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

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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.

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