Recommendations made by the Portuguese Society of Rheumatology: a contribution for a high-quality clinical practice

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At the start of the 1970s, Scottish doctor and epidemiologist Archibald Cochrane (1909-1988) drew attention to the fact that many of the inefficiencies of the British National Health Service (NHS) were related to decisions and medical practices that lack sufficient evidence, and which were not supported by quality clinical trials[1]. Thus, Archibald Cochrane resorted to the need to carry out rigorous scientific studies that could answer clinically relevant questions, and also to the need for a systematic and regular review of these studies. This appeal gave rise to the concept of "Evidence-Based Medicine"[2] and to the "Cochrane Collaboration", an international organisation whose core goals are those of preparing, maintaining and ensuring access to systematic reviews about the effects of interventions in the health area[3]. The application of principles and epidemiological methods for the solutions of problems encountered in medical practice helped towards the development of clinical epidemiology as a Science in its own right. Gradually, epidemiology expanded to other fields, such as pharmacoepidemiology, molecular epidemiology, and genetic epidemiology.

However, the efficiency of health care does not depend only on more and better knowledge. The ability to efficiently articulate knowledge with clinical practices is a condition essential for the quality of health care[4]. In this regard, recommendations are an instrument capable of establishing the connection between scientific evidence and the standards of best practices[5,6].

Seeking to improve quality, equity and sustainability of health care, several countries and medical societies have promoted the development of different philosophical lines of clinical guidance. At present, recommendations of clinical decisions are starting to become part of the routine of many institutions and services in the medical area. However, their growing publicity and use pose new challenges. Not all recommendations are in fact produced in a meticulous and duly grounded way, and neither are all recommendations adjusted to the reality where they are to be implemented; in addition, many are the people who ignore the costs and sustainability of their application[7]. Indeed, in some cases they are even instrumentalised for the promotion of new drugs or new technologies, thereby generating conflicts of interest at several different levels[8].

In the light of the points here raised, the main aim of medical intervention, which is caring for the patient, often remains unchanged, thereby generating continuous challenges to be overcome on an individual basis, with each medical decision that is taken. In order to help when taking these decisions, thus optimising care for the patient, the Portuguese Society of Rheumatology has triggered a process with its work groups, with a view to reviewing the recommendations proposed for treatment of inflammatory joint diseases (IJD) with biologic therapies, particularly rheumatoid arthritis, psoriatic arthritis, axial spondyloarthritis, and juvenile idiopathic arthritis[9-13]. Based on the scientific evidence currently available and constructed in a critical manner and devoid of any other interests, other than those that bring improvement in care for the patient, these guidelines intend to make sure of a more appropriate and safe use for biotherapies, thereby allowing them to be selected for use on those patients who need them most, and who could benefit most from such treatment.

IJDs are chronic diseases that, when not treated early and actively, could bring hefty costs to the individual patient and to society as a whole[14-16]. The use of biotherapies in patients with IJD has brought significant benefits, allowing better control of disease activity, and a more efficient preservation of functional and labour capacity, and quality of life, of these patients[17]. Something

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that only a few years had seemed to be a pipe-dream, which is disease remission, is now a key goal in the treatment of IJD[18], based on early diagnosis and treatment. All of this pharmacological progress was only possible thanks to the efforts made in the investigation of the pathological mechanisms behind IJD, which allowed the identification of some of the molecules responsible for inflammation, and the subsequent development of specific treatments, targeting these same pro-inflammatory molecules[17].

Apart from the clear benefits obtained in the control of IJD and the prevention of functional disability, the introduction of biologic therapies has also come to overhaul rheumatologic practices, by introducing greater strictness in clinical appraisal and also in the quest for therapeutic targets, and also by raising security and economic issues, something that, until now, rheumatologists had rarely borne in mind when evaluating their patients. These therapies, however, are not without their side effects, and have high costs, which account for a large part of the costs incurred by patients with IJD. However, it is also important to recognise that the correct use of such drugs on patients, with criteria for the introduction and later maintenance thereof, is associated with significant global gains in terms of health: not only clinical gains, but also social and economic gains, through the reduction of other costs and an important slice of the indirect costs that are linked to temporary or permanent incapacity[14-16].

The clinical guidelines now published under the aegis of the Portuguese Society of Rheumatology should be understood as aids in making clinical decisions, and not as unique or mandatory standards. It is hoped that this could create an additional motivation so that one may promote a critical ongoing discussion within the field of Rheumatology and this may be a contribution to a high-quality clinical practice. In an age where scientific knowledge expands at a mind-boggling rate, such recommendations must always be reviewed and reassessed, both with regard to the state of the art and with regard to the real impact on the results of the health care provided[19].

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