The Card Carrying Rheumatologist
What Cards to Carry?

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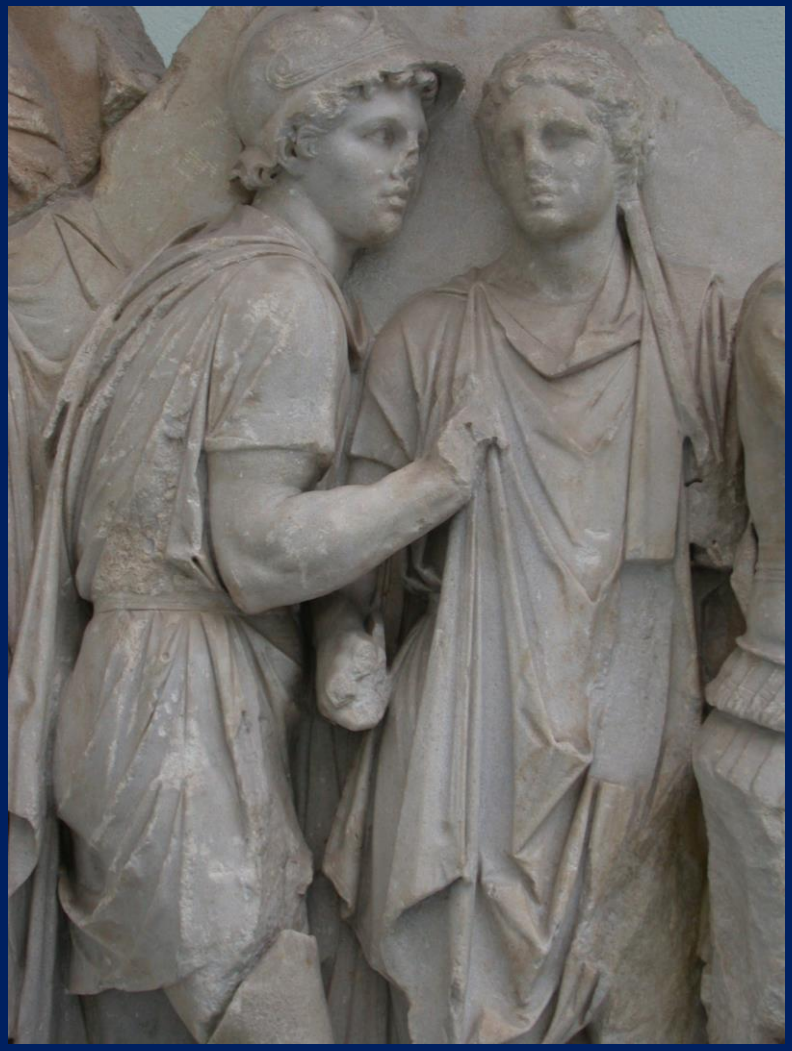
Disclosures

- None

What Cards?

- What are we?
- Where do we come from?
- Where are we going?

Rheumatology - what is it?



rheuma – to flow

- produced by respiratory problems
- associated with painful conditions

“rheumatismos”

– Galen of Pergamon

rheum, n.1

Pronunciation: Brit. /ru:m/ , U.S. /rum/

a. Watery or mucous secretions, esp. as collecting in or dripping from the eyes, nose, or mouth, originally believed to originate in the brain or head and to be capable of causing disease; †a secretion of this nature (obs.). In early use also: †a flow or flux (of humours) (obs.).

a1398 J. TREVISA tr. Bartholomaeus Anglicus De Proprietatibus Rerum (BL Add.) f. 84,
Ferst a rewme renneþ to þe yen & þerof comeþ an yuel þat hatte obtalmia, a schrewed blereynes & ache & aposteme.

first English use
“rewme” 1398

Liber de Rheumatismo et Pleuritide Dorsali

- respiratory disease
- muscular symptoms
- systemic condition

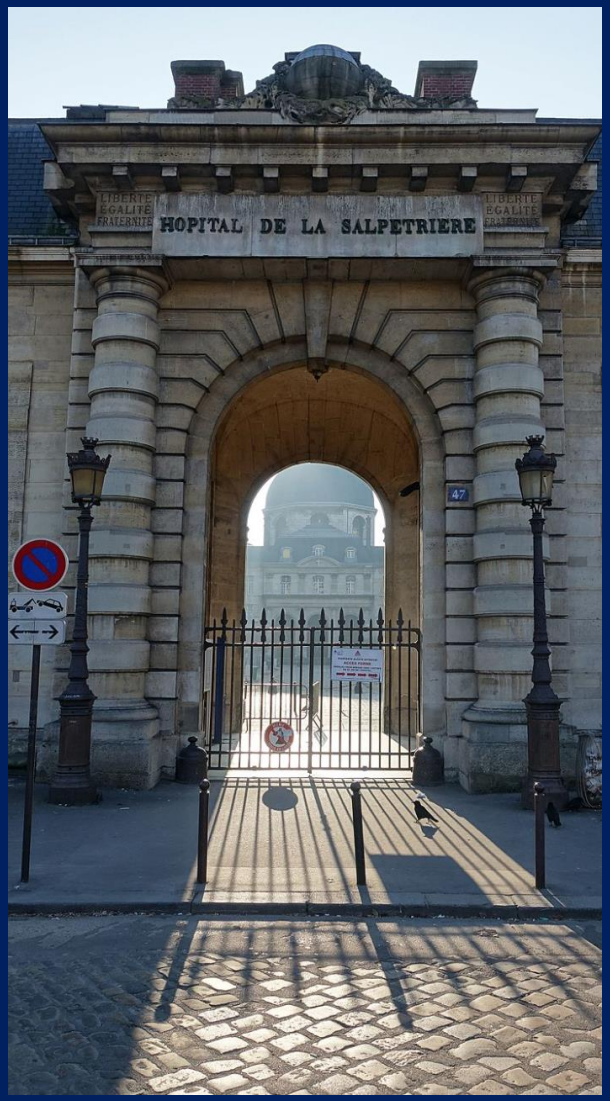
– Guillaume de Baillou
1642

Methodus Curandi Febres, Propriis Observationibus Superstructura

Rheumatism and Rheumatic Fever are due to “inflammation of the lymphatic arteries “

– Thomas Sydenham

1666

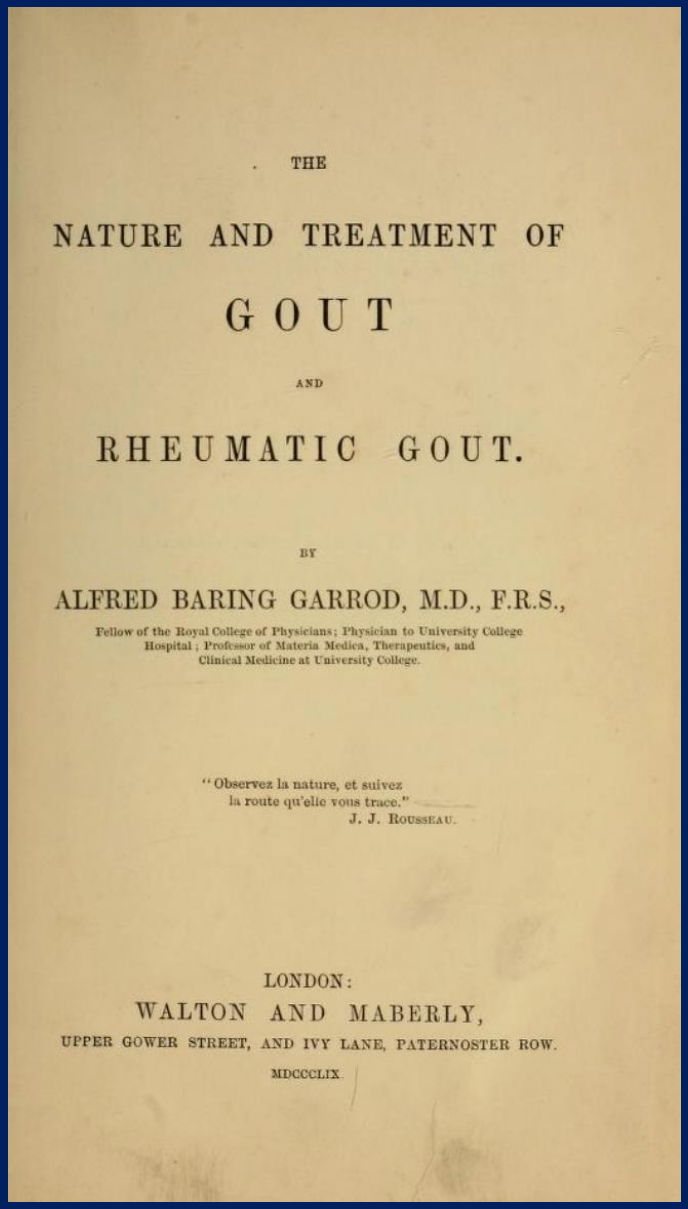


La goutte asthénique primitive (doctoral thesis)

"We must recognize the existence of a new form of gout under the designation primary asthenic gout"

- Initial involvement of many joints
- Chronic course
- Predominance in women
- Systemic illness

– Augustin Jacob Landre-Beauvais 1800



THE

NATURE AND TREATMENT OF

GOUT

AND

RHEUMATIC GOUT.

BY

ALFRED BARING GARROD, M.D., F.R.S.,

Fellow of the Royal College of Physicians; Physician to University College Hospital; Professor of Materia Medica, Therapeutics, and Clinical Medicine at University College.

"Observez la nature, et suivez
la route qu'elle vous trace."
J. J. ROUSSEAU.

LONDON:
WALTON AND MABERLY,
UPPER GOWER STREET, AND IVY LANE, PATERNOSTER ROW.
MDCCCLIX.

The nature and treatment of gout and rheumatic gout

"Although unwilling to add to the number of names, I cannot help expressing the desire that one be found for this disease, not implying any necessary relation between it and either gout or rheumatism. Perhaps Rheumatoid Arthritis would answer the object."

A.B. Garrod

1859

Organized Rheumatology

- 1927 Jan van Bremen - ICR/ILAR
- 1928 Ralph Pemberton ACCR
- 1934 American Rheumatism Association (ARA)
- 1948 Arthritis and Rheumatism Foundation
- 1949 *Arthritis and Allied Conditions* *"Rheumatology"*
- 1958 *Arthritis and Rheumatism*
- 1965 Arthritis Foundation / ARA
- 1971 ABIM Certification in Rheumatology
- 1988 American College of Rheumatology

Milestones in Rheumatology Research

- 1941 Waaler – RF Test
- 1948 Rose – describes and confirms Waaler test
- 1948 Hargreaves describes LE Cell
- 1949 Hench describes effects of hydrocortisone
- 1950 Nobel Prize for Hench, Kendall and Reichstein

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- 1952 Conley – lupus anticoagulant
- 1958 Friou – demonstration of ANA in lupus
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- 1966 Tan and Kunkel – ID of Sm antigen in SLE
- 1968 Malaviya and Schwartz – MTX for DM
- 1970 Schlosstein – assoc. between B27 and AS
- 1971 Vane – inhibition of prostaglandin synthesis
- 1988 FDA approval of MTX for RA
- 1993 Feldman and Maini – TNF inhibition for RA

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TREATMENT OF RHEUMATOID ARTHRITIS WITH CHIMERIC MONOCLONAL ANTIBODIES TO TUMOR NECROSIS FACTOR α

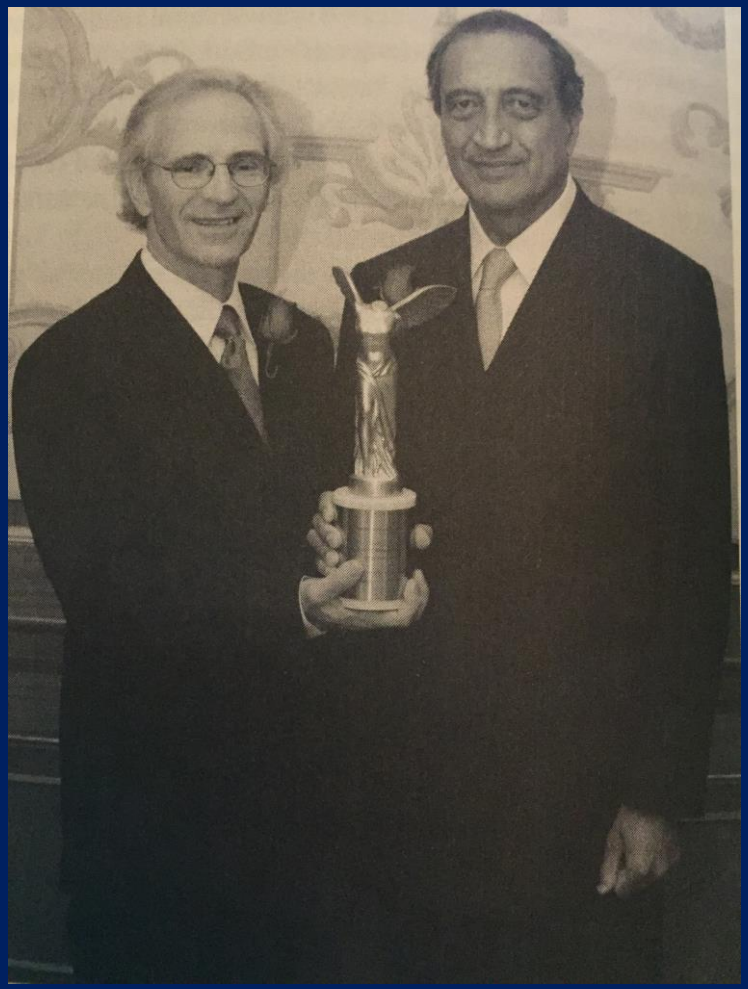
MICHAEL J. ELLIOTT, RAVINDER N. MAINI, MARC FELDMANN, ALICE LONG-FOX, PETER CHARLES, PETER KATSIKIS, FIONULA M. BRENNAN, JEAN WALKER, HANNY BIJL, JOHN GHRAYEB, and JAMES N. WOODY

Objective. To evaluate the safety and efficacy of a chimeric monoclonal antibody to tumor necrosis factor α (TNFα) in the treatment of patients with rheumatoid arthritis (RA).

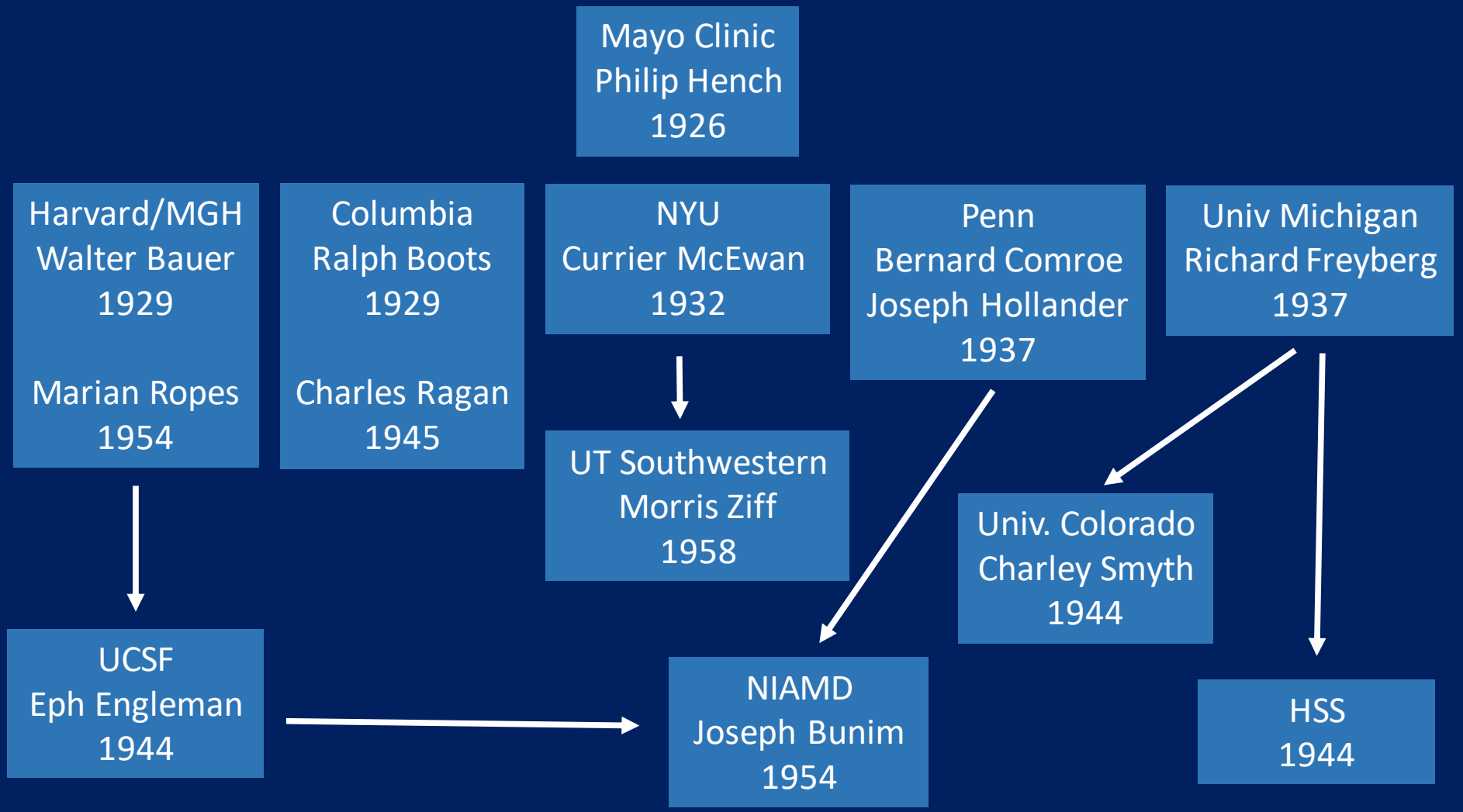
Methods. Twenty patients with active RA were treated with 20 mg/kg of anti-TNFα in an open phase I/II trial lasting 8 weeks.

Results. The treatment was well tolerated, with no serious adverse events. Significant improvements were seen in the Ritchie Articular Index, which fell from a median of 28 at study entry to a median of 6 by week 6 ($P < 0.001$), the swollen joint count, which fell from 18 to 5 ($P < 0.001$) over the same period, and in the other major clinical assessments. Serum C-reactive protein levels fell from a median of 39.5 mg/liter at study entry to 8 mg/liter at week 6 ($P < 0.001$), and significant decreases were also seen in serum amyloid A and interleukin-6 levels.

Conclusion. Treatment with anti-TNFα was safe and well tolerated and resulted in significant clinical and laboratory improvements. These preliminary results support the hypothesis that TNFα is an important regulator in RA, and suggest that it may be a useful new therapeutic target in this disease.



Early Academic Rheumatology Programs



Growth in Rheumatology

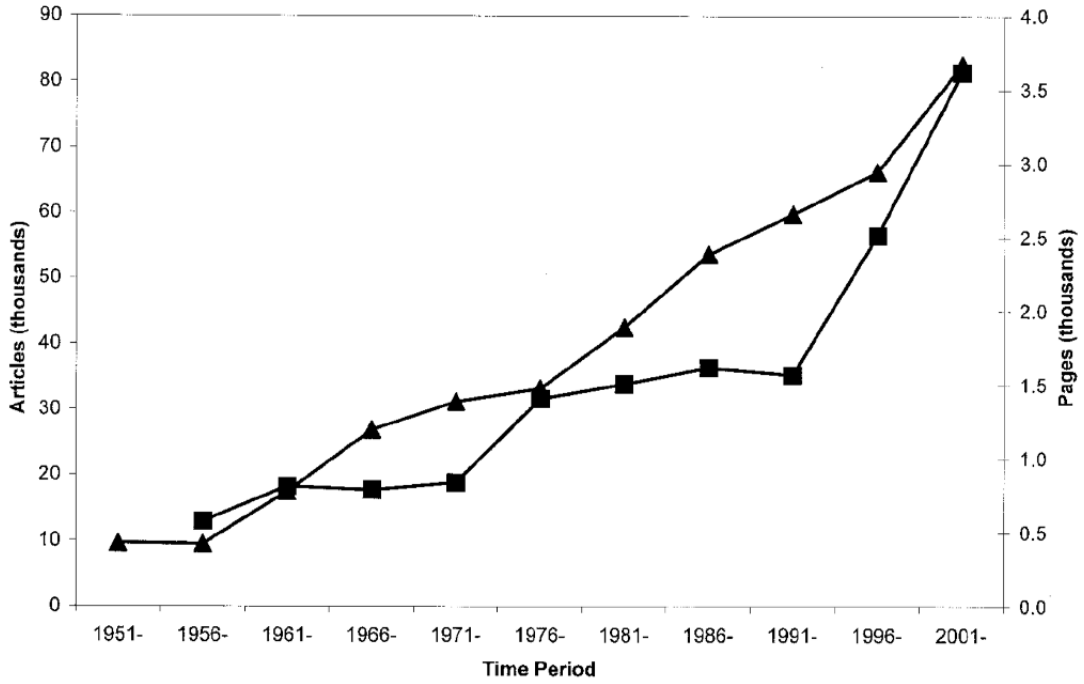
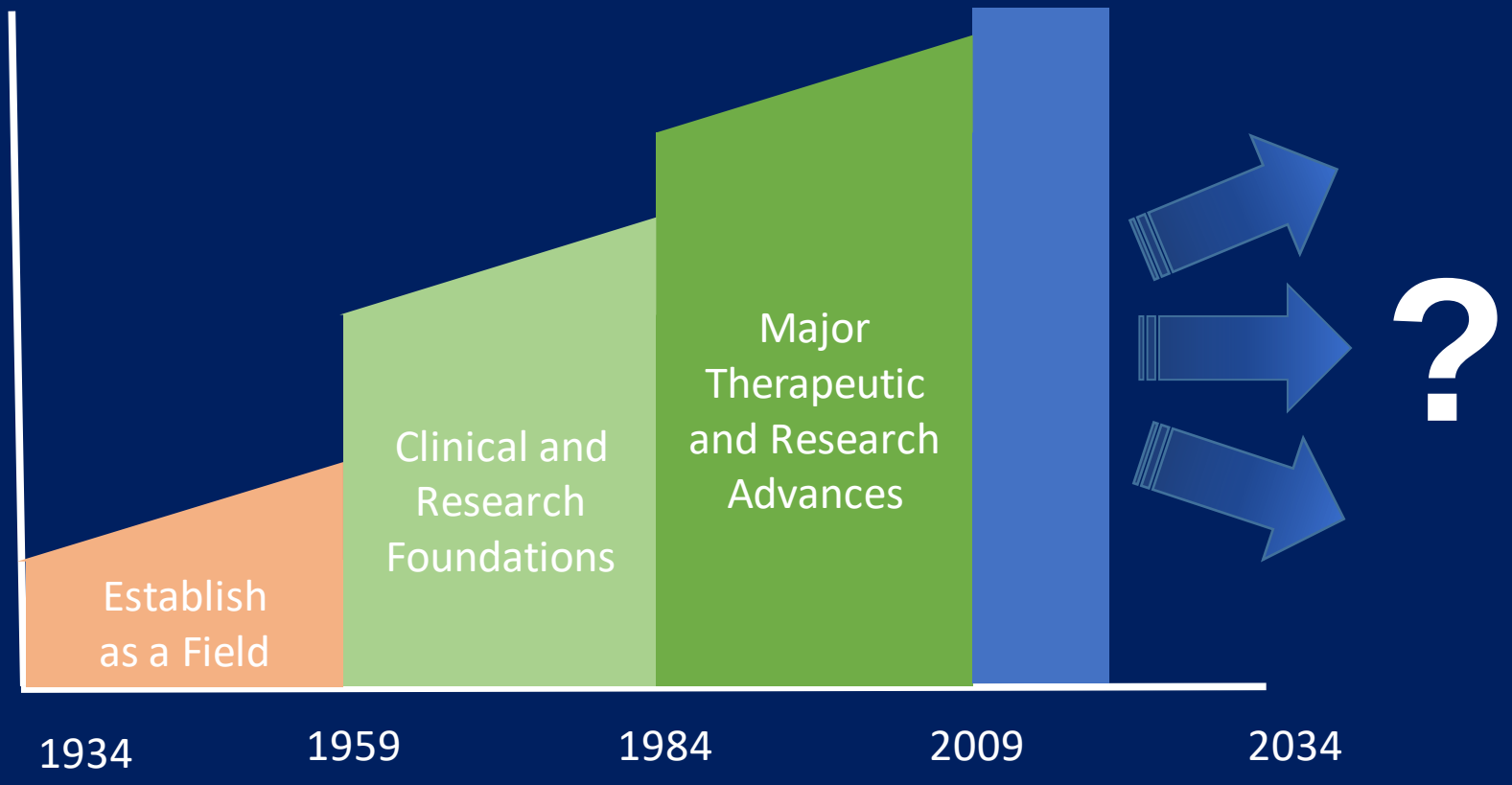


Figure 1. Number of citations on rheumatic diseases in PubMed (triangles) compared with number of pages in *Arthritis & Rheumatism* (squares) in the 5-year periods shown.

Growth in Rheumatology



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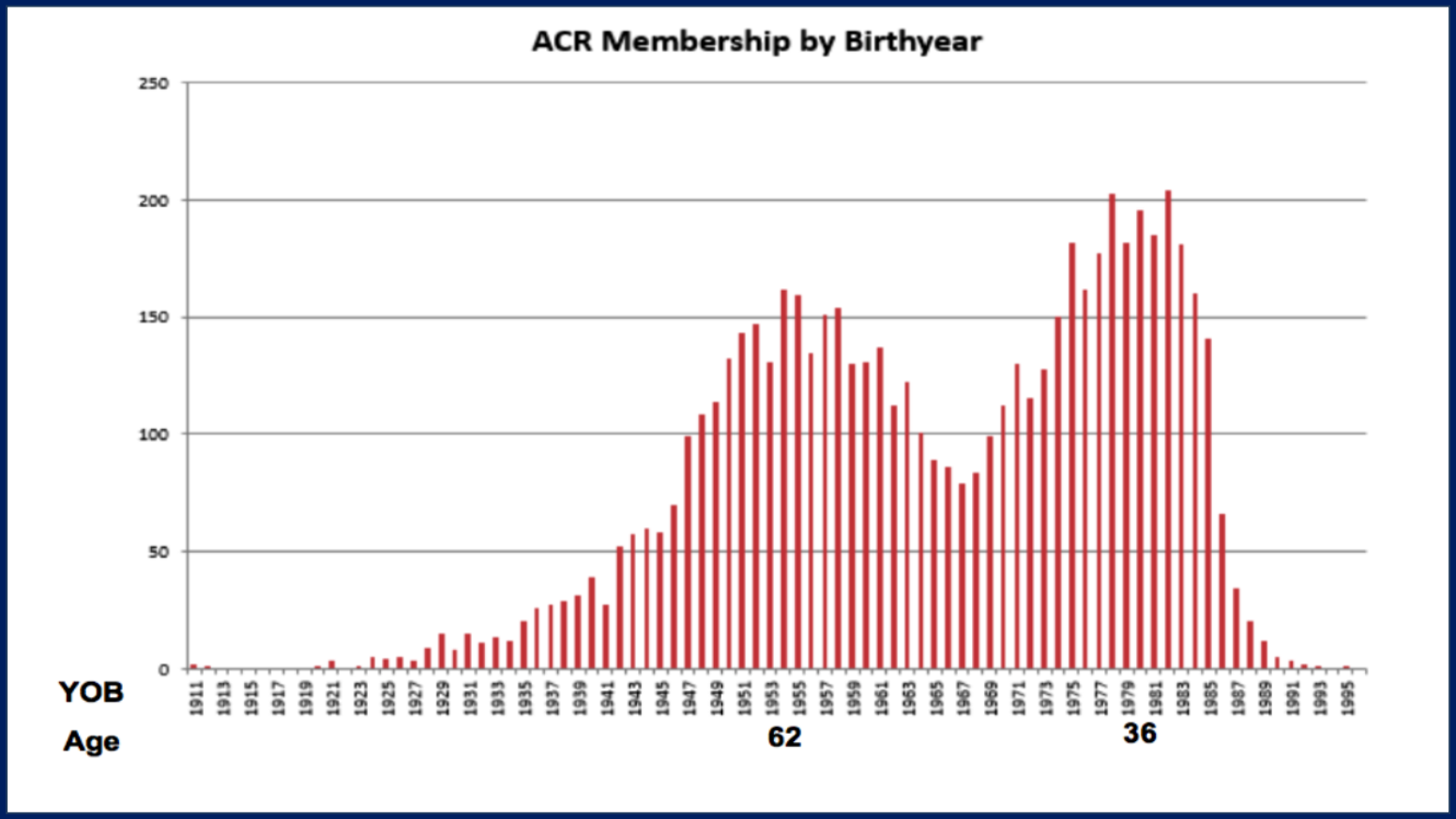
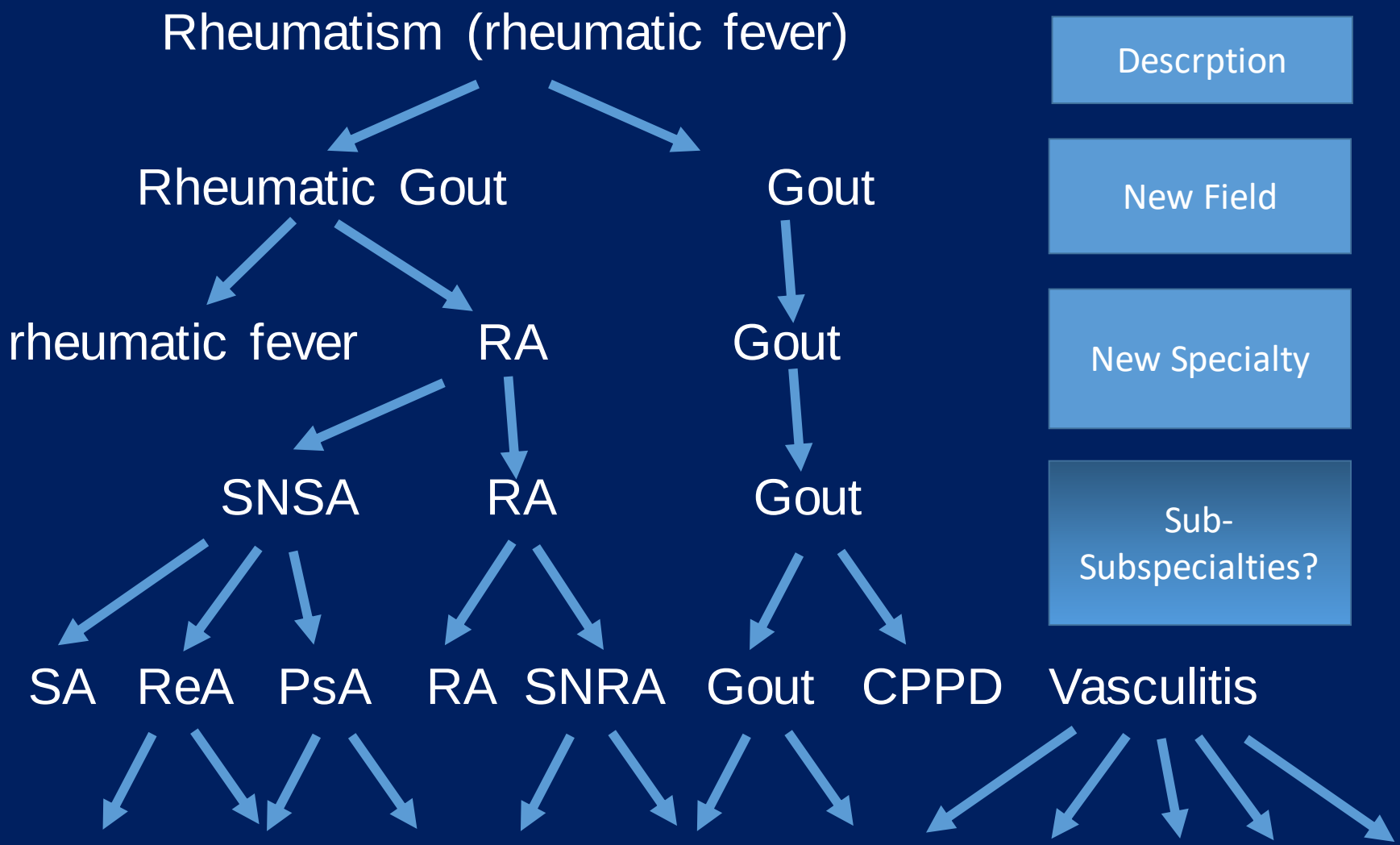


- Numbers – Diseases, Providers, Patients

Growth in Rheumatology



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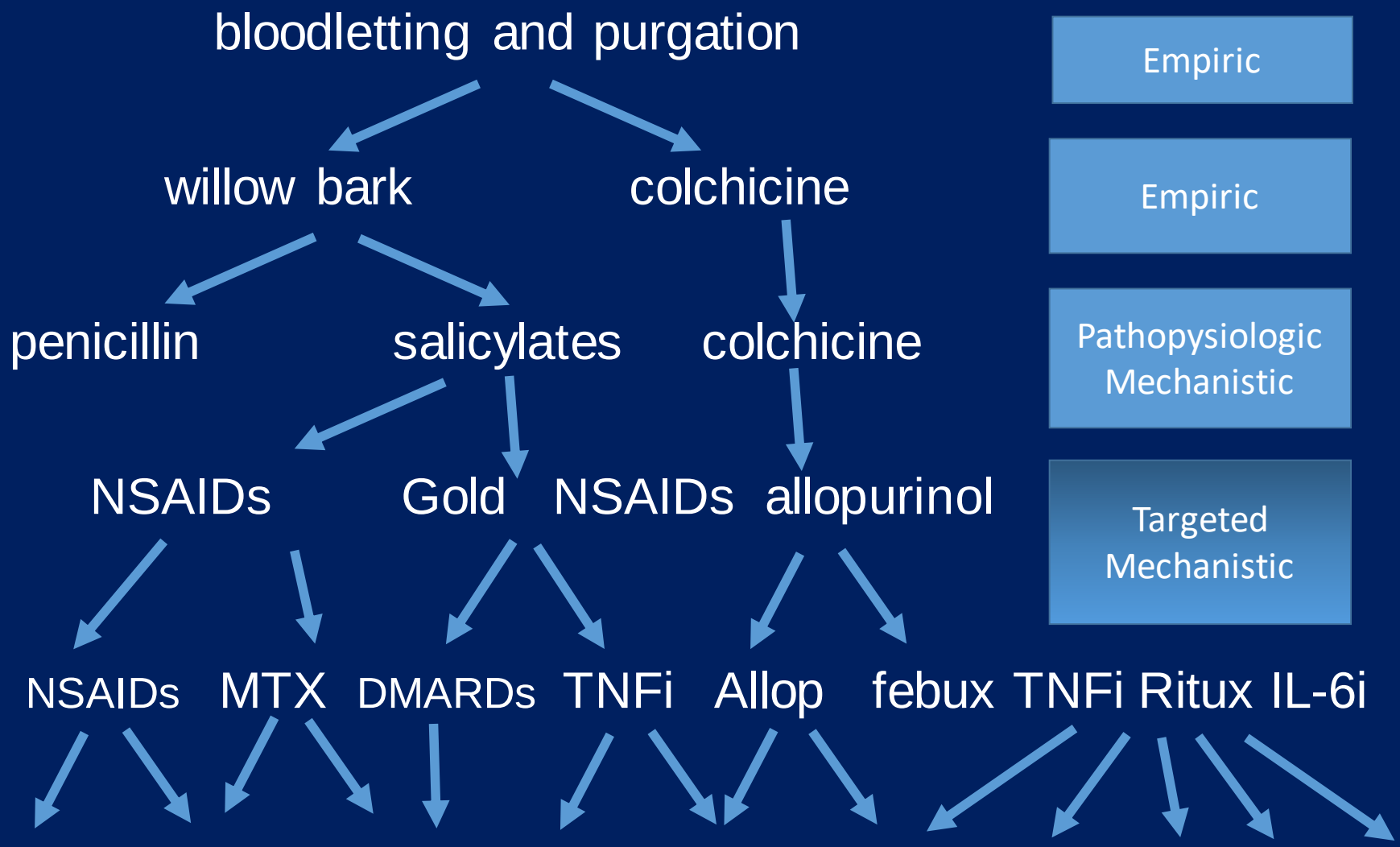
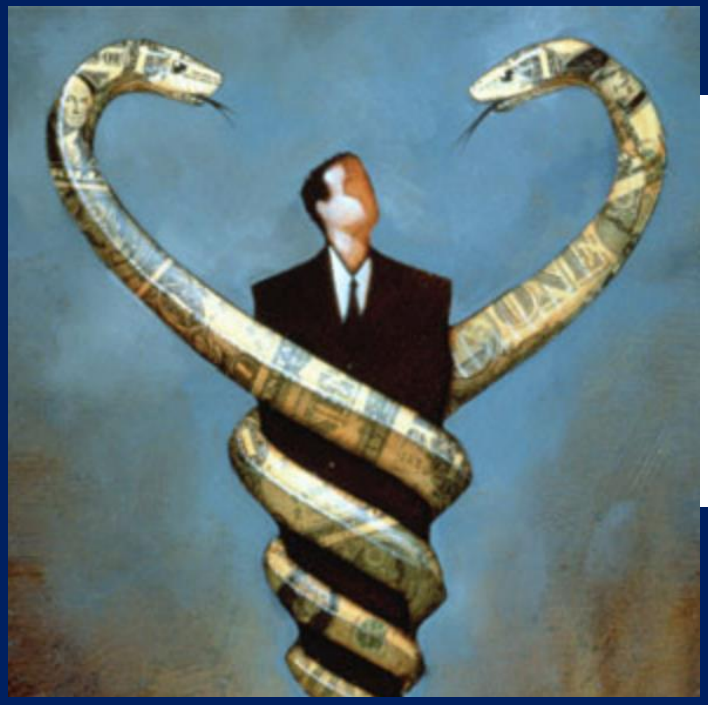




The Scientist, February 28, 2005

The New York Times

Opinion

Your Doctor's Drug Problem

By ARNOLD S. RELMAN NOV. 18, 2003

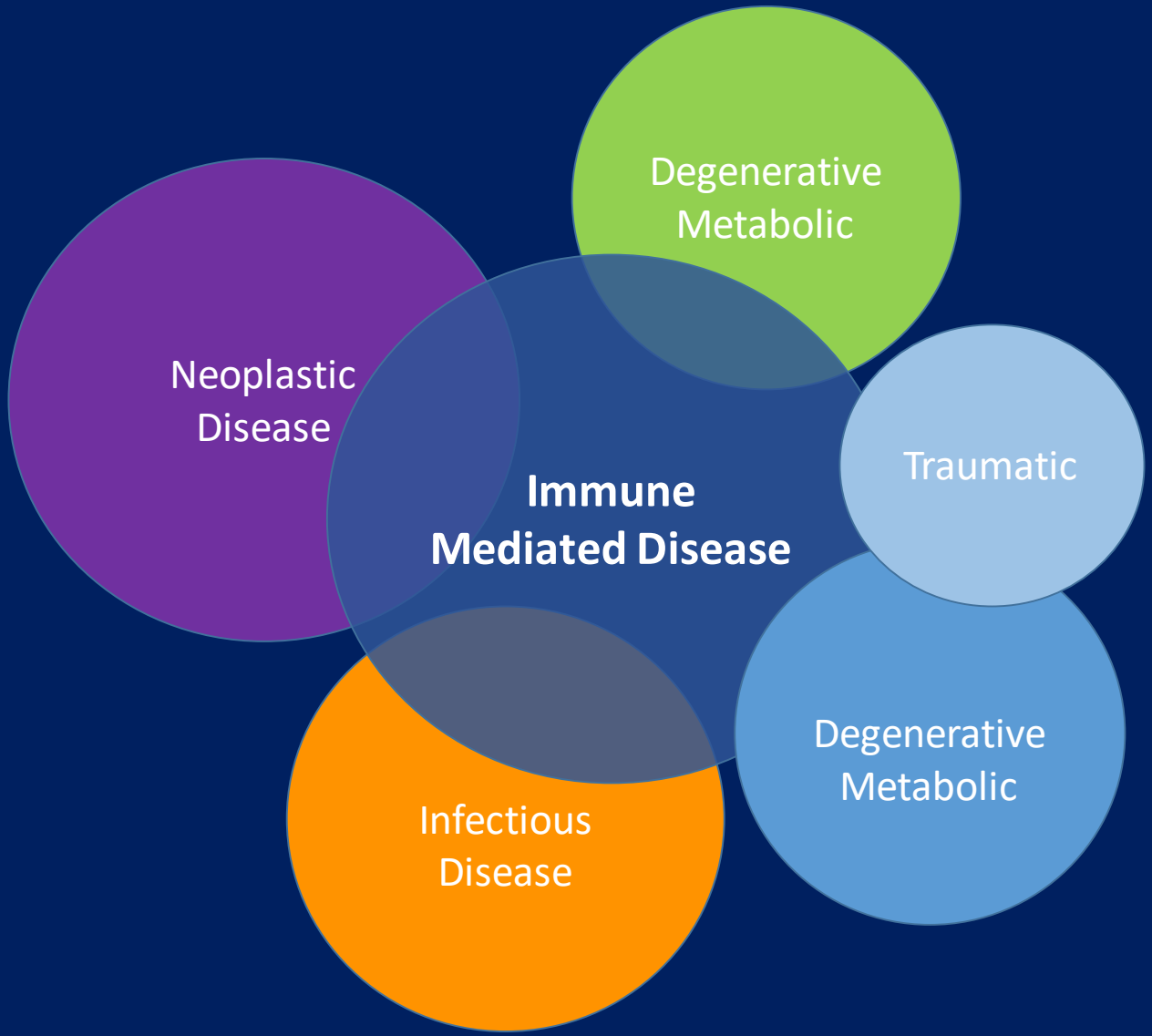
Doctor Prescribing Linked to Industry Gifts

Researchers examined drugs to prevent blood clots and to treat diabetes and found certain ones were prescribed more often by doctors who had received gifts from those companies.

By **Kimberly Leonard**, Staff Writer Aug. 18, 2016, at 6:10 p.m.

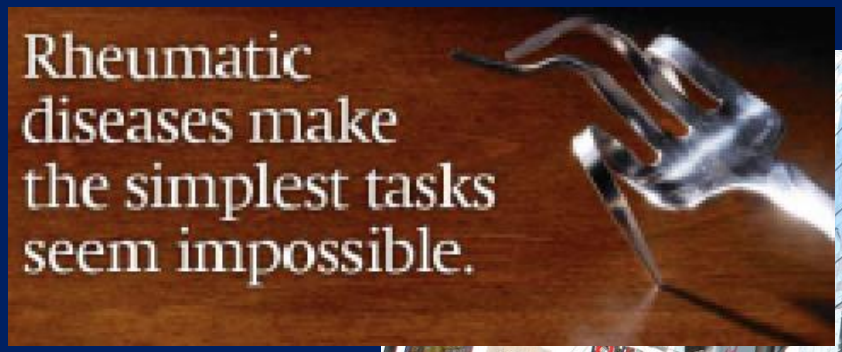
U.S. News & World Report

Scope of Rheumatic Disease



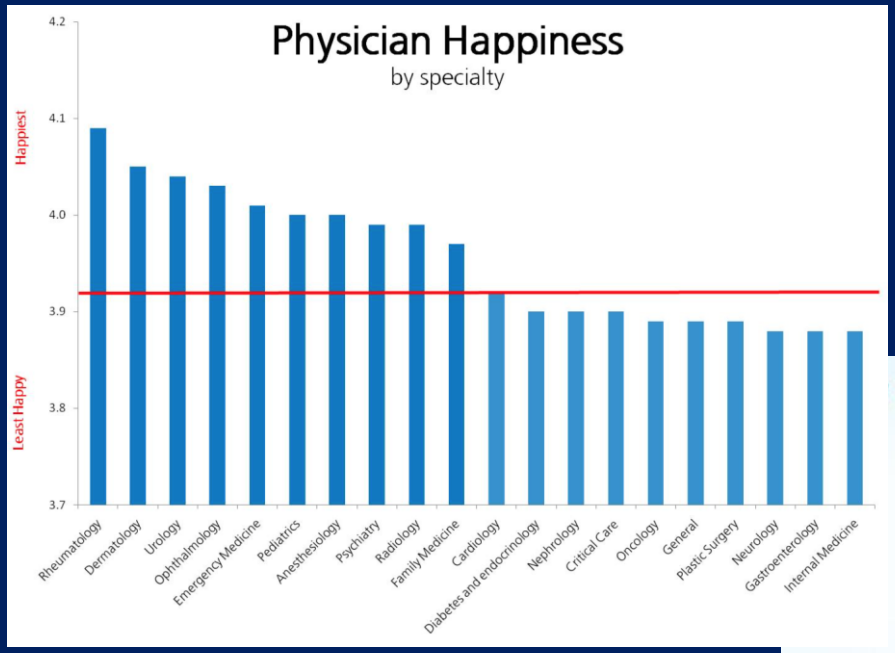
Lyme Disease
HIV
Eos Myalgia
Silicone Implants
Chikungunya
IRAEs

What is a Rheumatologist?



ACR simple tasks™

We're Pretty Happy



Medscape Lifestyle Report, 20112

Happy Are Physicians With Their Lives Outside of Work?

Happiness Score: 1 (very unhappy) to 5 (very happy)

Rheumatology	4.09	Pulmonary Medicine	3.95
Dermatology	4.05	Pathology	3.93
Urology	4.04	Cardiology	3.92
Ophthalmology	4.03	Critical Care	3.90
Emergency Medicine	4.01	Nephrology	3.90
Pediatrics	4.00	Diabetes & Endocrinology	3.90
Anesthesiology	4.00	Plastic Surgery	3.89
Psychiatry & Mental Health	3.99	General Surgery	3.89
Radiology	3.99	Oncology	3.89
Family Medicine	3.97	Internal Medicine	3.88
HIV/ID	3.97	Gastroenterology	3.88
Orthopaedics	3.96	Neurology	3.88
Ob/Gyn & Women's Health	3.96		

What Is our Strong Suit?

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- Emphasis on Science

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- Experts in Immune Mediated Disease

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- Experts in Immune Mediated Disease
- Sherlockian Approach

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- Sherlockian Approach
- Evidence-based Practice

What Is our Strong Suit?

- Emphasis on Science
- Experts in Immune Mediated Disease
- Sherlockian Approach
- Evidence-based Practice
- Valued Consultant

Thank You