and that risk factors are obesity and manual occupations, and that patients with symptoms of inflammatory arthritis and a negative rheumatoid factor test in primary care were significantly delayed in their referral from primary care.

Particular discussion was provoked by a paper on primary care consultations for osteoarthritis, in which the authors demonstrated dissonance between patients and GPs about their consultations when they were reviewed on video. GPs appeared reluctant to use the term 'osteoarthritis' and patients sometimes felt that their symptoms had not been validated or their requests for information ignored. The audience agreed that more research and education in this important area seems to be required.

Karen Walker-Bone



94% learnt new things at conference

Nurse-led care: set up issues and opportunities

The common theme running through this session was that nurse-led care can make a difference to the patients' experience

Patricia Cornell began the session by sharing her experiences of setting up nurse-led clinics, highlighting all of the practical issues that need to be taken into consideration. **Dr Jette Primdahl** followed by describing how nurse-led clinics to identify patients with cardiovascular risk factors were developed in Denmark. These included short training programmes which included motivational interviewing to

aid with lifestyle changes. Lastly, **Dr Mwidimi Ndos** reviewed the current research regarding nurse-led care where there is robust evidence supporting the positive effect rheumatology nurses can have on patient outcome including physical and psychological function, patient satisfaction as well as being clinically safe and effective.

The session provoked questions about current nurse-led services and whether these reflect the needs of the patients.

Sarah Ryan and Jill Firth



Ashan Ali Memon
Rheumatology Registrar, Diana Princess of Wales Hospital

"The conference provides a base to improve my skills in the field of rheumatology. It will help both our patients and the NHS."

Deborah Symmons
Arthritis Research UK Centre for Epidemiology at the University of Manchester

"Rheumatology provides the opportunity to learn the latest advances in research and treatments."



Time to get moving on increasing physical activity in adults with osteoarthritis

This session offered an opportunity for delegates to better understand the importance of increasing physical activity in middle-aged and older adults with osteoarthritis.

To start **Mike Hurley** looked at the social, cultural, and environmental factors that encourage or discourage those with osteoarthritis to exercise. He highlighted the need to take a systems approach to increase physical activity and give practical steps to help improve uptake and adherence to physical activity in osteoarthritis patients. **John McBeth** followed, giving a presentation focused on the evidence behind behavioural interventions to increase walking. He outlined key features identified in the development of brief, simple and

inexpensive interventions to increase walking in older populations with chronic pain. To conclude **Nicola Walsh** described community based strategies to facilitate and support long-term exercise engagement in osteoarthritis. Here she introduced a revised therapeutic exercise model and proposed adopting an integrated approach between healthcare and leisure sectors for osteoarthritis management.

This session provided compelling evidence that more must be done at both a clinical and community level to promote physical activity and exercise for management of osteoarthritis.

Kathryn Martin and Terry O'Neil

Osteoporosis special interest group

This session involved a lively debate on atypical femoral fractures and their relationship with bisphosphonates, with the majority accepting that there is an association.

During the session, one of the speakers suggested a possible epidemic of such fractures in the future due to their wide use in preventing steroid osteoporosis where the duration of treatment may be prolonged in those who need chronic steroids.

Eugene McCloskey was able to update the audience about new aspects to FRAX which was followed by a large number of questions from the audience.

Ashok Bhalla

British Rheumatologists in Training (BRiTs) stream

Rheumatology 2014 witnessed another successful and well-attended round of BRiTs sessions, with experts in the field leading on topics pre-selected by trainees following a survey undertaken after last year's conference.

In the first BRiTs session ("vasculitis – meet the experts"), **Max Yates**, one of our trainees, began with the presentation of a complex case of giant cell arteritis. Following this, an energetic discussion with audience participation was led by our two invited experts, **Prof Raashid Luqmani** and **Prof David Jayne**, who then went on to deliver enlightening presentations covering further challenging vasculitis cases. In an interactive question-answer session, key areas were covered including the diagnosis and management of ANCA positive vasculitis, an introduction to the new BSR guidelines and the role of biologic treatments such as Rituximab.

Hafiz Hassan

Rheumatology trainee

"As a rheumatology trainee the conference is very essential, covering all of rheumatology and the newest findings. There's a chance to hear from and meet experts in the field and network."

Victoria Flower

Registrar at RNHRD Bath

"The conference is helpful for training in terms of the new research presented and the opportunities to present posters."



The second BRiTs session focused on "systemic sclerosis" (SS) and our two distinguished speakers were **Prof Arianne Herrick** and **Prof Chris Denton** who presented a series of interesting and complex SS cases. SCE-style questions were used throughout the session engaging the audience and covering areas such as severe diffuse SS with progression despite maximal immunosuppression; pulmonary hypertension and myositis in the context of SS. Emphasis was placed on the need for vigilant follow-up in high risk SS patients including those with pulmonary hypertension.

The final BRiTs session of the day ("adding value") included three excellent presentations delivered by **Dr Stuart Kyle**, **Dr Gavin Clunie** and **Dr Andrew Ostor**, who shared their

experiences and own perspectives from working in busy district or university hospitals. The speakers covered how to chase good clinical, research and teaching opportunities (both in district general and teaching hospitals) highlighting the importance of being proactive early on in our training and how to successfully use "out of programme" time and research opportunities.

The popularity of all three sessions was clear, judging by the number of colleagues in the audience, both senior and junior. We hope to provide the same quality programme next year, once again guided by our trainees' needs.

For more information or suggestions, please contact me on elenanikiphorou@doctors.org

Dr Elena Nikiphorou

Adolescent and young adult rheumatology update

This was an exciting, diverse and interesting session that provided elegant and thought-provoking synopses of the recognition and treatment of dermatological manifestations of childhood and adolescent diseases, the pathophysiology and management of adolescent onset spondyloarthropathies and the pathophysiology and treatment of childhood onset osteoporosis.

During the session **Dr Cameron Kennedy** gave a very elegant synopsis of dermatological manifestations of childhood and adolescent onset rheumatological diseases. **Dr Rachel Tattersall** followed, giving an overview of the pathogenesis and treatment of

adolescent-onset spondyloarthropathies and enthesitis related arthritis. She used patient videos to provide an intriguing insight into the way that these conditions may present. To finish, **Dr Paul Arundel** described the pathophysiology and management of childhood onset osteoporosis as young people enter adolescent and young adult life, also highlighting the genetic-phenotypic variants of childhood onset osteoporosis.

The session was very well attended and triggered noteworthy questions.

Dr Liza J McCann

Adolescent and young adult special interest group

This session aimed to promote high quality, young person friendly health services, and engage and inform stakeholders across paediatric, adolescent, and adult groups. Within the session the speakers explained the You're Welcome criteria and the challenges of ensuring continuous, high quality health care is available for adolescents and young adults, whilst exploring long-term health outcomes in young people with juvenile idiopathic arthritis.

Within the session **Dr Rachel Tattersall** spoke eloquently about the challenges she and her team have encountered, planning, funding and developing their adolescent and young adult clinical service. This was followed by **Helen Hanson** speaking about her experiences involving adolescents and young adults in clinical research. She described many challenges but presented very pragmatic solutions. Finally, **Dr Elizabeth Coulson** outlined current knowledge about

cardiovascular risk in inflammatory disease and in adults with juvenile idiopathic arthritis, also discussing her own research findings to date.

There was a lot of lively discussion afterwards and very positive verbal feedback about how useful this talk was to paediatric and adult clinicians. The session was really well attended and very interactive. All feedback has been extremely positive.

Dr Flora McErlane, Dr Alison Jordan

97% would recommend the conference to a colleague

Advances in innate immunity and rheumatology

This session examined emerging discoveries in the field of innate immunology, focusing on how these data contribute to improving our understanding of the pathogenesis of rheumatoid arthritis (RA).

Mariola Kurowska-Stolarska (University of Glasgow) discussed how epigenetic regulation of cytokine expression goes awry in RA. MicroRNA (miR) profiling of myeloid cells from serum and synovial fluid revealed subsets of miRs that are up- and down-regulated in RA patients compared to healthy controls. Interrogation of their target genes demonstrated how different miRs exhibit a specific role in driving inflammation; prolonging cytokine synthesis by releasing inhibition of TLR signaling, enabling enhanced inflammasome activity or regulating SOCS activity, as well as conferring resistance to or protection from experimentally induced arthritis in vivo. The potential utility of these miRs as a means to stratify and treat RA patients was discussed.

Mohini Gray (University of Edinburgh) discussed the identification of an unusual subset of B cells that function as natural suppressors of innate inflammation, alongside their more traditional role in adaptive immunity.



These cells confer protection in murine models of arthritis and multiple sclerosis due to their ability to produce IL-10. They can be stimulated to do this in a TLR9 dependent manner in response to DNA presented on the exterior of apoptotic cells. The presence of regulatory B cells in humans was also discussed, with lower numbers observed in RA patients. The consequences of the loss of these anti-inflammatory cells in driving disease progression and the implications for patients on B cell depletion therapy was discussed.

Kathy Triantafilou (Cardiff Institute of Infection and Immunity) discussed how different families of immune sensors work cooperatively to drive innate immunity. Data from FRET studies showed that TLRs, Fc receptors and complement receptors form complexes in specific microdomains of myeloid cell and RA synovial fibroblast membranes upon activation. Blockade of each receptor type inhibited cytokine synthesis in response to stimulation with ligands for individual receptors, with TLR4 emerging as a centrally critical player in the response not only to bacterial ligands but also to complement and immune complexes. The value of targeting chronic inflammation in RA upstream of cytokines and the potential benefit of considering distinct groups of receptors collectively was discussed.

Kim Midwood

What is new in spondyloarthritis pathogenesis and treatment?

We heard from **Paul Bowness** that type 17 immune responses play a central role in the pathogenesis of spondyloarthropathy. Th17 cells are increased in the peripheral circulation along with increased levels of IL-17 and IL-23. Genetic polymorphisms such as with the p40 subunit of IL12/23 are associated with spondyloarthropathy although the functional relevance is not as yet known. Intracellular stress and the unfolded protein response may be coupled to IL-23 release. IL-23 receptor positive cells can be located at the site of lesions and IL-23 seems an attractive target for therapy.

Philip Helliwell highlighted the paucity of evidence for the effectiveness of

traditional disease modifying agents in psoriatic arthritis, although methotrexate may prolong the efficacy of TNF inhibitors. A treat to target approach for PsA has been advocated and minimal disease activity has been defined and may be achievable. Newer composite measures of disease activity such as PASDAS, GRACE and CPDAI are available. Preliminary results from the first treat to target RCT for spondyloarthropathy (TICOPA) look promising.

TNF inhibition is effective for both ankylosing spondylitis and **Joachim Sieper** demonstrated the same may apply for non-radiographic axial spondyloarthritis. Results for

abatacept, tocilizumab and anakinra are not that convincing. Ritiximab needs further evaluation. IL-17 positive cells are found in subchondral bone marrow and are innate immune cells rather than T cell in origin. Secukinumab that targets IL-17A has been shown to be effective in a phase 2 study and findings from later phase studies are awaited. IL-23 is also expressed on innate immune cells from the bone marrow of AS patients. A small study of ustekinumab reported that an ASAS40 was achieved by 65% of patients, improvement in MRI sacroiliac osteitis score and reduction of NSAID use.

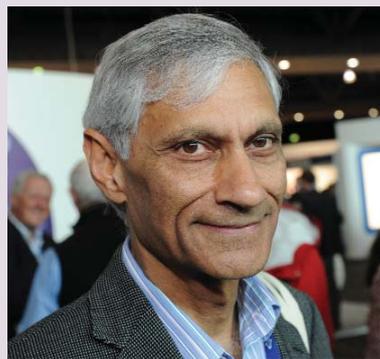
Professor Neil McHugh



Ruth Squire

Lecturer occupational therapy,
Cardiff University

“As always a hugely professional and inspiring conference, which reinvigorates my love of rheumatology. The conference gives me an opportunity to keep links with clinical rheumatology – as an academic; it’s really good to link up with clinicians. I’ve been really amazed at the standard of posters, it’s very encouraging to see the quality of research.”



Ashok Bhalla

Consultant Rheumatologist, Royal
National Hospital for Rheumatic
Diseases

“This is an excellent venue for conferences. It’s great to get updates and talk to colleagues.”

ARMA: musculoskeletal clinical networks one year on

Federico Moscogiuri (CEO, ARMA) detailed the developments of the musculoskeletal clinical network project one year on. Good evidence of ‘what good looks like’ has been captured, which will be utilised in the development of the network.

Peter Kay (National Clinical Director, Musculoskeletal Conditions) highlighted the importance of a musculoskeletal clinical network; specifically relating to findings from the global burden of disease report. The importance of these networks being centrally funded to reduce this growing burden was discussed, along with the role of allied health professionals working alongside GPs and CCGs to ensure an integrated multi-disciplinary decision-making approach within the system.

The presentations were followed by a wide-ranging interactive panel discussion.

Panel included: **Dr Ian Bernstein** (MSK Physician and GP trainer, Ealing), **Debbie Cook** (CEO, National Ankylosing Spondylitis Society), **Chris Deighton** (Former President of BSR) and **Peter Kay** (National Clinical Director, Musculoskeletal Conditions).

Chloe Kastoryano

Poster tours

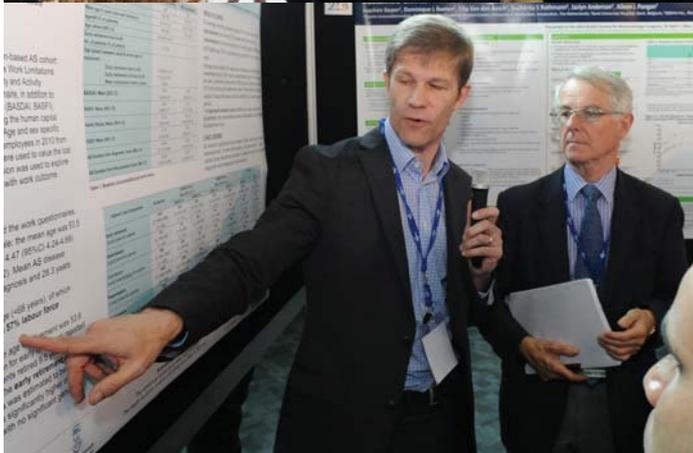
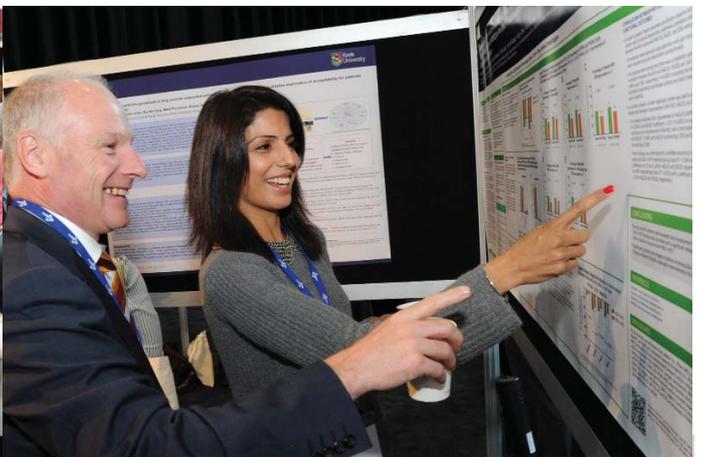
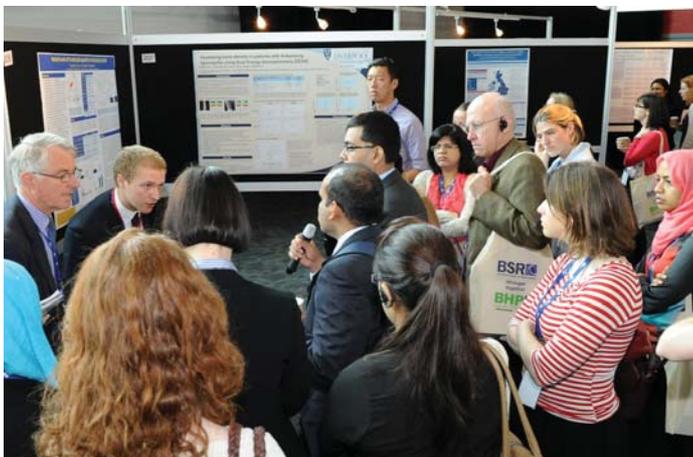
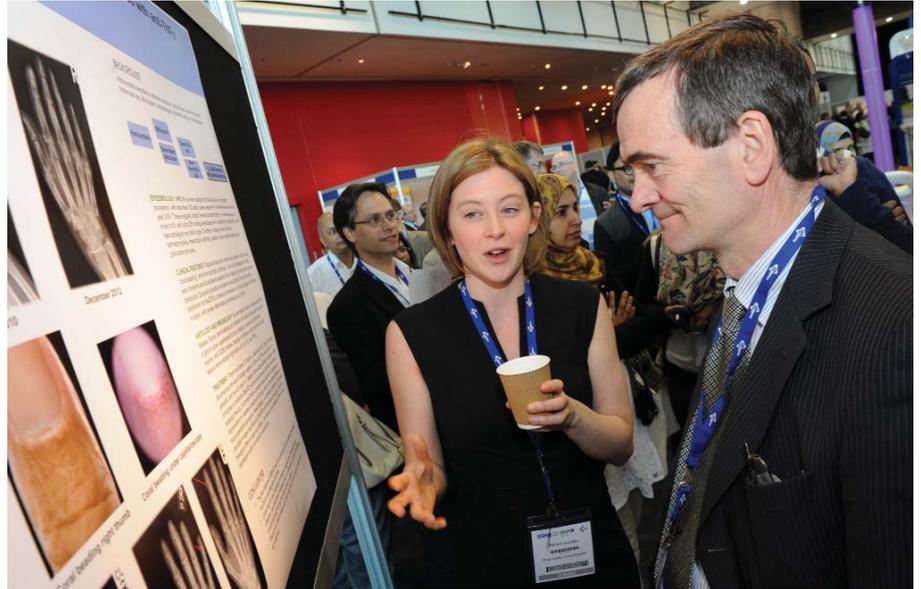


Andrew Potheary
Pharmacist, Royal Cornwall
Hospitals Trust

“Presenting a poster helped me as I’m looking to start a PhD and get funding. Presenting my work as a poster shows that it is of a high standard. The process to submit my work wasn’t as hard as I thought it would be.”

The posters are an invaluable part of the conference and with over **340 posters** accepted to this year’s conference we weren’t surprised that the viewing sessions and tours remain one of the main highlights for many.

2014 featured **9 poster tours**, led by experts, allowing the opportunity for delegates to have informal discussions directly with the presenters. This format provides an intimate forum for exchange while disseminating cutting-edge research and always proves hugely popular.



Interactive clinical reasoning around inflammatory back pain

This interactive BHPR session was delivered to a select enthusiastic audience and was designed to challenge an audience with limited experience in identifying and recognising different types of back pain in order to improve day-to-day clinical practice.

The session began with **Dr Karl Gaffney** describing inflammatory back pain and providing the audience with simple diagnostic criteria and referral pathways into secondary care. **Claire Harris** and **Claire Jeffries** then facilitated interactive sessions and discussions with the expert panel, presenting two interactive scenarios based on case studies of young people with back pain. The session used interactive keypads. Lastly, **Dr Jane Martindale** shared recent research into the effects of diagnostic delay on



patients with axial spondyloarthritis and ankylosing spondylitis, describing the “fright”, “frustration” and “mental anguish” of patients prior to diagnosis and their “relief” once diagnosis was achieved as they had felt “not believed” or “invisible” during this time. The work of the National Ankylosing Spondylitis Society was also referenced during the session.

Sue Gurden

Unusual infections in musculoskeletal diseases

This was the first of the three Tropical Rheumatology sessions. **Professor Mohammed Tikly**, consultant rheumatologist at the University of Witwatersrand in Johannesburg concentrated his talk on the different presentations of tuberculosis and based this on his vast and direct clinical experience. Concern over multi-drug resistance was raised, which, in part, is related to conditions where the regulation and compliance of drug treatment is difficult: such as in prisons.

Professor Neil French, clinical scientist and infectious disease physician from the Institute of Infectious Diseases, University of Liverpool, gave an eloquent overview of the streptococcus. He categorised the bacterium into two main groups. The group B streptococcus (GBS) can be found as part of the normal colonisation of the intestinal tract and vagina but may cause infections in the neonate during delivery. The group A beta-haemolytic streptococcus (GAS) can cause non-invasive infections, such as impetigo, but also invasive infections such as rheumatic fever, reactive or septic arthritis and necrotizing fasciitis. Rheumatic fever is a result of an M protein on the bacteria's coat which generates antibodies, which in turn, cross react with auto-antigens in the interstitium of the endocardium or synovium.

Professor Diana Lockwood, infectious disease physician at the London School of Hygiene and Tropical Medicine and a

world class leprologist began her talk by describing the 2 main extremes of clinical presentation of leprosy (tuberculoid or TT) and lepromatous (LL) with borderline presentations which span across the two (BT and BL). A rheumatologist in the UK is most likely ‘to come across’ and diagnose leprosy by its neurological manifestations: mononeuritis multiplex accompanied by a hypo-anaesthetic hypopigmented patch of skin. The arthritic presentation is normally related to a type I reaction following treatment and can range from an acute, sub-acute or recurrent polyarthritis. It might be accompanied by erythema nodosum, iritis or chronic nerve damage. Interestingly, false positive rheumatoid factor and ANCA antibodies can occur in leprosy. Trials using drugs such as methotrexate are in the pipeline. Thalidomide and cyclosporin have been used in type 1 and type 2 reactions. The post-leprosy neuralgia is treated with prednisolone and gabapentin. Interestingly, gap year students or those carrying out medical voluntary work for short stretches are not at risk of developing leprosy. Living for years in endemic areas is a risk factor however and therefore this diagnosis should be considered in people particularly from India, Indonesia, Sri Lanka, Brazil, Nigeria and the Philippines.

Elaine Smith

National Clinical Audit of Rheumatoid & Early Inflammatory Arthritis (NCA/EIA)

The need to more effectively manage the treatment of patients with early inflammatory arthritis (EIA) and rheumatoid arthritis is of key importance in the long term management of a disease that effects over a 100,000 people in England (NAO, 2009; RCP, 2011).

Increased participation and clinical buy-in for the audit will ensure a deeper knowledge of the prevalence and effective management of the second most common form of arthritis in the UK, and the most common inflammatory joint disorder.

BSR and IT partners Northgate public services launched the audit on 1 February 2014 in Rheumatology Services in NHS England and Wales.

The web-based audit tool became available from 1 April and our partners Northgate Public Services report that over 900 BSR 'registered users' of a potential 1,000, were assisted to re-activate accounts to access to new web-based audit tool.

One of the key objectives for the audit is achieving maximum participation for the audit – through an all engaging communication and dissemination programme - based on BSR regional chairs (14), in their roles as field directors for England and Wales.

Based on the total NHS Trusts in England and Wales eligible to participate in the audit – BSR have to date achieved 99% compliance.



Standards Audit and Guidelines Working Group

Chaired by Dr Jo Ledingham, the group hosted a SAGWG open forum. As part of this forum, a panel comprising Dr Neil Snowden, Dr Jo Ledingham, Catherine Burns, Caroline Junor and N. Kandala (MRC/University of Southampton, providing data analysis) outlined the work of the audit.

The forum was very well attended by BSR delegates and provided important early feedback on the audit processes and level of interest across England and Wales. Delegates were encouraged that so much progress had been made at this early stage and acknowledged that resource issues were impacting on how the audit was supported in different trusts across the country. There was great interest in the forthcoming data analysis and delegates welcomed the opportunity to measure outcomes and best practice in the management of early inflammatory arthritis.

At the BHSR Members' meeting Dr Neil Snowden also provided a briefing about the audit.

Catherine Burns



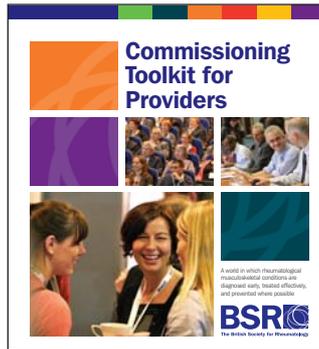
Now **registering RA** patients prescribed: *Certolizumab Pegol*, *Tocilizumab* and *Control Cohort*

Further details - <http://bit.ly/Q1q9N1>

For more information on the BSR Registers please contact BSRB bsbr@rheumatology.org.uk

Commissioning: what we are doing to help

To help members talk to commissioners, we created a 'commissioning toolkit' which summarises the changes to the NHS introduced by the Health and Social Care Act, and has tools to help healthcare professionals to develop new skills, support the move towards integrated services, and support CCGs. Each hospital in England has a hard copy, and members can download the pdf free from www.rheumatology.org/commissioning-support/. If you would like to receive a copy of the Commissioning toolkit then please contact Emily Head, Press and Marketing Officer ehhead@rheumatology.org.uk or call +44 (0)20 7842 0947.



E learning: gain rheumatology CPD where and when it suits you

We have teamed up with the Royal Society of Medicine to create www.rheumatologylearning.com, an e-learning website that offers peer-reviewed video lectures and interactive learning modules on a range of topics in rheumatology. Health professionals can gain CPD credits for revalidation at times and in places to suit their busy lives.

All pilot lectures and modules are free to view for BSR/RSM members and for non-members who register on www.rheumatologylearning.com. BSR/RSM members pay £12 per CPD credit, non-members £25.

The lectures are accompanied by simultaneous slide presentations, and the interactive modules include helpful figures, tables, and images as well as questionnaires. We will continue to add new modules and lectures and develop the website - please do give us your feedback.

Simple Tasks

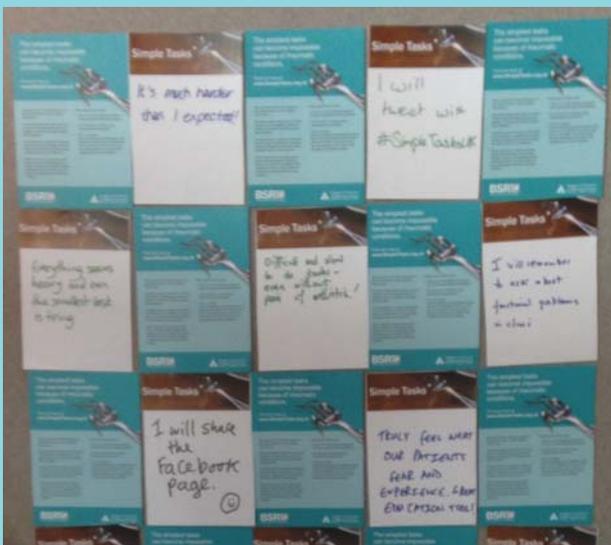
www.simpletasks.org.uk

Objectives of the campaign

The *Simple Tasks* campaign launched on 3 October 2013 aiming to raise the profile of rheumatology in the UK by targeting policymakers, healthcare professionals, and the general public.

Simple Tasks aims to:

- Raise the profile of rheumatology (scale and impact in the UK)
- Increase understanding of the work of rheumatologists and allied health professionals
- Emphasise the 'window of opportunity' for preventing pain and disability



Highlights at conference included our *Simple Tasks* campaign at the BSR-BHPR stand. Here the team gave delegates an opportunity to experience arthritis first-hand using gloves that mimic the condition. Delegates pledged to support the campaign by liking and sharing the Facebook page and following @RheumatologyUK on twitter and using #SimpleTasksUK. Using their message board the team received thirty pledges for their campaign board.

Other BSR events

British Society for Rheumatology

Case-based discussion with world experts

Autumn Conference 2014

27 – 28 November 2014 | Hilton Brighton Metropole

This international conference brings together world experts, consultants and next generation rheumatologists to share clinical best practice. The unique programme concept takes four topics and explores each one in depth with a mix of expert presentations, complex case presentations and audience participation.

This year's four topics are:

- **Psoriatic arthritis**
convened by **Prof Douglas Veale, Ireland**
- **Rheumatoid arthritis**
convened by **Prof Iain McInnes, Glasgow**
- **Vasculitis**
convened by **Prof Raashid Luqmani, Oxford**
- **Crystal arthritis**
convened by **Prof Michael Doherty, Nottingham**



**Book online before 1 August 2014
to guarantee your early bird rate**

Registration is now open but places are strictly limited. Last year's conference sold out, so book now to ensure you don't miss out.

Visit the website to submit your cases and register for the conference:

www.autumn-conf.org.uk

See you next year

Rheumatology 2015

28-30 April | Manchester, UK

Abstract deadline
Friday 7 November 2014

www.rheumatology2015.org.uk

Why not attend a BSR/BHPR education course this year?

Basic Ultrasound

26-27 September 2014, York
Convened by Dr Andrew Brown
and Dr Zunaid Karim

Gout

2 October 2014, Keele
Convened by Dr Edward Roddy
and Prof Christian Mallen

Foot and Ankle

9-10 October 2014, Leeds
Convened by Ms Lorraine Loughrey

Allied Health Professionals:

core skills in rheumatoid arthritis
5-6 November 2014, Keele
Convened by Dr Sarah Ryan

Developing Skills in Ultrasound

8-9 November 2014, Nottingham
Convened Dr Ian Gaywood

For more information and to book your place please visit
www.rheumatology.org.uk or email Lucy Witcomb for more details
lwitcomb@rheumatology.org.uk



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