Differences in understanding and application of 1987 ACR criteria for rheumatoid arthritis and 1991 ESSG criteria for spondylarthropathy. A pilot survey

J.M. Berthelot¹, H.J. Bernelot-Moens², M. Klarlund³, D. McGonagle⁴, A. Calin⁵, H.R. Schumacher⁶, B. Combe⁷, M. De Bandt⁸, A.A. Drosos⁹, R.M. Flipo¹⁰, B.J. Harrison¹¹, K. Kaarela¹², P. Le Goff,¹³ O. Meyer⁸, L. Punzi¹⁴, C.A. Zerbini¹⁵, A. Saraux¹³, and the CRI Group

¹Department of Rheumatology, Nantes University Medical School, CHU Nantes, France; ²The Medisch Spectrum Twente, Enschede, The Netherlands; ³Department of Rheumatology, Hvidovre University Hospital, Denmark; ⁴Department of Rheumatology, Leeds Hospital, United-Kingdom; ⁵Royal National Hospital for Rheumatic Diseases, Bath, United Kingdom; ⁶Department of Rheumatology, Hospital of the University of Pennsylvania, USA; ⁷Department of Rheumatology, Montpellier University Medical School, CHU Montpellier, France; ⁸Department of Rheumatology, Paris University Medical School, CHU Bichat, France; ⁹Division of Rheumatology, Dept. of Internal Medicine, Ioannina Medical School, Ioannina, Greece; ¹⁰Department of Rheumatology, Lille University Medical School, CHU Lille, France; ¹¹ARC Epidemiology Research Unit, University of Manchester, Manchester, United-Kingdom; ¹²Rheumatism Foundation Hospital, Heinola, Finland; ¹³Department of Rheumatology, Brest University Medical School, CHU Brest, France; ¹⁴Department of Medical and Surgical Sciences, Padova, Italy; ¹⁵Department of Rheumatology, Hospital Heliopolis, Sao Paulo, Brasil (CAZ).

ABSTRACT

Objectives
To determine areas of agreement and disagreement among experts in the interpretation of the published criteria for RA (ACR) and spondylarthropathies (ESSG).

Methods
Thirty-two experts (16 from France and 16 from 10 other countries) replied anonymously to a mailed questionnaire.

Results
Tenosynovitis and ‘sausage-like’ painless swelling of the toes were considered as criteria for RA by 18 and 14 experts, respectively. The definition of symmetry differed widely among experts (symmetry of only one group of joints was sufficient for 13). Twenty-five experts considered erosions of other joints than the wrists and fingers as a criterion for RA, 17 thought that fulfilment of criteria could be achieved cumulatively, and 19 would appreciate clarifications of the current criteria. Among possible clarifications for RA, it was frequently recommended that morning stiffness and nodules be eliminated and that new marker antibodies, X-rays of the feet, and exclusion criteria be added. Twenty-three of the 29 experts who gave an opinion (79%) agreed with the notion of SP in the absence of axial signs and sacroiliitis, 26/31 (84%) indicated that a patient can have both RA and SP, and 19/30 (63%) thought that RA and SP could be regarded as syndromes more than diseases. Only 5/32 experts relied more on the criteria than on their clinical judgement in diagnosing RA.

Conclusions
There would seem to be a need for the optimisation of RA and ESSG criteria, particularly within the context of early arthritis.

Key words
Criteria, rheumatoid arthritis, spondylarthropathy, early arthritis.