IRACON 2025: 40th Annual Conference of Indian Rheumatology Association

THERAPY ESCALATION AND TREATMENT GOALS IN PALINDROMIC RA

Dr Sandeep Yadav, Mumbai, Maharashtra

- Palindromic rheumatism is an episodic arthritis predisposing to rheumatoid arthritis (RA).
- Attacks last hours to days (typically 12-72 hours). There is no universally accepted diagnostic criteria.
- Use Hannonen criteria for diagnosis. It is the most widely validated.
- Treatment of RA cannot be extrapolated to palindromic rheumatism.
- Treatment goals include treatment of acute attacks, prevention of recurrent attacks, and prevention of progression to RA/persistent arthritis.
- Aim for complete remission (no attacks for ≥12 weeks) or ≥50% flare reduction.
- Tight control strategy concept: Early intensive disease-modifying antirheumatic drug use with predefined targets; regular assessments every 3 to 6 months; escalation if targets unmet.
- Start hydroxychloroquine early; add methotrexate at 3 to 6 months, if needed.
- Escalate to leflunomide/iguratimod or biologics (rituximab) for refractory cases.
- Regular monitoring and prompt treatment adjustment underpin a tight control strategy.

MANAGING SLE IN DIVERSE POPULATIONS: ADDRESSING DISPARITIES IN CARE

Dr Pratyusha Rajavarapu, Guntur, Andhra Pradesh

- Disparities in systemic lupus erythematosus (SLE): Racial/ethnic, social, economic, and geographic.
- A lesser number of females avails medical help.
- There is a lack of access to medical services. A majority of the Indian population lives in rural areas and there is lack of availability of investigations even in some urban areas.
- Turnout time is more, forcing patients to travel multiple times. Additionally, there is a lack of availability of drugs. There is unavailability of rheumatologists in public sector hospitals.
- There is lack of education/awareness in both general population and doctors. Rheumatology in India is at the infant or toddler stage.
- Financial constraints are also a key factor. Delayed diagnosis leads to more damage accrual, eventually resulting in mortality. Doctors may also be forced to deviate from the standard of care.
- Strategies are needed at the individual level, community level, and technology-based.
- Individual-level strategies:
  - Patient-based – Imparting knowledge (Prognosis, drug toxicity, taboos in society, psychological health, financial independence); patient support groups (Peer approach to Lupus self-management).
  - Provider-based – Academic activities (Increase understanding of SLE, enhancing the participation of internal medicine residents, Lupus Day); dedicated SLE clinics.
- Community-level strategies: Equitable and fair access to health care; health insurance/financial support; women empowerment; attempts to make the drugs available faster and cheaper.
- Technology-based strategies:
  - Tele health – Can reduce the logistic problems to some extent; can have a role in helping with psychological health.
  - Mobile apps – SLE-related health information; reminder regarding follow-ups; aid in research.

The presentation outlined a multi-faceted approach to health care strategies in SLE at the individual, community, and technology-based level.

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