

A brief of the

RHEUMATOID ARTHRITIS

situation in Colombia **2023**



Fondo Colombiano de
Enfermedades de Alto Costo

A brief of the rheumatoid arthritis situation in Colombia 2023



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

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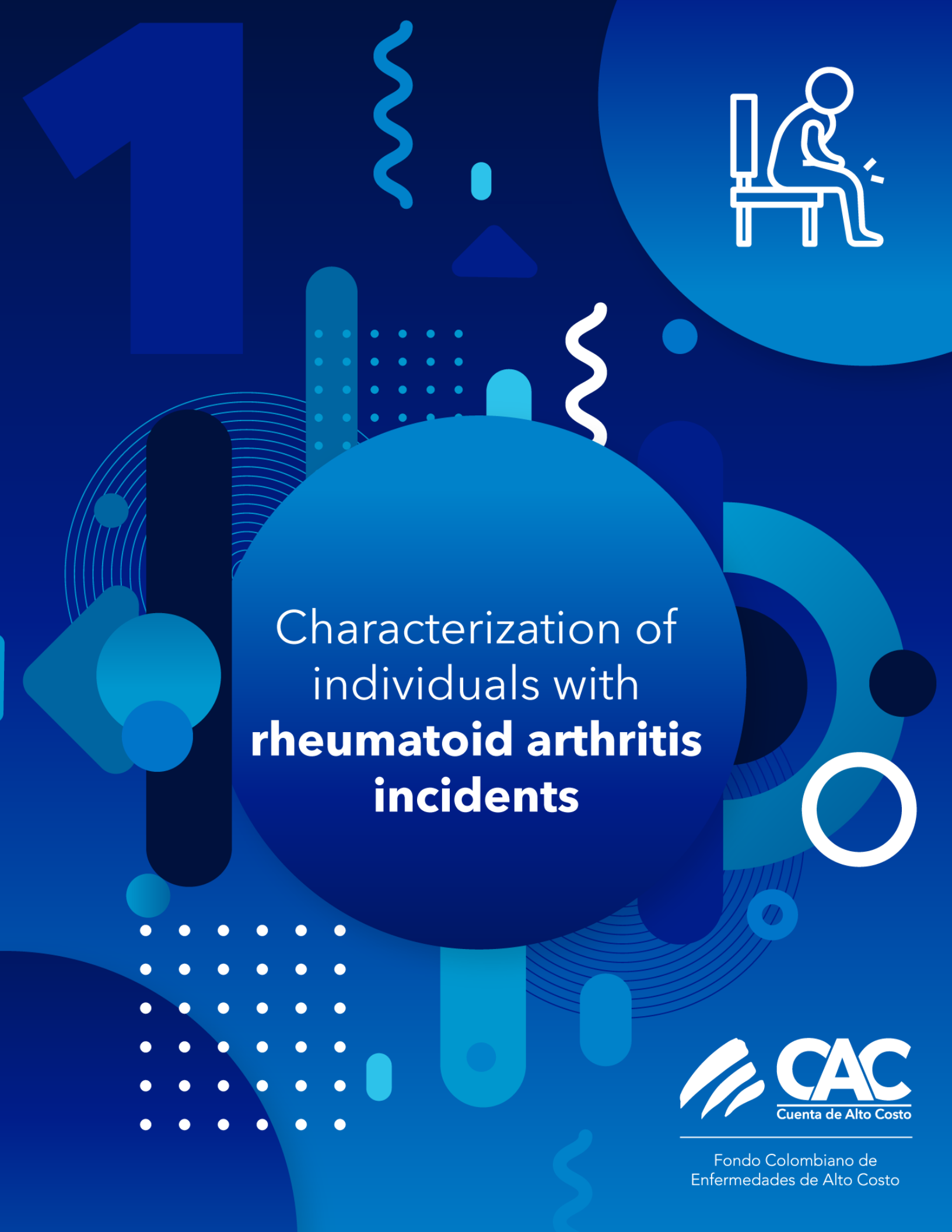
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Change Tracking Table

Date	Version	Description of changes	Localization of changes
	1.0		



Characterization of individuals with **rheumatoid arthritis** incidents



Infographic summary

Chapter 1 at a glance

Characterization of individuals with rheumatoid arthritis incidents

Period: July 1st, 2022 to June 30th, 2023.



6,195 new cases of RA were reported, representing an increase of 21.11% compared to the previous period.

The average age of incident cases of RA was **56** (IQR: 44 - 65).



80.00% of the reported population were women (n= 4,956), with a ratio of 4 women for every man (4:1).



In women, the highest frequency of new cases was recorded between 50 and 59 years (21.12%), while in men it was observed between 60 and 69 years (5.76%).



The highest proportion of incident cases occurred in the Central region (28.91%), followed by the Pacific (22.42%).



The third-payer insurance had the highest proportion of incident cases of RA (69.36%), followed by the state insurance (28.68%).



The most frequent comorbidities at the time of diagnosis were hypertension (23.33%), diabetes mellitus (7.60%), cardiovascular disease (5.13%) and osteoporosis (5.12%).



In incident cases, an elevated ESR was identified in 37.65%, elevated CRP in 39.73%, positive RF in 69.28%, and Anti-CCP antibodies in 54.92%.

27.62% of incident cases were diagnosed in the **early stage** of rheumatoid arthritis.

RA: rheumatoid arthritis.

IQR: interquartile range.

RF: rheumatoid factor.

CRP: C-reactive protein.

ESR: erythrocyte sedimentation rate.

Anti-CCP: anti-cyclic citrullinated peptide antibodies.



Characterization of
prevalent individuals
with rheumatoid
arthritis




Infographic summary

Chapter 2 at a glance

Characterization of prevalent individuals with rheumatoid arthritis

Period: July 1st, 2022 to June 30th, 2023.



A total of **139,559** prevalent cases of RA were analyzed, representing a 33.47% increase compared to 2022 (n= 104,561).

The average age of prevalent cases was **59.54** (SD ± 13.68).



The female - to - male ratio was 5.21 to 1.



The regions with the highest number of prevalent cases were the Central and Bogotá, D. C.



The third-payer insurance had the highest proportion of prevalent cases (71.00%), followed by the state insurance (23.41%).




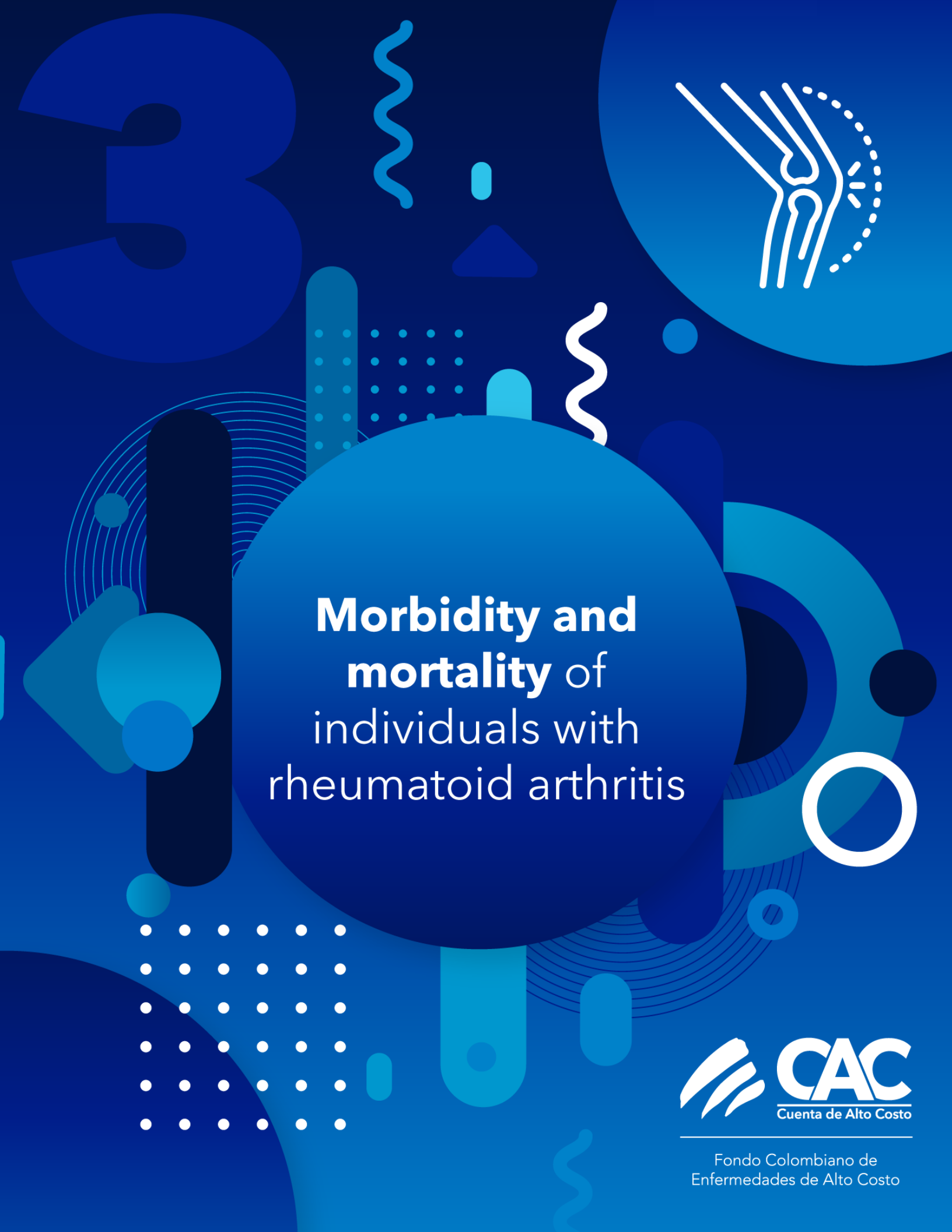
The average disease duration in prevalent cases was 9.36 years (SD ± 8.20).



The most frequent comorbidities in prevalent cases were hypertension (29.59%), osteoporosis (22.41%), diabetes mellitus (10.53%), and Sjögren's syndrome (10.10%).

38.86% of prevalent cases were overweight or had some degree of **obesity,** with grade III obesity **increasing** by 54.24%.

RA: rheumatoid arthritis.
SD: standard deviation.



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



Infographic summary

Chapter 3 at a glance


Morbidity and mortality of individuals with rheumatoid arthritis

Period: July 1st, 2022 to June 30th, 2023.




The national incidence of RA was **16.33** per 100,000 inhabitants. It increased by 2.75 cases per 100,000 inhabitants compared to the previous period.

The incidence **was higher** in the Pacific, Bogotá, D. C., and Central regions, exceeding the national estimate.



In women, the incidence was higher than the national estimate (21.48 per 100,000 women).



The age - standardized national prevalence was 0.37 per 100 inhabitants.



The highest prevalence of RA was in the exception regime (0.69 per 100 inhabitants), followed by the special regime (0.64 per 100 inhabitants) and the contributory regime (0.46 per 100 inhabitants).

The number of **reported deaths** increased by **10.94%** (n= 2,311) compared to the previous period (n= 2,083).

RA: rheumatoid arthritis.

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Management of the rheumatoid arthritis



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Infographic summary

Chapter 4 at a glance

Management of the rheumatoid arthritis

Period: July 1st, 2022 to June 30th, 2023.



76.09%

 of people with RA received care

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

The hospitalization rate was

1.12 per 100,000 inhabitants,

representing an increase of 27.27%, and was higher among people aged 75 to 79 years, with 5.75.



According to the results of the DAS28 in the last semester, 45.25% of the incident cases achieved remission with an increase of 7.35%, while in prevalent cases this proportion was 34.77% with a decrease of 7.08% compared to the previous period.



By affiliation regime, the highest proportion of cases in remission is in the contributory regime with 36.80%, while the highest proportion of cases with high activity is in the subsidized regime (3.02%).



The state insurance had a higher percentage of cases under rheumatology follow-up (58.09%) than the contributory insurance (49.23%).



The SDAI scale was applied to 324 patients, compared to 41 cases in the 2022 period.



According to the HAQ measurement, 35.41% of prevalent cases had a normal functional status.



14.43% of cases presented some degree of bone erosion at the time of diagnosis, indicating a late diagnosis.



20.47% of prevalent cases have a slightly decreased GFR, which could indicate early kidney disease.

2.63% (n= 3,666)

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

RA: rheumatoid arthritis.

HAQ: Health Assessment Questionnaire.

GFR: glomerular filtration rate.



**Pharmacological
treatment** in people
with rheumatoid
arthritis



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Infographic summary

Chapter 5 at a glance

Pharmacological treatment in people with rheumatoid arthritis

Period: July 1st, 2022 to June 30th, 2023.



Non-DMARDs medications most frequently used medications in both incident and prevalent cases at the beginning of **treatment were corticosteroids**, followed by non-opioid analgesics and NSAIDs.

DMARD coverage at the cut-off date in the incident population

increased
by **21.17% (n= 6,005)**,

while in the prevalent population it increased by 19.15% (n= 98,817).



The sDMARDs most frequently used in incident cases continues to be methotrexate, with the number of cases treated with this medication increased from 3,881 to 4,555, which represents an increase of 17.37%.



In incident cases, 1.64% were treated with biological DMARDs, the most commonly used were rituximab (37.65%), adalimumab (20.00%), and abatacept (15.29%).



The number of prevalent cases treated with methotrexate went from 52.81% to 46.53%, with a decrease of 11.89% and there was also a reduction in the use of leflunomide, from 37.45% to 34.35% compared to the previous period.



The use of upadacitinib in prevalent cases continues to increase since its first report in the previous period, rising from 4 cases to 132 (0.09%).

12.69% (n= 17,713)

of the prevalent population was treated with biological DMARDs,

the most commonly used were etanercept (2.43%), rituximab (2.36%), and abatacept (2.37%).

NSAIDs: Non-steroidal anti-inflammatory drugs.

RA: rheumatoid arthritis.

DMARDs: disease-modifying antirheumatic drugs.

bDMARDs: biological disease-modifying antirheumatic drugs.

sDMARDs: synthetic disease-modifying antirheumatic drugs.



Risk management **indicators**



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Infographic summary

Chapter 6 at a glance

Risk management indicators

Period: July 1st, 2022 to June 30th, 2023.



The indicators of opportunity for diagnosis and access DMARDs treatment improved slightly, but remain at low compliance.

Bogotá, D. C., is the region with the best results for the **timeliness indicators,** which are lower than the national average.



The performance of paraclinical tests such as Anti-CCP and RF increased significantly in both contributory and subsidized regimes, reaching the target and exceeding the national average.



In prevalent cases, TB screening increased by 19.78%, whereas in incident cases it decreased by 13.43%.



DMARD coverage in incident cases continues to show high compliance, at 92.30%.



The concurrent use of methotrexate and folic acid continues to exceed the target of over 90% in both incident and prevalent cases.



The gap to reach the target for access to rehabilitation through physical and occupational therapy persists (> 70%).



The DAS28 assessment in incident cases increased by 1.69%, maintaining average performance, while in prevalent cases it decreased by 10.24%.

The proportion of incident cases achieving

disease remission increased by 71.86%,

while the proportion in prevalent cases rose by 21.48%, thereby maintaining compliance with the national goal.

DMARDs: Disease-modifying antirheumatic drugs.

TB: tuberculosis.

DAS28: Disease Activity Score 28.

RF: rheumatoid factor.

Anti-CCP: anti-cyclic citrullinated peptide antibodies.



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