

Rheumatology in the Asia Pacific region—opportunities and challenges

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The Asia Pacific region accounts for ~60% of the world's population, with over 3.7 billion people of diverse ethnic, cultural and economic backgrounds. As a result of this diversity, variations exist in the spectrum of rheumatic diseases that occur in different countries, and in their clinical manifestations, disease course and outcome, and treatment responses. The Asia Pacific region provides a great opportunity for researchers to study the epidemiology, pathogenesis (particularly the influence of environmental changes on disease development and presentation), and pharmacologic therapies of many rheumatic diseases; however, several challenges must be faced if patients from this region who have rheumatic diseases are to receive appropriate treatment.

Much progress has been made since formation of the Asia Pacific League of Associations for Rheumatology (APLAR) in 1963. At present, APLAR has 23 members, with a common mission to provide state-of-the-art care to patients with arthritis and other musculoskeletal diseases. Attendance at the APLAR Rheumatology Congress, which is our premier meeting, has risen from hundreds (in the 1980s) to thousands today; over 6,000 delegates are expected to visit the next APLAR Congress, which will be held on 23–27 September 2008 in Yokohama, Japan. The richness of research opportunities within APLAR is exemplified by the successes of the WHO–ILAR (International League Against Rheumatism)-sponsored Community Oriented Program for the Control of Rheumatic Diseases (COPCORD), which has generated extensive data on the epidemiology and characteristics of rheumatic diseases in this region. Asia-wide databases on certain conditions, such as rheumatoid arthritis and spondyloarthropathies, have been or are being set up by Special Interest Groups within APLAR. As a result, rheumatologists from our region are increasingly involved in major clinical trials. In

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addition, many are involved in cutting-edge basic research.

Although rheumatology has come a long way since APLAR was established, much more needs to be done. Many countries in the Asia Pacific region have failing economies, and are still struggling to establish rheumatology as a medical subspecialty. There is a general lack of awareness about musculoskeletal diseases and their effect on society. Diagnosis and treatment are often delayed because primary-care physicians have limited knowledge of the clinical evaluation and management of rheumatic diseases, and trained rheumatologists are few and far between. While people in the West celebrate the successes of biologic and other novel therapies, in many Asian countries even simple analgesic and anti-inflammatory drugs are in short supply. Unproven traditional medicines are, therefore, popular, but might potentially be harmful. Underdevelopment of the allied health professions means that chronically disabled people are often poorly managed. Assistance is needed to help developing countries to improve their standards of clinical practice and research.

To raise disease awareness, groups such as COPCORD should be encouraged to continue their current work, and to conduct local and regional cost-efficacy studies in rheumatic diseases. A structured undergraduate musculoskeletal curriculum must be developed, and educational programs for primary-care practitioners that include web-based courses on early diagnosis and use of affordable conventional drugs are needed. Clinical and research training fellowships, as well as travelling scholarships for attendance at conferences, will help to develop future leaders in our region. The Asia Pacific region provides great research opportunities—not just for clinicians from APLAR countries, but also for those from the rest of the world. It is important that we all work together to ensure the continued growth of rheumatology in this region and beyond.