



75

SIGNIFICANCE OF RHEUMATOID FACTOR (RF): DATA FROM WHO ILAR COPCORD BHIGWAN INDIA.

Anuradha V, A Chopra, Sengupta A, Saluja M, Patil J.

Center for Rheumatic Diseases, Pune, India. Hospital-based studies of Indian patients of RA have described relatively low RF seropositivity. Population studies, especially rural, are sparse

Objective: To evaluate the significance of RF in the COPCORD rural population.

Methods: 774 cases of rheumatic musculoskeletal (RMS) pains were identified in Stage I census survey (N = 4092) of the maiden Indian COPCORD in village Bhigwan (APLAR J Rheumatol 1997, V1:145-154; J Rheumatol 2002, V29:614-621). RF was tested by latex agglutination (cut off positive at ≥ 80 IU/ML) in 216 patients of polyarthralgias [RA = 27; Unclassifiable Inflammatory Arthritis (IA-U) = 24; Non-Inflammatory Arthritis (NIA) = 165 (OA = 65; Soft tissue rheumatism=100)] and 103 healthy controls (HC) from the village (age : 25 – 55 yrs.). All patients suspected to be suffering from inflammatory PA were tested. Patients of RA and OA were classified as per ACR.

Results: In the RA group (Females=22, Males=5), 11(41%) patients were seropositive (range:160 – 640 IU/ML; mean : 247 IU/ML). Erosive arthritis was evident in skiagrams (hands and/or feet) in 13(48%) patients; Only 4 (31%) were seropositive. 2(1.2%) patients of NIA were seropositive(range 320– 640 IU/ML; mean:453 IU/ML), 4 (3.9%) HC were seropositive(range : 80 – 160 IU/ML). The specificity of RF for RA was found to be 100% (versus IA-U); 98% (versus NIA) and 96% (versus HC).

Conclusion: The low sensitivity of RF (41%) in RA in this rural COPCORD is consistent with many population surveys from different parts of the world. The high specificity of RF in our study is rather reassuring.

*Partly funded by a seed grant from APLAR.