



A BRIEF OF THE RHEUMATOID ARTHRITIS

SITUATION IN COLOMBIA **2022**



Fondo Colombiano de
Enfermedades de Alto Costo

A brief of the rheumatoid arthritis situation in Colombia 2022



CUENTA DE ALTO COSTO
Fondo Colombiano de Enfermedades de Alto Costo

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Fondo Colombiano de Enfermedades de Alto Costo
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The full textbook in Spanish of the situation of rheumatoid arthritis in Colombia is available [HERE](#)



Characterization of individuals with rheumatoid arthritis incidents






Chapter 1

at a glance



Characterization of individuals with rheumatoid arthritis incidents

Period: July 1st, 2021, to June 30, 2022

5,115 new cases of RA were reported, representing an increase of 41.53% compared to the previous period.

-  The average age of incident cases of RA was 54.30 (SD ± 14.51).
-  The highest proportion of incident cases occurred in the Central region, followed by the Pacific region and Bogotá, C. D.
-  The third-payer insurance had the highest proportion of incident cases of RA (69.05%), followed by the state insurance (28.60%).

26.37% of incident cases were diagnosed in the early stage of RA.

-  The most frequent comorbidities at the time of diagnosis were hypertension (21.35%), diabetes mellitus (7.06%), and osteoporosis (4.48%).
-  In incident cases, an elevated ESR was identified in 40.94%, elevated CRP in 42.17%, positive RF in 62.87%, and Anti-CCP antibodies in 51.57%. The range of patients without data was 17.24% to 28.13%.



RA: rheumatoid arthritis.

SD: standard deviation.

RF: rheumatoid factor.

CRP: C-reactive protein.

ESR: erythrocyte sedimentation rate.

RF: rheumatoid factor.

Anti-CCP: anti-cyclic citrullinated peptide antibodies.



Characterization of prevalent individuals with rheumatoid arthritis

Chapter 2

at a glance

Characterization of prevalent individuals with rheumatoid arthritis

Period: July 1st, 2021, to June 30, 2022

A total of
113,382 prevalent cases

of RA were analyzed,

representing a 13.54% increase compared to 2021 (n= 99,858).



The female-to-male ratio was 5.34 to 1.



The average age of prevalent cases was 59.17 (SD \pm 13.44).



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



The third-payer insurance had the highest proportion of prevalent cases (68.39%), followed by the state insurance (24.52%).



The average disease duration in prevalent cases was 9.18 years (SD \pm 8.26).



The most frequent comorbidities in prevalent cases were hypertension (33.43%), osteoporosis (23.48%), diabetes mellitus (10.88%), and Sjögren's syndrome (11.13%).

44.07% of prevalent cases were overweight or had some degree of obesity.



RA: rheumatoid arthritis.
SD: standard deviation.



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



Chapter 3

at a glance

Morbidity and mortality of individuals with rheumatoid arthritis

Period: July 1st, 2021, to June 30, 2022

The national incidence of RA was
13.99 per 100,000 inhabitants.

It increased by 4.33 cases per 100,000 inhabitants compared to the previous period.



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



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

The age-standardized
national prevalence
was **0.31** per 100 inhabitants.



The regions with the highest prevalence were Bogotá, C. D., the Central, and the Pacific regions, with 0.46, 0.35, and 0.34 cases per 100 inhabitants, respectively.



The age-standardized mortality in people with RA decreased when comparing 2021 and 2022 (8.52 and 5.33 per 100,000 inhabitants, respectively).



RA: rheumatoid arthritis.



Management of the **rheumatoid arthritis**









Chapter 4

at a glance

Management of the rheumatoid arthritis

Period: July 1st, 2021, to June 30, 2022

In the current period,
52.73% of people
with RA
received care from a rheumatologist.

-  The state insurance had a higher percentage of cases under rheumatology follow-up (63.77%) than the contributory insurance (49.02%).
-  A total of 328 hospitalizations due to RA were reported during the period, slightly higher than the number registered in 2021 (n= 321).
-  The hospitalization rate was higher in individuals aged 75 to 79, with 2.41 per 100,000 people.
-  Disease remission rates increased from 30.88% in 2021 to 42.15% in incident cases and from 24.64% to 37.42% in prevalent cases.
-  The highest proportion of patients with high disease activity was among the uninsured (7.14%).
-  According to the HAQ measurement, 52.26% of new cases of RA and 36.09% of prevalent cases had a normal functional status.

A total of
2,964 individuals
have required at least one joint replacement
after the diagnosis of RA (2.83%).



RA: rheumatoid arthritis.
HAQ: Health Assessment Questionnaire.

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Pharmacological treatment in people with **rheumatoid arthritis**

Chapter 5

at a glance

Pharmacological treatment in people with RA

Period: July 1st, 2021, to June 30, 2022

Combined therapy with analgesics was reported in

3.28% of incident cases

and 10.17% of prevalent cases.



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



Among prevalent cases, 14.12% (n= 7,373) of those receiving glucocorticoids had doses ≥ 10 mg/day for over a month.

Methotrexate was prescribed in **75.87%** of incident cases

and antimalarial in 25.91%.



The coverage of DMARDs increased from 91.59% to 96.89% in incident cases. In prevalent patients, it also increased from 77.93% to 79.31%.



The use of bDMARDs in incident cases was infrequent (1.87%). The most commonly used were rituximab, certolizumab, and adalimumab.



Among prevalent cases, methotrexate, leflunomide, and chloroquine were the most commonly used sDMARDs, accounting for 52.81%, 37.45%, and 14.09%, respectively. The most frequently used combination therapy with DMARDs was leflunomide with methotrexate.



The most commonly used bDMARDs in prevalent cases were etanercept, abatacept, and rituximab. The departments of Norte de Santander, Boyacá, Cesar, and Amazonas had the highest proportion of patients using these medications.



AINE: 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



Chapter 6




at a glance

Risk management indicators




Period: July 1st, 2021, to June 30, 2022

The indicators for timely **specialist care,** diagnosis, and access to DMARD treatment

improved by one to two weeks, although they remain within a low range of compliance.

-  The acute-phase reactants and radiographic evaluation indicators had a low performance across all healthcare regimes.
-  40.95% of incident cases and 24.74% of prevalent cases initiating treatment with targeted synthetic DMARDs or biologic DMARDs were screened for TB, showing improvement compared to the previous period.
-  DMARD coverage in incident cases and simultaneous administration of methotrexate and folic acid remain in the high compliance range.

There was an increase in occupational or physical **therapy attendance** compared to the previous period.

-  Access to rehabilitation with physical or occupational therapy remains in the low compliance range, with a significant gap to reach the goal of >70%.
-  In the current period, there was an increase in patients assessed with the DAS-28 score, both for incident and prevalent cases, with a variation of 20.06% and 49.58%, respectively.
-  For the current period, there was an increase in remission rates for both incident and prevalent cases, with a variation compared to the previous period of 51.18% and 51.40%, respectively. Low activity remained constant.



DMARDs: disease-modifying antirheumatic drugs.
TB: tuberculosis.
DAS-28: disease Activity Score 28.



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