



## NEWSLETTER

Volume 5

January 2023

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## EDITORIAL BOARD:

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**DR. TAJVUR SABIR****DR. BABUR SALIM****DR. HAMZA ALAM**MESSAGE FROM  
EDITOR-IN-CHIEF

I would like to thank my team for their staunch support. I am sure that we will be able to achieve more milestones together. Please enjoy this effort and keep us posted about what else do you want to read about. Thank You!

**DR. TAHIRA PERVEEN UMER**

Editor in Chief-PSR Newsletter,  
Assistant Professor and Head-  
Department of Rheumatology,  
Liaquat National Hospital,  
Karachi.

## RESEARCH UPDATES

*Courtesy: Dr. M. Haroon***HYALURONIC ACID KNEE INJECTIONS  
NO BETTER THAN PLACEBO:**

Although most international guidelines currently discourage the use of intra-articular hyaluronic acid derivatives in treating knee OA, in the United States alone, over \$300 million is spent annually on intraarticular hyaluronic acid injections, and yet another study shows such therapy is no better than placebo.

In a recent study published in BMJ, where authors carried out a metanalysis of the efficacy and safety of viscosupplementation (intraarticular hyaluronic acid injection) in knee osteoarthritis patients. 169 trials involving 21,163 randomized knee OA patients were reviewed. The prespecified primary outcome was pain intensity. Secondary outcomes were function and serious adverse events. Data from 24 large, placebo controlled trials (8997 patients) concluded that viscosupplementation was associated with a small reduction in pain versus placebo (SMD

-0.08, 95% confidence interval -0.15 to -0.02), with the lower bound of the 95% confidence interval excluding the minimal clinically important between group difference. This corresponds to a lowering of 2 points on a 100 point (mm) visual analogue scale for pain.

Most worrying is the fact that the safety concerns often go unnoticed. The results of 15 large, placebo controlled trials (6462 patients) also showed viscosupplementation to be associated with a significantly higher risk of serious adverse events than placebo (relative risk 1.49, 95% confidence interval 1.12 to 1.98).

Since 2009, there have been numerous such studies revealing no conclusive evidence of clinical superior efficacy of viscosupplementation compared to placebo.

**REFERENCE:**

Viscosupplementation for knee osteoarthritis: systematic review and meta-analysis. BMJ 2022;378:e069722

*Continue on page: 04....*DEPARTMENT OF MEDICINE-DIVISION OF RHEUMATOLOGY,  
CMH LAHORE*Courtesy: Dr. Saba Saif, CMH Lahore Medical College and IOD*

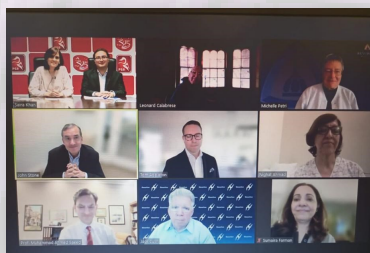
## ARTICLES PUBLISHED:

1. Saif S, Kakalia S, Kitchlew R, Khan HA, Fida S, Siddique M. Role of Ondansetron in Reducing Methotrexate Intolerance in Patients with Inflammatory Arthritis. J Coll Physicians Surg Pak. 2022 Oct; 32(10):1308-1312. DOI: 10.29271/jcpsp.2022.10.1308. PMID: 36205276.
2. Saif S, Kitchlew R. Average time taken by a Rheumatology patient to reach a Rheumatologist in Pakistan. J Pak Med Assoc 2022; 72(11):2204-2208. DOI:10.47391/JPMA4598



# SILVER JUBILEE 25<sup>TH</sup> ANNUAL PSR CONFERENCE (LAHORE)

Courtesy: Dr. Bilal Azeem Butt & Dr. Saira .E. Anwar



The year 2022 marked the 'Silver Jubilee' of Pakistan Society for Rheumatology's Annual International Conference. This year's

conference had a galaxy of International & National speaker and was well attended by a wide variety of medical professionals. The theme of the Silver Jubilee Conference was "Untangling the Knots of Rheumatology". The conference kicked off with the first ever Online Rheumatology Review



Course on 16<sup>th</sup> October, 2022, it was rated as the best course in terms of International Faculty & Scientific content and some attendees labelled it as being better than ACR's Review Course. This was followed by four pre-conference workshops from 19<sup>th</sup> to 20<sup>th</sup> October, 2022. Workshops started with the first APLAR endorsed PSR Pediatric Rheumatology Hybrid Course, followed by Hybrid Nailfold capillaroscopy workshop, next day had Musculoskeletal Ultrasound & Vascular Ultrasound workshops: these were well attended by Rheumatologists & Radiologists and had one the best International & National faculty.

The main conference was of 3 days (21<sup>st</sup> – 23<sup>rd</sup> October, 2022) and consisted of 9 state of the art CME accredited sessions, including two unique MDT (multidisciplinary team) sessions. The sessions covered most of the content of Rheumatology and topics were unique, catchy and relevant. There was a great mix of expert and well reputed International & National speakers. There was also poster tour and meet the Professor session.



We should never forget that it started from a very humble beginning, when only a few rheumatologists committed to the field with passion and fervour opened the doors of rheumatology to the people of Pakistan. They offered their knowledge, expertise and even their homes to host International speakers just so that this event could take place every year.



We are humbled that this responsibility was put on our shoulders this year to carry forward the torch. Having recovered from COVID pandemic our team strived to put forward an event that incorporated the best ever scientific content and faculty in the speciality of Rheumatology setting a benchmark matching any international conference.



The conference had a dynamic and vibrant organising team that worked day and night to make it a success and a Silver Jubilee event in real sense. The conference was patronised by Prof Dr Nighat Mir Ahmad, the Scientific Committee was co-chaired by Prof Dr Sumaira Farman Raja & Prof Dr Muhammad Ahmad Saeed. The conference convener was Dr Saira Elaine Anwer Khan,



Organising: Team 25<sup>th</sup> Silver Jubilee Annual International PSR Conference, Lahore 2022



## ACADEMIC ACTIVITIES IN RHEUMATOLOGY UNIT FEDERAL GOVERNMENT POLYCLINIC HOSPITAL, ISLAMABAD

Courtesy : Dr. Sarah Azam Shah, Polyclinic Islamabad

### INDUCTION PROGRESS:

Two new FCPS Rheumatology trainees were inducted in July 2022 so overall we now have three residents in the unit.

### POST GRADUATE SUCCESSFUL CANDIDATES:

Dr Sarah Azam Shah cleared her SCE rheumatology in July and FCPS Rheumatology in November 2022.

### PUBLICATIONS:

Knowledge, Attitude and Practices Study Regarding Current Covid-19 Pandemic in Patients Presenting to Rheumatology Clinic in Federal Government Polyclinic, Islamabad. Dr. Taqdees Khaliq, Dr. Sarah Azam Shah Dr Saad Saleem, Dr Safina Hameed. Journal of Shifa Tameer-e-Millat University 4(2):100-109

Assessment Of Burnout in Physicians Working in Hospitals of Islamabad/Rawalpindi and Its Association with The Musculoskeletal Pain. Dr Saad Saleem, Dr. Taqdees Khaliq, Dr. Hammas Adil. Pak Armed Forces Med J 2022; 72(4): 1291-1297.

Assessment Of Neuropathic Pain in Patients with Knee Osteoarthritis. Dr. Sarah Azam Shah, Dr Taqdees Khaliq, Dr Saad Saleem,

Dr Maliha Baseer, Dr Sadaf Nasir, Dr Safina Hameed Qureshi. Foundation University Med J 2022;4(2):5-10

### POSTER PRESENTATIONS:

Following are the posters that were presented at the 25<sup>th</sup> annual PSR conference in Lahore.

Dr. Taqdees Khaliq

Carotid Intimomedial Thickness (CMT) In Patients with Rheumatoid Arthritis; The Need For More Aggressive Cardiovascular Screening In RA.

Dr. Safina Hameed Quershi.

Frequency of Thyroid Disorders in Rheumatoid Arthritis Patients And Its Association With DAS28-ESR Score: A Prospective Observational Study In A Hospital Setting In Pakistan

Dr Sarah Azam Shah

Fatigue Assessment Using FACIT-F Scale in All Axial Spondyloarthritis Patients Presenting To A Tertiary Care Hospital And Correlation Of FACIT F Score With BASDAI And BASFI Scores. (FAF-AXSPA).

Assessment of neuropathic pain in patients with knee osteoarthritis.

Systemic immune inflammation index as an emerging biomarker for rheumatoid arthritis disease activity.

### APLAR CONFERENCE IN HONG KONG-2022 :

Two posters i.e one original article and one case report have been selected for poster presentation at the APLAR 2022 conference in Hong Kong.

Carotid Intimomedial Thickness (CMT) In Patients with Rheumatoid Arthritis; The Need For More Aggressive Cardiovascular Screening In RA. Poster # 594

Blurred vision as a presenting symptom of systemic lupus erythematosus. Poster # 598.

## QUIZ

Courtesy : Dr. Ali Rukh

Q: A young male with bumps at various sites of his body, which would severely pain sometimes. A hint "he has got some renal disease". How would you manage this patient?

A. NSAIDs, Colchicine    B. Colchicine, Steroids, Allopurinol    C. Colchicine, Steroids, Febuxostat    D. Colchicine, Surgical Resection



Answer on last page

## HCQ DOSE REDUCTIONS PER AAOS GUIDELINES: WAS THAT JUSTIFIED IN THE LIGHT OF NEW DATA FROM CLINICAL PERSPECTIVE?

A 2014 paper in JAMA Ophthalmology highlighted a much-higher rate of HCQ associated retinopathy than had previously been appreciated. Subsequently, not surprisingly, 2016 American Academy of Ophthalmology Guidelines, recommended dose cut-off of 5mg/kg per day for ophthalmologic complications. Majority of rheumatologists across the globe have modified their practices accordingly; however, no one anticipated the clinical consequences of doing this for our connective tissue disease states.

At ACR Convergence 2022, there were multiple abstracts and sessions highlighting the potential cost of this dose reduction.

### ABSTRACT NUMBER: I654

#### Hydroxychloroquine Dosing Less Than 5 Mg/kg/day Leads to Increased Hospitalizations for Systemic Lupus Erythematosus Flares

In this abstract, authors have reported a 4-5 fold higher risk of hospitalization and SLE flare for patients who were on low dose (under 5mg/kg/day) as opposed to high dose (over 5mg/kg/day) HCQ

### ABSTRACT NUMBER: 0982

#### Effect of Cumulative Hydroxychloroquine Dose on Prevention of Damage Progression and Cardiovascular Events in Patients with Systemic Lupus Erythematosus

evaluated a prospective cohort of 286 patients who had been followed for 10 years. They evaluated the association between average HCQ dose and disease damage over time on the SLICC/ACR damage index (SDI) and with respect to major adverse cardiovascular events (MACE) or stroke.

Patients who had lower HCQ doses per year were significantly more likely to:

develop damage on the SDI, suffer from major adverse cardiovascular events, or experience a stroke.

There was no difference with respect to eye toxicity, but longer follow up and a larger sample size is required to further confirm these findings

Additionally, an important consideration is that there was no information about HCQ dosing with respect to the 5mg/kg per day threshold, but nevertheless, the association between HCQ dose and SLE disease and its complication was pretty convincing.

## LEFLUNOMIDE VERSUS AZATHIOPRINE FOR MAINTENANCE THERAPY OF LUPUS NEPHRITIS: A PROSPECTIVE, MUL-

## TICENTRE, RANDOMISED TRIAL AND LONG-TERM FOLLOW-UP

Approximately 50%-60% of adult patients with SLE develop kidney involvement during their disease course. In addition, 10%-30% of patients with lupus nephritis (LN) progress to kidney failure requiring renal replacement therapy. To date, there have been no high class evidence of leflunomide use in lupus nephritis. The authors in this study aimed to compare the efficacy and safety of leflunomide versus azathioprine as maintenance therapy for LN.

For this study, 270 adult patients with biopsy-confirmed active LN were enrolled. All patients received induction therapy with 6-9 months of IV cyclophosphamide plus glucocorticoids. Only those patients who achieved complete response or partial response were randomised to receive leflunomide or azathioprine as maintenance therapy for 36 months. The primary efficacy was the time to kidney flare.

A total of 215 patients (out of 270) achieved complete or partial response and were randomly allocated to the leflunomide group (n=108) and azathioprine group (n=107). Kidney flares were observed in 15.7% leflunomide-treated patients and 17.8% azathioprine-treated patients. Time to lupus nephritis flare did not statistically differ (leflunomide: 16 months vs azathioprine: 14 months, p=0.676). 24-hour proteinuria, serum creatinine, serum albumin, serum C3 and serum C4 improved similarly. The incidence of adverse events was similar in the 2 groups: leflunomide 56.5% and azathioprine 58.9%.

This prospective, randomised, open-label trial, which has been the first study to date looking at the use of leflunomide as maintenance therapy in LN, has shown that the efficacy and safety profile of leflunomide are non-inferior to azathioprine. Furthermore, the long-term follow-up data adds additional value to these results.

### REFERENCE:

Fu Q, Wu C, Dai M, et al. *Ann Rheum Dis Epub ahead of print*: [please include Day Month Year]. doi:10.1136/annrheumdis-2022-222486

## TARGET TRIAL - CARDIOVASCULAR RISK REDUCTION IN RHEUMATOID ARTHRITIS

The TARGET (The Treatments Against RA and Effect on FDG-PET/CT) trial enrolled adult patients with active RA (despite methotrexate) and randomized them to receive either a TNF inhibitor (TNFi) or addition of sulfasalazine and hydroxychloroquine (triple therapy) for 24 weeks. The primary endpoint in this trial was arterial inflammation as assessed by 18F-fluorodeoxyglucose-positron emission tomography/CT scans, measuring arterial target-to-background ratio (TBR) in the carotid arteries and aorta.

A total of 159 patients were randomised. 138 completed follow-up, but 115 patients complet-

ed the protocol. Both treatment groups were clinically balanced with a baseline DAS28 of 4.8 (IQR 4.0, 5.6). Both treatment groups demonstrated significant TBR reductions —  $\Delta$ TNFi: -0.24 (SD=0.51),  $\Delta$ triple therapy: -0.19 (SD=0.51) — with no significant differences between groups (p=0.79) and no significant TBR differences related to clinical improvement.

Statistically significant reductions in arterial inflammation were observed in patients randomised to TNF inhibitors or triple therapy, but the addition of a TNFi did not reduce arterial inflammation more than triple therapy.

This randomised clinical trial suggests that immunomodulators effectively reduce arterial inflammation and cardiovascular risk, but shows no significant benefit to TNF inhibitors over triple therapy in patients with rheumatoid arthritis.

### REFERENCE:

Solomon DH, Giles JT, Liao KP, et al *Reducing cardiovascular risk with immunomodulators: a randomised active comparator trial among patients with rheumatoid arthritis Annals of the Rheumatic Diseases Published Online First: 30 November 2022. doi: 10.1136/ard-2022-223302*

## RITUXIMAB AND CYCLOPHOSPHAMIDE ARE EQUALLY EFFECTIVE IN TREATING PATIENTS WITH CONNECTIVE TISSUE DISEASE RELATED INTERSTITIAL LUNG DISEASE - RECITAL TRIAL

The RECITAL study was a randomised, double-blind, double-dummy, phase 2b trial to assess the superiority of Rituximab (RTX) compared with Cyclophosphamide (CTX) in adult CTD-ILD (connective tissue disease related interstitial lung disease) patients - related to scleroderma, idiopathic inflammatory myositis, or mixed CTD. Regimens included either IV RTX (1000 mg at weeks 0 and 2 intravenously) or cyclophosphamide (600 mg/m<sup>2</sup> body surface area every 4 weeks intravenously for six doses). The primary endpoint at 6 months was rate of change in forced vital capacity (FVC).

A total of 101 patients were randomized and 97 received at least one dose with 86% of CTX and 82% of RTX patients completing 24 weeks of treatment and follow-up. At 24 weeks, FVC improvements were seen in both groups (CTX mean increase 99 mL; RTX increase 97 mL) with no significant differences (p=0.49) between the groups. Similarly, there were no significant differences in secondary endpoints between the treatment groups, with the exception of change in GDA score at week 48, which favoured cyclophosphamide (difference 0.90 [95% CI 0.11 to 1.68]) - (GDA=global disease activity - physician assessed).

There was less corticosteroid exposure (over 48 weeks) and fewer reported



adverse events (445 vs 646 events) in the RTX patients. There were 5 deaths during the study (2 CTX; 3 RTX), all due to complications of CTD or ILD. Serious adverse events were equal between groups (33 CTX vs 29 RTX).

While this study showed that RTX was not superior to CTX in treating CTD-ILD patients, both treatments showed an increased FVC at 24 weeks, as well as clinically important improvements in quality of life. These data suggest that RTX is a reasonable therapeutic alternative to CTX in such patients.

This UK based study suggests the equivalent outcomes when patients with ILD associated with CTD are treated with either intravenous RTX or CTX, but with fewer adverse events with RTX.

#### REFERENCE:

Maier TM, et al; RECITAL Investigators. Rituximab versus intravenous cyclophosphamide in patients with connective tissue disease-associated interstitial lung disease in the UK (RECITAL): a double-blind, double-dummy, randomised, controlled, phase 2b trial. *Lancet Respir Med.* 2023 Jan;11(1):45-54.

Further Sub-analyses of this trial were presented as Abstracts at ACR 2022, which looked at various CTD subsets. These sub-analyses of RECITAL showed:

Equal outcomes in MCTD related ILD

CTX was better than RTX in myositis related ILD.

SSc-ILD shows both drugs stabilized but not improve FVC; but RTX (not CTX) improved skin thickness by mRss at 24 wks

Very importantly, such results should be viewed with caution as this study was not powered to look at individual CTD subsets (eg, MCTD, myositis, scleroderma).

#### ALLOPURINOL USE IN CHRONIC KIDNEY DISEASE PATIENTS :

A study published in the *Annals of Internal Medicine* reports that chronic kidney disease (CKD) patients can be safely treated with allopurinol without an increased risk of mortality.

In this population-based data, neither allopurinol initiation, nor achieving target serum uric acid level with allopurinol, nor allopurinol dose escalation was associated with increased mortality in patients with gout and concurrent CKD.

The authors studied UK primary care patients data from the Health Improvement Network (2000 to 2019), aged 40 years or older with gout and moderate-to-severe CKD and analyzed potential relationships between allopurinol initiation, dose escalation, achieving target serum urate level after allopurinol initiation and all-cause mortality in patients with both gout and CKD. To summarise the results, firstly, it was noted that allopurinol initiation did not increase mortality, rather it lowered mortality by 15%. Mortality rates were 4.9 and 5.8 per 100 person-years in 5277 allopurinol initiators and 5277 PS-matched noninitiators, (hazard ratio [HR], 0.85 [95% CI, 0.77 to 0.93]). Secondly, achieving the target of SUA < 6.0 was not associated with greater mortality (mortality achieving target SU vs. not achieving target SU level group was HR 0.87 (CI, 0.75 to 1.01)). Thirdly, allopurinol dose escalation did not increase mortality either (allopurinol dose escalation versus the no dose escalation, HR 0.88 (CI, 0.73 to 1.07)).

In this population-based data, neither allopurinol initiation, nor achieving target SU level with allopurinol, nor allopurinol dose escalation was associated with increased mortality in patients with gout and concurrent CKD.

#### REFERENCE:

Wei J, et al. Allopurinol Initiation and All-Cause Mortality Among Patients With Gout and Concurrent Chronic Kidney Disease: A Population-Based Cohort Study. *Ann Intern Med.* 2022 Apr;175(4):461-470

#### TIGHT CONTROL OF PROTEINURIA IN NEWLY DIAGNOSED LUPUS NEPHRITIS:

Authors conducted a cohort study using the Toronto Cohort Database in 418 patients with active Lupus Nephritis (LN), with an aim to determine the impact of time to remission and flares on the development of advanced CKD (stage IV or worse) in LN.

Out of 418 eligible patients, 50% achieved renal remission (defined by proteinuria <0.5g/24h, no active urinary sediment and serum creatinine of  $\pm$  20% of baseline) within the first year from LN diagnosis, 24.4% within the 2nd and 3rd years, 16.7% after 3 years and 8.9% never achieved remission. Sixteen percent of patients developed advanced CKD after 9.5 years on average. Patients who achieved remission within one year from diagnosis demonstrated better outcomes compared to all other groups ( $p < 0.0001$ ). Patients with complete remission between one and three years had similar outcomes for the first 10 years from diagnosis and deteriorated during the second decade of follow-up.

Authors conclude that complete remission of LN within the 1st year strongly protects against advanced CKD. One LN flare was estimated to associate with 2.7-fold increased risk for advanced CKD, which raises to 3.6-fold with 2 or more flares. Longer time on immunosuppressive medications even after achievement of remission was noted to associate with decreased risk for advanced CKD. The study above provides a rationale for us to be more ambitious and adjust our treatment target to proteinuria  $\leq 0.5$  g/24hr within 1 year of LN diagnosis

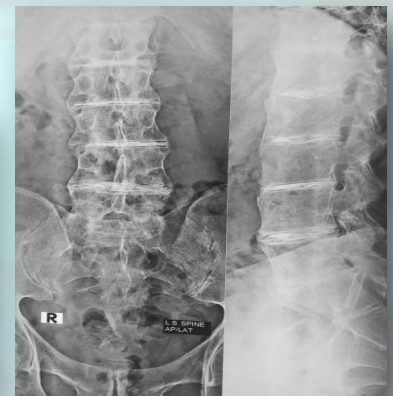
#### REFERENCE:

Gladman D, TSELIOS K, Su J, Urowitz M. Impact of Time to Remission, Flares and Exposure to Immunosuppressives on the Development of Advanced Chronic Kidney Disease (Stage IV or Worse) in Lupus Nephritis [abstract]. *Arthritis Rheumatol.* 2022; 74 (suppl 9).

## INTERESTING IMAGES

Courtesy : Dr. Lubna Nazir

Q: What is the underlying diagnosis?



Answer on last page



# DEPARTMENTAL ACTIVITIES OF RHEUMATOLOGY DEPARTMENT

FAUJI FOUNDATION HOSPITAL, RAWALPINDI

Courtesy : Dr. Shahida Perveen

## HANDS ON WORKSHOP ON MUSCULOSKELETAL ULTRASOUND

Musculoskeletal ultrasound is an important tool in rheumatology, used for diagnostic as well as therapeutic purposes. In this regard a hands on workshop on musculoskeletal ultrasound was conducted as a part of 22<sup>nd</sup> annual PSR conference, to familiarize the rheumatology trainees and rheumatologists with the modality. This workshop was facilitated by Dr Babur Salim and Dr Saba Samreen from department of rheumatology, Fauji foundation hospital(FFH), Rawalpindi(Rwp) apart from other MSK USG experts. This was attended by rheumatology fellows from all across the country. International experts in the field shared their valuable knowledge and expertise with the attendees and taught them the basic skills of the procedure. Attending doctors found the session very helpful and rewarding.



## CONTRIBUTION IN GLOBAL RESEARCH

Expeditious evolution of COVID-19 pandemic led to an equally rapid response from rheumatology fraternity, leading to exponential increase in new data and research in the field. It is a pride for rheumatology community of Pakistan that department of Rheumatology, FFH, Rwp has worked in collaboration with the two most eminent global rheumatology networks; Global Rheumatology Alliance (GRA) and COVAD study groups. We contributed data from Pakistan to both of these groups. This data led to various high quality studies most of which are published leading international journals of rheumatology.



## SUCCESSFUL ORGANIZATION OF MOCK EXAMINATION FOR RHEUMATOLOGY FELLOWS

Following its yearly tradition, Rheumatology department, Fauji foundation hospital, Rawalpindi arranged a FCPS preparatory MOCK examination for rheumatology fellows. Candidates from different cities attended it. Examiners from different cities took out their valuable time for the activity. Exam consisted of TOACS, short and long cases and individual feedback was provided to candidates at the end. The real time exercise of the examination was appreciated by the candidates to be beneficial in rectifying their weaknesses and polishing the clinical skills.



## VISIT FROM FOREIGN FACULTY



Department of Rheumatology, Fauji foundation hospital, Rawalpindi had the pleasure to receive Dr Neil Hopkinson, consultant rheumatologist from University hospital Dorset, UK. He visited the inpatient and outdoors of the

department. He had a discussion session with the consultants and fellows, where both sides discussed their experience for management of various rheumatological disorders. He was pleased with the wide variety of patients to be seen and up to date clinical practices. He also appreciated the coordinated and conducive environment in which patients were being treated.

## CONDUCTION OF AYR WEBINAR

Our department successfully conducted a session as part of the series of educational webinars from the platform of "Asia Pacific League of Associations for Rheumatology (APLAR) grand round" titled "Treatment in Rheumatoid arthritis; A two edged swords". Series of cases were discussed, highlighting various aspects of RA management especially focusing on the treatment side effects and how to handle them. In the end, audience's questions generated a productive discussion. Dr Saba Samreen (Assistant Professor, Rheumatology department

Rheumatology, 2022, 00, 1-11  
<https://doi.org/10.1093/rheumatology/keac624>  
Advance access publication 31 October 2022  
Original article



British Society for  
Rheumatology

RHEUMATOLOGY

OXFORD

Clinical science

### COVID-19 vaccination in autoimmune diseases (COVAD) study: vaccine safety and tolerance in rheumatoid arthritis

R. Naveen <sup>1</sup>, Ioannis Parodis <sup>2,3</sup>, Mrudula Joshi <sup>4</sup>, Parikshit Sen <sup>5</sup>, Julius Lindblom <sup>6</sup>, Vishwesh Agarwal <sup>7</sup>, James B. Lilleker <sup>8,9</sup>, Ai Lyn Tan <sup>10,11</sup>, Arvind Nune <sup>12</sup>, Samuel Katsuyuki Shinjo <sup>13</sup>, Babur Salim <sup>14</sup>, Nelly Ziade <sup>15,16</sup>, Tsvetelina Velikova <sup>17</sup>, Abraham Edgar Gracia-Ramos <sup>18</sup>, Miguel A. Saavedra <sup>19</sup>, Jessica Day <sup>20,21,22</sup>, Ashima Makol <sup>23</sup>, Oliver Distler <sup>24</sup>, Hector Chinoy <sup>25,26,27</sup>, Vikas Agarwal <sup>28,1</sup>, Rohit Aggarwal <sup>29</sup>



, FFH, Rwp) moderated the session and Dr Wajahat Aziz (Professor of Rheumatology, PIMS hospital, Islamabad) honoured the session as the guest faculty. Few glimpses of the session are shown here.



## FREE MEDICAL CAMP AT RAWALPINDI PRESS CLUB

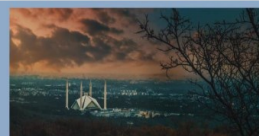
In continuation of the department's commitment to create awareness and facilitate the patients of rheumatic disorders, a free camp was arranged at Rawalpindi press club. The event was coordinated effort from department of Rawalpindi Press club, rheumatology department, FFH, Rwp, physiotherapy and medical students. Free checkup, advice and physiotherapy sessions were provided to the journalists and their families



## PARTICIPATION IN APLAR CONFERENCE 2022, HONG KONG

In upcoming APLAR conference 2022, 5 articles from the rheumatology fellows and consultants from Rheumatology department, FFH, Rwp are accepted for oral presentation. Dr Babur Salim and Dr Saba Samreen from the department will be presenting in this upcoming event as well.

Rheumatology department, FFH, Rwp has composed an introductory video for APLAR. Video highlights the history and evolution of APLAR since its inception. It includes different subgroups of APLAR as well as its various initiatives promoting research and education in the field of rheumatology. The video will be displayed during the upcoming APLAR conference. Here are few glimpses from video.



16 Special Interest Groups (SIGs)



32 affiliated Member National Organisations (MNOs)

## VIDEO BY:



DR BABUR SALIM



DR AMJAD SALIM



DR SHAHIDA PARVEEN



FIZZAH ALKARIM



DR SABA SAMREEN



DR HARIS GUL



AMIR ASIF

## RECEIPT OF INTERNATIONAL GRANT

Dr Haris Gul (Assistant Professor, Rheumatology department, FFH, Rwp) has recently received a grant from International League of Association for Rheumatology (ILAR) for a research project. He is the principle investigator for this project along with other researchers as co investigators.





## RHEUMATOLOGY FELLOWSHIP ACHIEVERS 2022

Courtesy : Dr. Hamza Alam



### DR. ZAFAYUB KHAN

Supervisor: Dr. Amjad Nasim  
Institute: Fauji Foundation Hospital, Rawalpindi  
Year: 2022



### DR. SARAH AZAM SHAH

Supervisor: Dr. Taqdees Khaliq  
Institute: Federal Govt. Polyclinic Hospital, Islamabad  
Year: 2022



### DR. MUHAMMAD SHARIF

Supervisor: Dr. Wajahat Aziz  
Institute: PIMS, Islamabad  
Year: 2022



### DR. AHMED AMMAR CHEEMA

Supervisor: Brig. Amir Fakhr  
Institute: Military Hospital, Rawalpindi  
Year: 2022

### DR. PIR MUHAMMAD ZAHID

Supervisor: Dr. Babur Salim  
Institute: Fauji Foundation Hospital, Rawalpindi  
Year: 2022



### DR. FOZIA FATIMA

Supervisor: Brig. Amir Fakhr  
Institute: Military Hospital, Rawalpindi  
Year: 2022



### DR. M. MUDDASSER KHAN PANEZAI

Supervisor: Dr. Uzma Rasheed  
Institute: PIMS, Islamabad  
Year: 2022



### DR. SAJID ALI KHAN

Supervisor: Prof. Dr. Nighat Mir  
Institute: Fatima Memorial Hospital, Lahore  
Year: 2022



## INVITED SPEAKER AT APLAR 22

Courtesy : Dr. M. Haroon

Honoured to have been invited to deliver 3 scientific talks at this annual APLAR scientific meeting. Following were the topics:

- First talk was during GRAPPA symposium, entitled "Year in Review – New Treatments". In this talk of more than 40 minutes, I covered the latest clinical data of 2022 regarding new treatment options, mainly focussing on all available blocking agents for IL-23, IL-17 and JAK inhibitors.
- Second talk was entitled as "Uveitis and Spondyloarthropathies: more than meets the eye". This talk was delivered during the session of "Emerging Concepts in Spondyloarthritis"
- Third talk was entitled as "Inflammation and Metabolic Syndrome: Lessons learnt from Psoriatic Disease". This concept is very interesting and worth highlighting.

Pso is not just a skin disease. Metabolic disease has become one of the hallmark features of psoriatic disease. Moreover, adverse cardiovascular and metabolic outcomes in patients with psoriasis or psoriatic arthritis might be directly linked to the cutaneous and musculoskeletal manifestations of these diseases via subsets of circulating

monocytes and tissue macrophages activated by inflammatory cytokine networks that arise in the skin and possibly the joint. In Psoriasis patients, vascular inflammation is highly prevalent, and vascular inflammation measured by FDG-PET/CT is independently associated with psoriasis skin disease severity. The cytokine profiles of psoriasis skin lesions and atherosclerosis vascular lesions are very similar. Although, metabolic and cardiovascular comorbidities are common in patients with psoriasis, traditional cardiovascular risk factors contribute only in part.

In recent years, there has been increased recognition that severe psoriasis is a chronic systemic inflammatory disorder. Increased inflammatory burden, which becomes even more pronounced with concomitant PsA, leads to insulin resistance with resultant endothelial cell dysfunction and atherosclerosis. This may result in myocardial infarction and stroke. It has been postulated that a shared inflammatory pathway exists between Psoriasis and obesity, hypertension, dyslipidemia and insulin resistance. Now there is emerging and convincing data that abrogation of inflammation which is considered an important outcome for achieving the control of skin and rheumatic disease also leads to reduction of cardiovascular risk. Our study which was published in "Arthritis

& Rheumatology" has shown that coronary artery plaque burden in PsA is directly associated with underlying inflammatory rheumatic disease activity and was independent of Metabolic Syndrome. In simple words, inflammation contributes more to underlying vascular disease among patients with psoriatic arthritis than the traditional cardiovascular risk factors.

Our another study has been published in "Journal of Rheumatology", where we tested the performance of established cardiovascular risk scores against the gold standard Coronary artery CT angiograms (CCTA). CCTA has been shown to have accuracy comparable to invasive angiography. We used CCTA findings as an outcome to test the performance of established CV risk. This has been the first study to evaluate the performance of established CV risk scores against coronary artery plaque burden using CCTA in PsA patients without symptoms of coronary artery disease. This study has shown that there is suboptimal performance of established CV risk scores; however, multiplication factor of 1.5 accurately categorized patients with PsA at high risk of cardiovascular disease. As recommended by EULAR for RA, we suggest that a similar multiplication factor of 1.5 be used in PsA patients.





PAKISTAN SOCIETY FOR  
**RHEUMATOLOGY**

# SAVE THE DATE

26TH ANNUAL INTERNATIONAL  
PSR CONFERENCE

**13-15 October, 2023**

PC HOTEL, KARACHI

FOR DETAILS CONTACT AT:

**0322-2846353**

**0336-8822332**

Website: [www.psr2023.com](http://www.psr2023.com)

Email: [psr2023@gmail.com](mailto:psr2023@gmail.com)

NEXT ISSUE OF

**Newsletter**

We are planning to publish the next issue in May 2023, In sha Allah Taala.

Please send us your departmental activities from December 2022 till April 2023, including titles of research papers published in National and International Journals.

The write-ups for the news and happenings in your Rheumatology department should be upto 100 words, each research highlight upto 200 words, summarized latest guidelines for any Rheumatic disease management upto 300 words and case report upto 400 words.

We would also appreciate receiving interesting quiz and images with two liner description.

Send your write-ups latest by **05 May, 2023** at the following addresses:

[Tahira.Perveen@lnh.edu.pk](mailto:Tahira.Perveen@lnh.edu.pk)  
[Humza.Masood@lnh.edu.pk](mailto:Humza.Masood@lnh.edu.pk)  
[Drhamza84@gmail.com](mailto:Drhamza84@gmail.com)

Quiz Answer:


Answer:

C. Colchicine, Steroids, Febuxostat

Interesting Images

Answer: Ochronosis





# Thank You

Please contact for any query  
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