Outcomes of rheumatic patients referred from Portuguese speaking African countries for medical evaluation in Portugal

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To the Editor:

Portugal has a State Commitment toward Portuguese speaking African countries (PALOP), in order to improve the health of these populations by allowing the dislocation of patients to Portugal for medical reasons[1-5].

To evaluate the success of this program specifically in the Rheumatology domain, we searched the hospital registries for data on time waited from request of travelling to Portugal for clinical evaluation to the effective journey, demographic and clinical data, comorbidities (infections, hospitalizations, damage) and deaths. From January 2011 to September 2017, we followed at our department 58 patients with rheumatic diseases or potentially related conditions such as primary Raynaud's phenomena. Demographic data and clinical diagnosis are summarized in Table I. The number of patients coming from each country likely reflects different healthcare organization and resources and the geographical vicinity within countries with better healthcare resources.

From the request for clinical observation in Portugal until the effective journey, patients waited a mean of 13.9 ± 16.2 months (data available for 21 patients). Only 44.8% of the patients were directly referred to our Rheumatology Department. The remaining were referred to other specialties which after the initial evaluation requested an assistance by our Department. The majority (55.2%) of the referred patients were undiagnosed, 19% had a previous diagnosis that was not confirmed in our evaluation and only 25.9% maintained their initial diagnosis. The median duration of symptoms upon the evaluation at our Department was 41 months (IQR = 12-84 months).

Admissions to our inpatient unit related to disease activity or to complications of disease occurred in 43.1% of patients and 3 patients died (12%): one pa-

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TABLE I. DEMOGRAPHIC DATA AND CLINICAL DIAGNOSIS

Total patients	**58**
Gender (F/M)	45/13
Age, mean ± SD (min-max)	33.5±15.2 years (2-78 years)
Countries of origin, %	
Guinea-Bissau	44.8%
Cape Verde	27.6%
São Tomé and Príncipe	17.2%
Angola	10.3%
Diagnosis	**N (%)**
Systemic Lupus Erythematosus	10 (172)
Rheumatoid Arthritis	10 (172)
Takayasu Arteritis	4 (6.9)
Dermatomyositis	3 (5.2)
Idiopathic chronic/recurrent uveitis	3 (5.2)
Ankylosing Spondylitis	2 (3.4)
Microscopic Polyangiitis	2 (3.4)
Mixed Connective Tissue Disease	2 (3.4)
Osteoarthritis	2 (3.4)
Psoriatic Arthritis	2 (3.4)
Reactive Arthritis	2 (3.4)
Septic Arthritis	2 (3.4)
Behcet's Disease	1 (1.7)
Chronic low back pain	1 (1.7)
Spondylodiscitis	1 (1.7)
Fibromyalgia	1 (1.7)
Generalized Syringoma	1 (1.7)
Juvenile Idiopathic Arthritis	1 (1.7)
Mycobacterial multianeurismatic disease	1 (1.7)
Neuromyelitis Optica associated with ANA antibodies	1 (1.7)
Periarthritis	1 (1.7)
Primary Raynaud	1 (1.7)
SAPHO Syndrome	1 (1.7)
Sciatica	1 (1.7)
Scleromalacia	1 (1.7)
Sjogren's Syndrome	1 (1.7)
Undifferentiated Connective Tissue Disease	1(1.7)

tient because of septic arthritis with bacteraemia, another from severe lung fibrosis related to Sjögren's syndrome and one last patient with the diagnosis of Takayasu's arteritis, after a vascular surgery complication. Severe damage was present in 29.3% of all patients, as measured by indication for: orthopaedic surgery (13.8%), cardiothoracic/vascular surgery (5.2%), permanent blindness or need of ophthalmic surgery (5.2%), chronic dialysis (1.7%), long-term oxygen therapy (1.7%) and permanent neurologic deficits (1.7%).

Regarding infectious comorbidities, 8.6% of patients were diagnosed with active tuberculosis and 12.1% with latent tuberculosis. Chronic hepatitis B infection was detected in 8.6% of the patients. There were no cases of hepatitis C infection nor Human Immunodeficiency Virus infection.

Regarding treatments before arrival, 25.9% of the patients were or had been on corticosteroids and only 15.5% on conventional disease modifying antirheumatic drug treatment, versus 62% and 67.2%, respectively, after assessment in Portugal. About 12% of the patients required biotechnological drugs leading to permanent residency in Portugal.

In summary, we found a significant delay (over 1 year) from the request of clinical evaluation in Portugal until effective journey, which may be partially related with the bureaucracy involved in the process. Direct referral to our Rheumatology Department was surprisingly infrequent, probably due to lack of awareness about rheumatic conditions. A high rate of severe damage was also noted in the referred patients. This might be related to the delay in the referral process and lack of appropriate diagnosis and treatment, and to the increased severity of some rheumatic conditions in populations of African origin[6,7].

Chronic infections were frequent, particularly Hepatitis B and Tuberculosis. These infections could have contributed to the immunosuppression delay.

In conclusion, most of the patients referred from PALOP countries presented long-standing and severe rheumatic conditions with a significant burden, due to inaccurate diagnosis and an ineffective referral process, leading to lack of a timely appropriate treatment. This observation is relevant for other models of international medical cooperation and efforts should be made to better evaluate this issue and implement corrective strategies in order to improve outcomes.

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