|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Disease****Table 2 Summary of diagnoses of inflammatory rheumatic diseases assigned to 53 patients assessed in UK HIV Rheumatology Clinic Between January 2005 and December 2012 in the post-cART era** | **Diagnostic classification criteria used** | **Number of subjects diagnosed with condition** | **Mean age of subjects****(years)** | **Gender ratio****M:F** | **Mean duration of HIV infection****(years)** | **Clinical features** | **Estimated cohort prevalence****(%)** | **Estimated general population prevalence (%)** |
| **Rheumatoid arthritis**  | ACR/EULAR collaborative initiative 2010 rheumatoid arthritis criteria  | 10 | 51.5 | 10:0 | 9.2 |  3 patients had pre-diagnosed RA at presentation. 7 patients (70%) were newly diagnosed with RA due to clinical presentation of symmetrical synovitis, predominantly affecting the small joints of the hands and feet. 5 of the 10 patients (50%) were rheumatoid factor (RF) seropositive and 5 (50%) were RF seronegative. 2 patients (20%) did not receive any pharmacological treatment, whilst the other 8 patients (80%) required a combination of anti-inflammatories and DMARDs (sulfasalazine/hydroxychloroquine/azathioprine/methotrexate) to control their disease.  | 0.49 | 1-2 |
| **Psoriatic arthritis**  | CASPAR criteria | 4 | 43.0 | 4:0 | 9.8 | All 4 patients had psoriasis at presentation. 1 patient (25%) was HLA B27 positive.1 patient (25%) had severe plaque psoriasis and dactylitis. 2 patients (50%) displayed active skin psoriasis and psoriatic nail dystrophy. These 3 patients (75%) were treated with methotrexate and anti-inflammatories. 1 patient had a significant past history of skin psoriasis (although no active disease at presentation) and despite radiographic confirmation of psoriatic arthritis, this patient chose not to receive pharmacological treatment.  | 0.20 | 0.1-0.2 |
| **Seronegative non-axial arthritis (including reactive arthritis)** | Criteria of the classification of spondyloarthropathies | 12 | 44.4 | 10:2 | 5.8 | Within the classification of seronegative non-axial arthritis, 9 patients (75%) were diagnosed with reactive arthritis. 8 were male and 1 was female. 2 patients (22.2%) were HLA-B27 positive. 1 HLA-B27 positive male had recurrent episodes of inflammatory arthritis alongside conjunctivitis, urethritis and iritis, fulfilling criteria diagnostic for chronic Reiter’s syndrome. In 4 male patients chlamydia was deemed the causative organism and 1 male patient presented with syphilis induced reactive arthritis. | 0.59 | <0.05 |
| **Ankylosing spondylitis**  | Modified New York Criteria | 5 | 43.6 | 5:0 | 8.1 | All 5 patients were HLA-B27 positive and presented with back pain and stiffness.1 patient (20%) was diagnosed with AS in 1985,23 years before his HIV-infection. Of the 4 newly diagnosed patients, 2 had a long-standing history of inflammatory back pain predating their HIV infection and were found to have radiographic evidence of sacroiliac joint sclerosis. The remaining 2 patients displayed radiographic sacroiliitis. All patients had a good response to anti-inflammatory medications.  | 0.24 | 0.15 |
| **Undifferentiated seronegative spondyloarthropathy**  | Criteria of the classification of spondyloarthropathies | 6 | 44.3 | 3:3 | 6.2 | All patients were HLA-B27 negative and presented with inflammatory back pain iand inflammatory polyarthritis.1 male patient received no pharmacological treatment. 1 female patient was treated with meloxicam only. 1 female patient had a good response to a stat dose of intramuscular (IM) depomedrone 120mg. 1 female and 1 male patient were administered an NSAID in addition to 120mg IM depomedrone and 1 male patient required DMARDs (hydroxychloroquine and sulfasalazine) and IM depomedrone to control his symptoms.  | 0.29 | Unknown |
| **Enteropathic arthritis**  | Criteria of the classification of spondyloarthropathies | 1 | 40.0 | 1:0 | 5.0 | The 40 year old male had a 5 year history of HIV infection and a 3 year history of biopsy confirmed ulcerative colitis. He presented with hot swollen joints after a period of stopping cART for 18 months. He was HLA-B27 negative. He had temporary symptomatic relief following intra-articular triamcinolone (elbow and knee) and symptoms settled long-term on re-starting cART | 0.05 | Unknown |
| **Systemic lupus erythematosus/ lupus-like disorder,** **Drug-induced lupus** **Discoid lupus erythematosus** | ACR revised criteria for the classification of SLE | 11 | 42.3 | 6:5 | 4.4 | The patients presented a variety of clinical features characteristic of lupus including non-erosive arthropathy, fatigue, mouth ulcers, photosensitivity, hair thinning and malar/discoid rash. 1 female patient was also diagnosed with secondary Sjogren’s syndrome. 4 of the 11 patients (36.4%) were ANA positive, 1 patient was positive for anti-DNA antibodies (9.1%) and 6 patients (54.5%) had elevated serum IgG. 4 patients (36.4%) were naïve to antiretroviral medication. 3 patients who were naïve to antiretrovirals (27.3%) had remission of lupus symptoms upon cART commencement, with no recurrence of symptoms since. Of the remaining patients 3 (27.3%) responded well to steroids +/- NSAIDs, 4 (36.4%) required steroids and a DMARD and 1 (9.1%) was treated with hydroxychloroquine alone | 0.39 | 0.02-0.03 |
| **Cutaneous small vessel vasculitis**  | ACR classification of systemic vasculitis | 1 | 43.0 | 1:0 | 23.2 | Leucoytoclastic vasculitis diagnosed on biops. Underlying cause recurrent Hodgkin’s lymphoma. Patient died during chemotherapy. | 0.05 | Unknown  |
| **Polymyositis**  | Bohan and Peters classification of polymyositis and dermatomyositis | 1 | 62 | 1:0 | 24.5 | Biopsy proven polymyositis diagnosed on background of prevalent HIV. Responded to prednisolone, Steroid-sparing achieved with use of MMF. | 0.05 | Unknown  |
| **Polymyalgia rheumatica**  | ACR criteria for polymyalgia rheumatica | 1 | 64 | 1:0 | 13.0 | 64 year old man presented with hip pain and stiffness accompanied by shoulder pains., Good response to low-dose prednisolone therapy | 0.05 | 0.6 |
| **Adult-onset Still’s disease**  | International League of Associations for Rheumatology classification of juvenile idiopathic arthritis: second revision | 1 | 22 | 1:0 | 0.1 | Presented 2 weeks after commencement with cART after acute presentation with seroconverting HIV (?IRIS). Troubled course with Still’s activity difficult to control despite prednisolone, MMF. | 0.05 | Unknown |