

■ ELISA/ACT Biotechnologies LLC ■

LRA by ELISA/ACT[®]

CLINICAL PEARLS UPDATE#11

Arthritis

November 17, 2003

Dear Colleague:

Arthritis and related syndromes (Arthritides) affect 15-40 million Americans according to the American College of Rheumatology. Successful comprehensive management using LRA by ELISA/ACT[®] tests and treatment plans are illustrated in the attached abstracts reports. Attached is a clinical update newsletter that details how this advanced approach can be applied in your practice with beneficial results.

Functional, *ex vivo* lymphocyte response assays (LRA by ELISA/ACT) offer the most advanced tests available for determination of the individual's responses to the widest available range of substances tested by any lab in the world.

We are grateful for the opportunities to be of service to you and your patients.

Sincerely,

Russ Jaffe, MD, Ph.D., CCN, NACB
Lab Director

Solomon DH, Bates DW, Panush RS, Katz JN. Costs, outcomes, and patient satisfaction by provider type for patients with rheumatic and musculoskeletal conditions: a critical review of the literature and proposed methodologic standards. *Ann Intern Med* 1997; 127(1): 52-60 and 72-74.

Robert B. Brigham Multipurpose Arthritis and Musculoskeletal Diseases Center, Brigham and Women's Hospital, Boston, Massachusetts, USA.

PURPOSE: To compare the outcomes of care provided by generalists with that provided by specialists for patients with musculoskeletal and rheumatic conditions.

DATA SOURCES: English-language studies published between 1986 and April 1996 were identified through a MEDLINE search.

STUDY SELECTION: Studies that compared generalists' and specialists' treatment preferences, appropriateness of care, or outcomes with regard to musculoskeletal and rheumatic conditions were examined.

DATA EXTRACTION: Studies were reviewed for methodologic rigor and outcomes.

DATA SYNTHESIS: Low back pain is treated by many types of providers, without consistent differences in outcomes across provider types. In one study, however, patients were more satisfied with chiropractic care than with care provided by primary care physicians, although the former cost twice as much as the latter. For osteoarthritis of the hip, rheumatologists and primary care providers reported using different therapeutic regimens. For acute mono- and oligo-arthritis, rheumatologists performed arthrocentesis more appropriately than nonrheumatologists and produced shorter durations of hospitalization. In the management of gout, rheumatologists used colchicine during the introduction of urate-lowering therapy more appropriately than other providers. In two population-based cohorts of patients with rheumatoid arthritis, patients cared for by rheumatologists were prescribed significantly more disease-modifying agents and had less disability than patients cared for by generalists.

CONCLUSIONS: Although empirical data are scant, there seem to be differences between generalists and specialists for a range of outcomes in various musculoskeletal and rheumatic conditions. Studies to date have important methodologic limitations that need to be addressed in future research.

On balance, what these studies show is that arthritis is multifactorial. All of these components are included in the LRA by ELISA/ACT tests and treatment guide. Better outcomes are the results.

Panush RS. Does food cause or cure arthritis? *Rheum Dis Clin North Am* 1991;17(2):259-272.

University of Medicine and Dentistry of New Jersey, New Jersey Medical School.



Rheumatoid arthritis and most other forms of inflammatory joint disease--systemic rheumatic diseases--remain illnesses of unknown cause for which current therapy often is inadequate. The possibility that food antigens induce or perpetuate symptoms in at least some patients is novel, rational, and exciting. **Studies that relate diet with arthritis might offer the potential of identifying new therapeutic approaches for selected patients and of developing new insights into disease pathogenesis.**

Note: We believe the comprehensive optional treatment guide included with LRA by ELISA/ACT tests, if requested, provides the best current therapy for sustained remissions in rheumatoid arthritis and related connective tissue syndromes.

