

RHEUMATOLOGY



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Dr Gotlieb is a registered rheumatologist in private practice at Constantiaberg Medi-Clinic, Cape Town. He received under- and postgraduate training at the University of Cape Town. He is a former President of the South African Rheumatism and Arthritis Association (SARAA) (2001 - 2003), a former Chairman of the Western Cape Physicians Association, and a former Vice-Chairman of SAMA – Cape Western Branch region. He is an ongoing member of the Western Cape Peer Review and Ethics Committee. Dr Gotlieb has a particular interest in clinical rheumatology. His other major interests include an internet rheumatology teaching facility through his website www.arthritis.co.za, which receives a 'readership' of approximately 50 000 a month, making it one of the largest physician-based internet sites on the web.

Rheumatic diseases constitute one of the commonest clinical problems. Yet until recently it has had little prominence in training programmes at undergraduate and even at postgraduate levels. Delay in making a diagnosis is a tragedy, as patients miss the opportunity for disease modification and better outcome. We need a fundamental change in attitude from referring practitioners. Unnecessary first-line referral to surgeons and consequent avoidable surgery is a significant problem that rheumatologists note every day. Referral to a rheumatologist should be seen as the first-line specialist approach for people with arthritis, where such referral is required.

There are 5 rheumatology training centres in South Africa, namely Cape Town, Stellenbosch, Durban, Johannesburg and Bloemfontein. These units have increased undergraduate exposure to rheumatology – students get exposure in their fourth and fifth years of training at a clinical level and not through didactic lectures alone. This edition of *CME* is designed to continue the focus on teaching practical aspects of clinical rheumatology. We have assembled a fine team from around the country to put together a special edition of *CME*, aimed especially at the general practitioner.

David Gotlieb looks at the practical examination of the patient with rheumatic disease. The examination and clinical assessment remains the cornerstone of rheumatology. A good history and examination will enable a diagnosis and thereafter treatment. Tests and investigations should be requested only if relevant radiographs and blood tests are entirely normal in the presence of disease.

Stan Ress examines autoimmunity and makes a complex issue understandable to the generalist. Immunology has become one of the fastest moving specialties and has enabled the use of biological therapies, which are changing the face of treatment of inflammatory arthritis.

Jenny Potts reviews laboratory investigations and their clinical relevance in rheumatology. Roy Breeds reviews rheumatoid arthritis, a condition that has changed in its prognosis from almost certain disability to one that is treatable and controllable. We require early access to disease-modifying treatment to make headway. Symptomatic therapy alone is not sufficient.

Ingrid Louw looks at new therapies available to treat rheumatoid arthritis. These are the biologics which worldwide have been seen to change the outlook of inflammatory arthritis, including resistant disease. Bev Traub writes a well-researched article on osteoarthritis, highlighting aspects of the most common form of arthritis. This condition is no longer seen as a simple ageing process, but has genetic, hormonal and immunological factors that are the focus of new directions of fundamental research.

Mohamed Ally discusses the treatment of gout. Interestingly, gout remains one of the simplest, yet most poorly treated conditions in rheumatology. Tragically we still see people disabled by damage from recurrent frequent attacks and from tophi. This is unacceptable and requires treatment of the fundamental cause rather than of symptoms alone. Ron Asherson, well known for his research on the antiphospholipid syndrome, gives us a short review of this underestimated problem.

These people give of their time to teach and, in doing so, do rheumatic disease patients in this country a great service by achieving better health care for them.

Rheumatology is leading the medical world in its scientific research and advances in therapies. The United Nations and many governments, by endorsing the current decade as 'International Bone and Joint Decade', have recognised the importance of education in this field.

Hopefully, we will see change in attitudes toward the allocation of funds for people with chronic disease, and in particular for those who suffer from arthritis.