

# Bridging Education and Experience: The PATIENT PARTNER WORKSHOP in RHEUMATOLOGY

The Patient-Partner Workshop in Rheumatology is designed to bridge the gap between theoretical knowledge and practical application. This activity brings together medical clerks, interns, and residents in a dynamic encounter with patients grappling with chronic rheumatologic diseases. From the intricate complexities of lupus to the debilitating effects of rheumatoid arthritis (RA) and psoriatic arthritis (PsA), participants are immersed in the lived experiences of individuals battling these conditions.



On March 8, 2024, the University of Santo Tomas (UST) Faculty of Medicine and Surgery in partnership with UST Section of Rheumatology hosted another successful Patient Partner workshop held at the Session Hall 308 – St. Martin De Porres Building.

The workshop commenced with a well-received lecture on Clinical correlates in Rheumatology and Introduction of the Patient Partners educational program, expertly delivered by Dr. Sandra V. Navarra. After a brief demonstration on Rapid musculoskeletal Screener physical examination by certified patient partners, participants embarked on breakout sessions, each meticulously organized with designated patient partners, consultants and rheumatology fellows ably facilitating dynamic discussions.



The learning focus of the workshop included co-morbidities in long-standing RA and PsA, musculoskeletal physical examination techniques, and autoimmune rheumatic diseases (AIRD) in the young. Notable highlights featured the firsthand journey of a young lupus patient and a pediatric patient with Juvenile Idiopathic Arthritis (JIA), underscoring the realities and challenges faced by individuals grappling with these conditions.

Attendees, comprising third year (Med-II Module 4) med students, clinical clerks, post-graduate interns, and medical residents strategically rotated through the 3 groups, affording the unique opportunity to learn from all the patient partners.

The workshop concluded with third year students presenting their insights and providing feedback on the activity and summarizing their learnings.



# Learnings and Feedback from Students

## BR1: Comorbidities in Long Standing Rheumatoid Arthritis



- Importance of early & accurate diagnosis
- Reassess use of alternative medications to avoid polypharmacy
  - Avoid cascade of medications (use of new drug to alleviate the side effects of another)
  - Use of nonpharmacologic interventions to address other complications (eg. Exercise, diet)
- Screen for frailty
- Importance of familial support
- Healthcare innovation (in terms of cell-targeted treatments or therapies)
- Prevent decline of patients' quality of life

- We were able to see how the diagnostic process and management for rheumatic arthritis evolved throughout the years.
  - recent advances in diagnostic criteria for RA increased the probability of diagnosing RA prior to the onset of deformities.
- Saw the importance of the subspecialty rheumatology in addressing and managing patients.
- We were also able to see the detrimental effects of steroid overuse especially avascular necrosis



## BR2: Musculoskeletal PE (Rheumatoid Arthritis vs. Psoriatic Arthritis)



RA	Psoriatic Arthritis
<ul style="list-style-type: none"><li>• Sparing of DIP</li><li>• Classic presentation: bilateral symmetrical polyarthritis</li><li>• But may present differently (asymmetrical / oligo)</li><li>• Fusiform swelling (sparing of DIP)</li><li>• Interosseal muscle atrophy</li><li>• Wrist joint subluxation</li><li>• Z line deformity</li><li>• Boutonniere deformity</li></ul>	<ul style="list-style-type: none"><li>• DIP involvement</li><li>• Nail Pitting / Onycholysis</li><li>• Silvery scaly plaques on the scalp</li><li>• Islands of hypo and hyperpigmentation (patches and plaques)</li><li>• Axial involvement: C1-C2 subluxation</li><li>• Swan neck and boutonniere deformity</li></ul>

- Early recognition and treatment is important in rheumatic diseases
- In chronic disease, need to probe further if there is progress
  - Some patients will just say okay but still in pain
- Be mindful of the medications given
- Important to note risk factors to avoid complications
- Follow-up and adherence must be given importance to the patient
- It is important to explain well the diseases so they know what to do and what to watch out for



## BR3: Autoimmune Rheumatic Disease in the young: Lupus and JIA



- Importance of patient rapport in monitoring and maintenance of disease as well the emotional aspect it comes with
  - Transition period from pediatric to IM care
- Costs of the treatment
- Active involvement of the patient in their healthcare
- Patient empowerment
- Got to see the disease based on patient perspective

- Assess the patient systematically by following a certain order from head to toe
- Know the pathognomonic characteristics of each disease, because while not all diseases present the same way in each patient, it can serve to rule in or rule out similar conditions
- Diagnosing Psoriatic Arthritis requires careful consideration due to its similarities with other conditions like rheumatoid arthritis. Also adherence to treatment is crucial for managing psoriatic arthritis effectively and improving long-term consequences



## 1 - Comorbidities in RA FEEDBACK, LEARNING, INSIGHTS

- Complications of RA
- Importance of early diagnosis
- Take into consideration
  - Patient's Functional Status
  - Quality of Life
- Adverse Effects of Drugs used
  - Glucocorticoid induced osteoporosis
  - Steroid psychosis
  - Cataract due to Steroids

- At a young age, they should have been playing outside with friends but instead they are being limited by their condition . But despite this, they still continue to love their life and conquer their illness with face head on.



## 2 - MSK PE in long-standing RA and PsA

- Both conditions can coexist in one patient.
- Watch out for GI AE in patients on Methotrexate.
- No two patients are the same
- Early screening through Rapid Musculoskeletal Screener is essential for prompt treatment and better prognosis

## 3 - AIRD in the Young (learning)

- Although it is not yet scientifically proven that some food triggers flares, we still have to respect that this is what the patient is feeling and advise them appropriately.
- Prolonged steroid use can be a risk factor for AVN
- MRI imaging can differentiate AVN and synovitis
- Septic arthritis, Infectious arthritis, & Gout can manifest as "Red,hot, swollen joint"



## 2 - MSK PE in long-standing RA and PsA

RA	PsA
Peripheral >> Axial	Axial > Peripheral
Atlanto-axial (C1-C2) <ul style="list-style-type: none"><li>• Brainstem involvement</li><li>◦ Respiratory affectionation</li></ul>	Spondyloarthropathy (C5-C6, lumbar) <ul style="list-style-type: none"><li>• Limited cervical rotation and lateral flexion</li></ul>
	Scaly erythematous plaques
	Onycholysis, hyperkeratosis
Ankylosed joint, flexion contracture, ulnar deviation, dorsal interosseal atrophy, thenar atrophy, hallux valgus, Heberden's nodes, Bouchard's nodes	