

A brief of the  
**RHEUMATOID  
ARTHRITIS**  
situation in Colombia

2024



Fondo Colombiano de  
Enfermedades de Alto Costo

# **A brief of the rheumatoid arthritis situation in Colombia 2024**



**Cuenta de Alto Costo**

Fondo Colombiano de Enfermedades de Alto Costo

## **A brief of the rheumatoid arthritis situation in Colombia 2024**

Fondo Colombiano de Enfermedades de Alto Costo  
Cuenta de Alto Costo (CAC)

Annual periodicity

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The full textbook in Spanish of the situation of the rheumatoid arthritis situation  
in Colombia 2024 is available [at this link](#).

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### Change Tracking Table

Title of the publication	Version	Date	Description
A brief of the rheumatoid arthritis situation in Colombia 2024	1.0	July 4 <sup>th</sup> 2025	

1.

Characterization of  
individuals with  
**rheumatoid arthritis**  
**incident**



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# 1.

## INFOGRAPHIC SUMMARY

| Chapter at a glance |

Characterization of individuals with rheumatoid arthritis incidents

Period: July 1<sup>st</sup>, 2023, to June 30<sup>th</sup>, 2024.



**5,495** new cases of RA were reported,

representing a 11.30% decrease compared to the previous period.

The average of incident cases of RA was **50 years** — (IQR: 44 - 65).



79.62% of the incident cases were women (n= 4,375). Notably, 30.70% of new RA cases occurred in women under 50 years of age.



The Central region recorded the highest proportion of incident cases (30.41%), followed by the Pacific region with 20.95%.



The third-payer insurance had the highest frequency of incident cases (65.71%), followed by the state insurance (32.99%).



63.20% of cases were diagnosed during the established phase of RA.



The most frequent comorbidities at the time of diagnosis were cardiovascular disease (24.44%), followed by hypertension (23.60%), diabetes mellitus (7.93%), and osteoporosis (5.75%).

Among the incident, elevated **ESR and CRP** values were observed in **19.87%** cases.

RA: Rheumatoid arthritis.

CRP: C-reactive protein.

IQR: Interquartile range.

ESR: Erythrocyte sedimentation rate.

RF: Rheumatoid factor.

Anti-CCP: Anti-Cyclic citrullinated peptide antibodies.



2.

Characterization of  
**prevalent  
individuals** with  
rheumatoid arthritis



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## 2.

# INFOGRAPHIC SUMMARY

| Chapter at a glance |

Characterization of prevalent individuals with rheumatoid arthritis

Period: July 1<sup>st</sup>, 2023, to June 30<sup>th</sup>, 2024.



During the analyzed period, **148,847** prevalent cases of RA

were identified, reflecting a 6.66% increase compared to the previous period (n= 139,559).

A marked

# female predominance

persists in the sex distribution, with a female to male ratio of 5.16 to 1.



22.45% of prevalent cases occurred in individuals under 50 years of age, while 77.55% were 50 years or older.



The highest concentration of prevalent RA cases was recorded in the Central region (n= 41,992) and in Bogotá, D. C. (n= 36,370).



The third-payer insurance had the highest proportion of cases (69.79%), followed by the state insurance (36.77%).



The median disease duration among prevalent cases was 7 years (IQR: 4 - 13).



The most common comorbidities were HTN (30.95%), osteoporosis (26.91%), cardiovascular disease (26.55%), diabetes mellitus (10.80%), and Sjögren's syndrome (10.22%).

# 25.71%

of prevalent cases were classified as overweight, while 11.54% had some degree of obesity.

RA: Rheumatoid arthritis.  
HTN: Hypertension.  
IQR: Interquartile range.



3.

**Morbidity and  
mortality** of  
individuals with  
rheumatoid arthritis



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# 3.

## INFOGRAPHIC SUMMARY

| Chapter at a glance |

Morbidity and mortality of individuals with rheumatoid arthritis

Period: July 1<sup>st</sup>, 2023, to June 30<sup>th</sup>, 2024.



The national incidence of RA was

**14.27** per 100,000 inhabitants,

showing a decrease of 2.06 cases per 100,000 inhabitants compared to the previous period.

The Pacific (17.69), Central (16.55), and Bogotá, D. C. (15.16) regions reported higher

**incidence,**  
all surpassing the national average.



The standardized incidence in women (20.64 per 100,000 inhabitants) was higher than the incidence in men (5.93 per 100,000 inhabitants).



The departments of Nariño, Antioquia, Bogotá, D. C. and Valle del Cauca exhibited a higher standardized incidence.



The age-standardized national prevalence was 0.36 per 100 inhabitants.



The special regime recorded the highest age-adjusted prevalence of RA (0.96 per 100 inhabitants), followed by third-payer insurance (0.43 per 100 inhabitants) and the exception regime (0.35 per 100 inhabitants).

The number of reported deaths

**increased**  
**by 18.87% (n= 2,747)**

compared to the previous period (n= 2,311).

RA: Rheumatoid arthritis.

4.

## Management of rheumatoid arthritis



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# 4.

## INFOGRAPHIC SUMMARY

| Chapter at a glance |

Management of rheumatoid arthritis

Period: July 1<sup>st</sup>, 2023, to June 30<sup>th</sup>, 2024.



**76.32%** of people with RA received care from

general medicine, family medicine, rheumatology, internal medicine, orthopedics, or physical therapy.

The state insurance maintained a higher proportion of cases under **rheumatology follow-up (61.49%)** —

compared to the third-payer insurance (58.90%).



Based on DAS-28 results, 43.40% of incident cases achieved remission, while 40.71% of prevalent cases reached remission, reflecting a 5.94% increase compared to the previous period.



Monitoring disease activity by affiliation regime reveals that the contributory regime has the highest proportion of cases in remission (44.65%), while the subsidized regime reports the largest percentage of individuals with low disease activity (10.80%).



According to the HAQ measurement, 46.61% of incident cases and 32.20% of prevalent cases had normal functional status.



8.99% presented some degree of bone erosion at the time of diagnosis.

**6.29%** — (n= 9,362)

of prevalent cases have required at least one joint replacement after the diagnosis of RA.

RA: Rheumatoid arthritis.  
HAQ: Health Assessment Questionnaire.  
DAS-28: Disease Activity Score 28.



5.

**Pharmacological  
treatment** in people  
with rheumatoid  
arthritis

# 5.

## INFOGRAPHIC SUMMARY

| Chapter at a glance |

Pharmacological treatment in people with RA

Period: July 1<sup>st</sup>, 2023, to June 30<sup>th</sup>, 2024.



In incident cases, the most used non-DMARDs were

corticosteroids, at 65.48% (n= 3,598), followed by non-opioid analgesics, at 18.54% (n= 1,019).

**corticosteroids,**

The coverage of DMARDs at the cut-off date for the incident population (n= 5,495) was

**97.19%**

(n= 5,341),

while in the prevalent population (n= 148,847), it reached 72.40% (n= 107,768).



The most prescribed sDMARDs for new cases remains methotrexate, with the percentage of patients starting treatment with this drug increasing from 73.53% to 74.98%.



In incident cases, 2.07% (n= 114) were treated with biological DMARDs, with the most frequently used at the cut-off date being rituximab (30.68%), adalimumab (23.86%), and certolizumab (11.36%).



Methotrexate and leflunomide were the most commonly utilized sDMARD among the prevalent population, with usage rates of 54.02% (n= 80,408) and 38.64% (n= 57,520), respectively.

The prevalent population treated with **bDMARDs** increased by **9.22 percentage points** compared to the previous period. The most used medications were rituximab (4.56%), abatacept (4.02%), and etanercept (3.22%).

RA: Rheumatoid arthritis.

DMARDs: Disease-modifying antirheumatic drugs.  
bDMARDs: Biological disease-modifying antirheumatic drugs.

sDMARDs: Synthetic disease-modifying antirheumatic drugs.

6.

## Risk management indicators



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# 6.

## INFOGRAPHIC SUMMARY

| Chapter at a glance |

### Risk management indicators

Period: July 1<sup>st</sup>, 2023, to June 30<sup>th</sup>, 2024.



The exception regime showed high compliance in the indicator for time to sDMARDs treatment, with an average of **19.75 weeks.**

At the national level, indicators related to timeliness in care, diagnosis, and access to

# sDMARDs

treatment continue to show low levels of compliance.



Bogotá, D. C. continues to stand out as the region with the best performance in timeliness indicators, with response times below the national average.



The third-payer insurance has maintained strong performance in the testing of Anti-CCP and RF, currently reaching 81.04%.



In incident cases, TB screening prior to the initiation of bDMARDs showed significant improvement compared to the previous period, increasing from 27.52% to 66.67%, moving closer to the 90% target.



The third-payer insurance achieved the best performance in the indicator for occupational and physical therapies, in both incident and prevalent cases.



The concurrent use of methotrexate and folic acid continues to exceed the target (> 90%), with compliance at 94.44% in incident cases and 95.67% in prevalent cases.



In incident cases, sDMARDs coverage reached a satisfactory level, with 92.85% compliance.



In prevalent cases, the completion rates for DAS-28 and HAQ assessments demonstrated a modest increase compared to the previous period, rising by 0.6% and 2.5%, respectively.



During this period, the indicator for disease remission in incident cases recorded its highest value, at 67.61%, maintaining high performance.

**sDMARDs:** Synthetic disease-modifying antirheumatic drugs.

**bDMARDs:** Biological disease-modifying antirheumatic drugs.

**DAS-28:** Disease Activity Score 28.

**HAQ:** Health Assessment Questionnaire.

**Anti-CCP:** Anti-cyclic citrullinated peptide antibodies.

**RF:** Rheumatoid factor.



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