

Rheumatology: introduction to the series

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Doctor, what can be done about my arthritis?" Many patients are surprised to learn that there are more than 100 types of arthritis. The primary care provider is not surprised, however; as many as 10% of patients present with musculoskeletal complaints. In fact, the 1990 Ontario Health Survey found that musculoskeletal disorders were the most common reason for consulting a health care professional.¹ Almost half of those 65 years of age and older have symptomatic disease, and a quarter of these people are disabled;² 3 women report disabling musculoskeletal disease for every 2 men.²

Despite the frequency of musculoskeletal complaints, many physicians received little or no instruction on arthritis, back disease or osteoporosis in medical school. Cranton and Matheson³ reported that, in Canada, only 3% of preclinical curriculum is devoted to musculoskeletal disease, and only 12% of medical schools have mandatory training in musculoskeletal medicine in the clinical years of undergraduate study. When the topic is taught, misconceptions often abound; for example, we may have been taught that arthritis affects the elderly, but half of those who develop arthritis do so before their mid-50s. Not surprisingly, many primary care physicians are poorly equipped to manage patients with musculoskeletal disease.^{4,5} Moreover, rheumatology has changed dramatically over the last decade and continues to progress at an ever-accelerating pace. What was once dogma (e.g., delay treating rheumatoid arthritis with second-line drugs) now borders on malpractice.

Recognizing that a practical update for the primary care practitioner would be of benefit, John Hoey, the editor-in-chief of *CMAJ*, requested a series of articles on the diagnosis and management of patients with rheumatic complaints be developed. Members of the Division of Rheumatology at the University of British Columbia identified 6 primary care physicians as expert clinicians in the field (3 from the Vancouver area and 3 from surrounding rural areas); each was asked to suggest topics they would be most interested in reading about. These topics then became the basis for the series of articles that will appear in upcoming issues of the journal. The first of the series will cover the basics of the general workup; they will be followed by a number of papers examining treatment issues, including total joint arthroplasty, and then by several articles that will focus on problems very familiar to general and family physicians — the patient with pain all over,

neck pain, back pain or knee pain. The series will conclude with 2 special articles: 1 on osteoporosis and the other on arthritis in children.

The authors, selected for their expertise as clinicians, were asked to tell it like it really is; the Therapeutics Committee (Cochairs Janet Pope and Barry Koehler) of the Canadian Rheumatology Association assisted with the expert review. We welcome your comments as the series progresses.

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This series has been reviewed and endorsed by the Canadian Rheumatology Association.

The Arthritis Society salutes CMAJ for their extensive series of articles on arthritis. The society believes that this kind of information is crucial to educating physicians about this devastating disease.

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