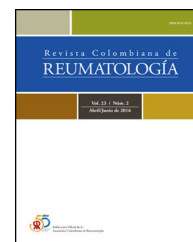




Revista Colombiana de REUMATOLOGÍA

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Letter to the Editor

Difficulties in establishing parameters for rheumatoid arthritis in Brazil

Dificultad para establecer parámetros de la artritis reumatoide en Brasil

Dear Editor,

We read the article “Prevalencia de la artritis reumatoide en Colombia según información del Sistema Integral de Información de la Protección Social” which includes an important survey of this disease in Colombia.¹

Rheumatoid arthritis (RA) is an autoimmune disease of unknown etiology, characterized by symmetrical peripheral polyarthritis, which fundamentally compromises the synovial membrane of the diarthrodial joints, and evolves with deformity and destruction of the joints by erosion of bone and cartilage.²

In the elderly, RA had an increased prevalence reaching about 2% of the population.^{3,4} There are studies estimating a prevalence of 4.5% in the age group of 55–75 years. In addition, due to the growth of the population over 60 years the impact of RA becomes increasingly important.^{3–6}

In Brazil as well as in Colombia, there is the DATASUS-TABNET, a database similar to the *Sistema Integral de Información de la Protección Social*. The available information allows decision making in the implementation of Health Policies. Databases and Health Information Systems are important tools for planning and evaluation of health policies, health services, networks and systems.⁷

The *Sistema Integral de Información de la Protección Social* records data from RA at individual sections on a database. However, the DATASUS records those data in a group of rheumatoid arthritis and other inflammatory polyarthropathies. Brazilian conduct does not provide detailed static studies on morbidity, which makes it impossible to establish a broader public policy regarding the pathology, its diagnosis, treatment and the highest operational cost.⁸

Similar to the Colombian study, a survey carried out in a rheumatology service in Brazil shows that the highest percentage of patients were women, generally Caucasian. However, in the Brazilian case, the majority of patients were between the fourth and sixth decades of life.^{2,3}

On the other hand, the *Sistema Integral de Información de la Protección Social* from Colombia with the *Fondo Colombiano de Enfermedades de Alto Costo* presented a report which details the whole situation of the disease, cost and treatment. In consequence, it provides the correct public management in applications of the funds.⁸ In conclusion, the Brazilian government must improve the health database and healthcare of RA patients.

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Josué da Silva Brito ^{a,*},
Christiano Tadeu Sanches Mattos Killesse ^{b,a},
José Luiz de Faria ^a, Gabriel Antunes Dias Costa ^a

^a Centro Universitário Atenas (UniAtenas), Brazil

^b A Specialist in Emergency Department, Brazil

* Corresponding author.

E-mail address: josedasilvabrito1998@gmail.com
(J. da Silva Brito).

0121-8123/

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Asociación Colombiana de Reumatología.

<https://doi.org/10.1016/j.rcreu.2019.10.007>