



## Early Arthritics

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### ABSTRACT

To determine which patients with Early Inflammatory Polyarthritis (EIP) with less than a year of evolution of the disease without a definitive diagnosis, progressed to rheumatoid arthritis according to ACR1987 criteria, we developed a predictive model for classification of early rheumatoid arthritis, based on clinical characteristics by observation of the onset of the disease and to relate with certain laboratory variables. A total of 54 patients with arthritis of less than one year of evolution were evaluated. We conducted a physical examination and the following parameters were determined: DAS 28, HAQ, Rheumatoid Factor (RF), Citrullinated Peptide (anti-CCP) and C-Telopeptide (CTx-II); radiology of hands and feet was also carried out, and was assessed by the Sharp method modified by van der Heijde. The patient follow-up was performed every 3 months for 12 months, classifying them according to the development of self-limiting, persistent non-erosive, and persistent erosive arthritis, and according to definite diagnosis. We estimated the relative risk and 95% confidence intervals for the predictor variables considered. Overall, 80.4% of patients with EIP evolved to persistent arthritis. Most persistent arthritis was diagnosed as rheumatoid arthritis (67.4%). However 51.6% (16/31) were anti-CCP positive, 21/31 (67.7%) were RF, and 11/31 (35%) were CTx-II positive. The basal nodes and RF were able to predict the persistence of activity and symmetry; rheumatoid nodules predict the development of erosions. It is important to note that patients who had an high initial average by the Sharp method modified by van der Heijde tend to have a greater increase in erosion at 6 months compared to those who had an initial low average (Pearson correlation coefficient 0.40,  $p < 0.015$ ). An initial erosive disease increases the risk of radiological progression.

### KEYWORDS

ACR criteria; Early Arthritis; Anti-CCP; Ctx-II; DAS28

### Cite this paper

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