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Rheumatic Diseases in Lebanon: Continuing Medical Education in Rheumatology

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Editorial

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Musculoskeletal (MSK) conditions are responsible for a high proportion of disability, reduced quality of life and a significant consumption of health and social resources [1]. They are the most common reason for visiting family physicians and constitute 18% of general practitioner's perceived workload [2]. In response to this burden, the Bone and Joint Decade, renewed for another ten years, aims to highlight the huge impact of such conditions and to improve the quality of life of people suffering from rheumatic diseases through raising awareness, empowering patients to actively participate in their own care, and updating the knowledge of physicians [3].

A key objective of the Bone and Joint Decade which is worthy of attention is to provide the best available evidence for clinicians. This goal is particularly important in a country like Lebanon where a significantly low number of rheumatologists (n=50) are present. The limited number of rheumatologists does not meet the high magnitude of rheumatic diseases reported in a recent population based study with one in seven individuals currently affected [4]. This low number increases the workload on the primary health care physicians to accommodate the huge burden of musculoskeletal conditions. The situation is exacerbated by the lack of or inadequate undergraduate rheumatology teaching of primary health care professionals. Many general practitioners and family doctors lack the necessary training and consequently the skills and confidence to manage musculoskeletal conditions. Further problems arise by the undeniable proportion of individuals who use self-medication. Self-medication defined as the use of non-prescribed drugs was seen among 14.7% of those suffering from rheumatic diseases (N=529) in Lebanon. Individuals used selfmedication to feel a temporary relief from pain and to get better [4].

Accordingly, it is important that primary health care physicians be equipped with adequate knowledge and competencies to manage musculoskeletal conditions. Literature from different countries provides strong evidence of the importance of training primary health care physicians in the field of rheumatology. Significant improvement in knowledge, skill acquisition, and self-assessed change in practice through appropriate education and training, as well as continuing consultant support for complex cases were reported in several studies [2,5]. Also, reduced patient morbidity was found to be associated with continuing medical courses and education provided by rheumatologists to primary health care physicians [6]. Other training courses which were evaluated showed improvements in diagnosing and treating rheumatic diseases as well as reduction in the number of referrals as a result of increased knowledge [7].

Training of primary health care physicians on the latest advances in rheumatology, and increasing their awareness of musculoskeletal conditions and specific rheumatic diseases, is essential to promote early detection as well as proper management. Significant as well is the benefits of continuing medical education in rheumatology which will ultimately prevent musculoskeletal-related disability through early diagnosis, improve quality of care, and increase referrals of complex cases to rheumatologists. More specifically, training can tackle rheumatic diseases common to adult population such as osteoarthritis, rheumatoid arthritis, lupus, crystal -induced arthropathies, and Spondyloarthropathies. The long term outcome of self-medication is detrimental in terms of limitations in doing daily activities. Therefore, public awareness on musculoskeletal condition and their growing burden is essential. Finally, increased partnerships among national, regional and international organizations for monetary support for training, education and research can help leverage the goals of the Bone and Joint Decade and raise the recognition of musculoskeletal conditions at the policy level.

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