Opinion
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DMARDS for early undifferentiated arthritis: trace the anti ccp antibody

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Approximately 80% of patients are seropositive for rheumatoid factor (RF), and 30% are ANA positive.[1,2] As the value of anti-CCP antibodies is high in patients with an atypical presentation, or those who are RF negative they are today systematically added to clinical and radiological investigations when diagnosing RA.[3] Rheumatoid factor is not specific for rheumatoid arthritis, as it is found in 5% of healthy individuals and in 10-20% of those over the age of 65years.[4]

There are no discrete guidelines, but by far and large symptom duration of <3months is regarded as early. Usually, administration of DMARDs is initiated only after the revised American College of Rheumatology (ACR) criteria are fulfilled in the patient.[5,6] The current criteria are not sensitive enough to classify the early onset of the disease.

There are many citrullinated proteins in the inflamed RA synovium. The specificity of anti-CCP2 antibody is 98% in established RA and 96% in eRA.[4,7] Anti-citrullinated protein antibodies (ACPAs) tests are today systematically added to clinical and radiological investigations when diagnosing eRA and the inclusion of ACPA positivity in the new 2010 RA criteria underlines their importance.

Moreover; anti-CCP is a robust predictor of outcome. The generally good 5-year outcome could be related to early referral and early effective treatment, key processes in the management of eRA in daily practice.[8] Anti-CCP antibodies and structural joint damage at the start of treatment were also independent predictors for joint damage after 5years.[7] An aggressive treatment strategy with conventional drugs may effectively control disease course and treatment response.[9]

Diagnosing and treating RA early is accepted by a large proportion of the rheumatologic community.[6] It has been identified that timely management with Disease-modifying antirheumatic drugs (DMARDs) combination therapy are associated with a better RA outcome.[7,10] Therefore early diagnosis and treatment is important, but predictive markers for RA are still confined to autoantibodies. There is increasing evidence for beneficial effects of early DMARDs therapy over delayed treatment in patients who present with arthritis of recent onset and the achievement of these agents in eRA are currently of great interest.[11]

So, patients with undifferentiated arthritis, which are Anti CCP positive may be started with combined DMARDs (sulfasalazine, hydroxychloroquine, prednisone, or methotrexate) to prevent joint damage. Repeated measurement of anti-CCP2 antibodies for identifying eRA can be used as a diagnostic indicator for patients with undifferentiated arthritis who might be effectively treated with a combination of DMARDs.

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Conflicts of interest

Author declares that there is no conflicts of interest.

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