

A 10 year climb and still climbing: the WHO-ILAR COPCORD Bhigwan (India)

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Primary aim of WHO ILAR COPCORD (Community oriented program for control of rheumatic diseases) is to gather data on rheumatic-musculoskeletal disorders (RMS). Few COPCORD have continued beyond a onetime population survey (Stage I of III).

COPCORD Bhigwan launched in 1996 is in its tenth operational year. The survey methodology (Chopra et al. APLAR J Rheumatology 1997;1:145-54) and findings (Chopra et al. J Assoc Physicians India 2001;49:240-6) have been published. Over time, dictated by community and research needs, it has evolved into a unique model. We present a comprehensive view of our arduous but exciting Bhigwan trek.

Post population (7000+) survey, we have visited the Bhigwan village every 3 weeks as per a pre-planned program. A senior local doctor (HST, co-ordinator) and 2-3 trained health workers in Bhigwan monitor patients continuously. The Bhigwan model has several novel dimensions especially pertaining to fast track data acquisition and providing free of cost rheumatology services. Almost 1200 patients from neighbouring villages have been also treated as a spin-off. The community remains enthusiastic despite a decade long program.

We have provided robust community data (prevalence and incidence) that has further fuelled several hypothesis on risk factors (Chopra et al. J Rheumatol 2002;29: 614-21). A validated Indian version of Stanford HAQ (health assessment questionnaire) has been used to monitor disease (functional disability) and therapy for over 10 years. The latter data will be presented to demonstrate the impact of our interventions. We have suitably preserved serum and DNA samples from Day 1 that have been later used for several immunogenetic studies (especially HLADRB* and anti-CCP). Probably, this was the first application of anti-CCP in a population study (another meeting presentation).

RMS is the commonest community ailment in our survey data. Over 55% cases suffer from soft tissue rheumatism and ill defined aches and pains. Inflammatory RMS (another meeting presentation) was evident in about 10% cases. We will present further data from resurvey in 2000 and a nested case control cohort study for risk evaluation in 2005.

Finally, COPCORD Bhigwan has led to several national RMS epidemiology initiatives launched recently under the auspices of 'The Bone and Joint Decade India'. It probably is the best foundation for a future COPCORD design and data repository.

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