A VIEW OF THE PAST, THE PRESENT & THE FUTURE

PROFESSOR SYED ATIQUL HAQ

PREPRESS ADDRESS
The Asia Pacific League of Associations for Rheumatology (APLAR) began its journey in Sydney, Australia in 1963 as SEAPAL (South-East Asia and Pacific Area League Against Rheumatism) with Dr S Nelson of Australia as the first President. Australia, New Zealand, Japan and India were the founding member countries and over the course of 58 years, a total of 34 countries have since joined this esteemed league.

The main vision of APLAR is the promotion of education, research and evidence-based treatment of rheumatic disorders in Asia-Pacific. This covers rheumatoid arthritis (RA), revised RA recommendations, treatment of rheumatic patients during the COVID-19 pandemic.

Expanding our membership base is important for fulfilling our mission. With the recent affiliation of various rheumatology organisations with APLAR, our membership countries has increased to 34. Looking ahead, we are going to introduce two new opportunities for rheumatologists: a congress travel bursary for young rheumatologists and CoE exchange programs for rheumatology faculties across Asia-Pacific; runs Special Interest Groups and an APLAR Young Rheumatologist forum.

Since 2019, we have collaborated with our European counterpart — the European League Against Rheumatism (EULAR). This relationship has been of benefit to young rheumatologists by providing them cost-effective access to the EULAR School of Rheumatology and the congress exchange program. This year, we have introduced inter-congress educational webinars. So far, APLAR has provided four major treatment recommendations for managing patients with different rheumatic disorders in Asia-Pacific. This covers rheumatoid arthritis (RA), revised RA recommendations, axial spondyloarthritis and treatment of rheumatic patients during the COVID-19 pandemic.

Indeed, the pandemic has forced us to embrace the digital platform and to harness its opportunities. At first, it was not our objective to meet so frequently, to resolve emergent issues and to move APLAR ahead so quickly. A recent rapid economic progress in many of the Asia-Pacific countries, that are collectively known as the ‘emerging economies’, has opened additional opportunities. For instance, we expect to receive more industry support than in the past. Moreover, APLAR has become more dynamic over time with the development of further treatment guidance, disease registries and educational events. Specialties are growing in many more countries.

In 2021, APLAR has published a set of recommendations on treatment of rheumatic patients during the COVID-19 pandemic. The recommendations for the management of systemic lupus erythematosus have recently been accepted and will be published soon. What is more, APLAR members and our experienced and dedicated teams are working hard to develop recommendations on the use of telemedicine in rheumatic practice, peripheral spondyloarthritis and psoriatic arthritis.

Based on the strong foundations of the past and the knowledge of the present, the future of APLAR looks promising.

In tribute to past editors

Dr Kenneth Muirden, founder of the APLAR bulletin.
The late Dr Prakash Pispati, founder of the Voice of APLAR publication.

Professor Syed Atiqul Haq

PROFESSOR OF RHEUMATOLOGY, RMS
MEDICAL UNIVERSITY, DHAKA, BANGLADESH
PRESIDENT, APLAR

A simple, cheap, & effective approach for the early diagnosis of rheumatoid arthritis

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CLINICAL CLUES & TREATMENTS FOR RAYNAUD’S DISEASE

PAGES 04-05

PAKISTAN COUNTRY IN FOCUS

PAGES 06-07
To our fellow rheumatologists,

With great pleasure we welcome you to the Voice of APLAR newsletter, a quarterly publication dedicated to the field of rheumatology in the Asia-Pacific region. As the name suggests, the aim of this newsletter is to provide a voice or forum for rheumatology professionals from various cultures, backgrounds and research fields, to not only share and discuss their clinical experiences but also help build professional networks. It will promote a sense of community across the region.

Each issue will provide expert insights about practice-changing advances, profile upcoming leaders in the field, as well as outline APLAR’s calendar of activities and programs. Apart from being a peer-reviewed publication, the Voice of APLAR is intended to be a light and breezy read that captures a snapshot of topics related to the life of a rheumatologist from all corners of Asia-Pacific region.

I thank all the editorial board members and our colleagues for providing valuable feedback during the pre-development survey. I would also extend our gratitude to all guest contributors, without whom this newsletter would not have been possible. Voice of APLAR will be inclusive of a diverse range of voices, and welcomes articles of original research, reviews, case studies, clinical commentaries and works in progress.

In this issue, our first article features insights from Prof Kai Ikeda who explains the role and considerations of ultrasound technology in diagnosis patients with rheumatic diseases in Japan. It will likely come as no surprise that the COVID-19 pandemic continues to be a common talking point across the region and as a result, is a key topic covered in this issue. Dr Irwin Lim from Australia discusses potential interactions between COVID-19 vaccines and immunosuppressive rheumatic therapies. We also explore how the Pakistan Society of Rheumatology has approached the COVID-19 situation and share the captivating life journey of Dr Shaheeda Peerwani. Finally, this is followed by a report on the updated APLAR consensus statements on care for patients with rheumatic diseases during the COVID-19 pandemic, in the International Journal of Rheumatic Diseases.

If you are interested in becoming a contributor to future issues, we would be excited to hear from you. Please send us correspondence expressing your topics of interest and we will respond as soon as possible following a review.

Zhanguo Li

A MESSAGE FROM PROF ZHANGUO LI

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RHEUM WITH A VIEW

Ultrasound – a simple, cheap, and effective approach for the early diagnosis of rheumatoid arthritis

How did you become interested in the use of ultrasound?

Prof Ikeda had first learnt about ultrasound whilst studying abroad – one year in Singapore and one year in the UK. From then on, ultrasound together with the pathogenesis of rheumatoid diseases and the role of biomarkers for diagnosis and monitoring, became a core part of his medical research background. Today, Prof Ikeda dedicates 70% of his time to clinical work where he treats patients, and the remaining time on research and teaching. To date, Prof Ikeda has been practising rheumatology for about 25 years.

What can you tell us about your patients?

Patients come from other hospitals or clinics either through patients initiated or GP initiated referrals. Unlike in Singapore and the UK where patients need to get a referral to a specialist, in Japan, patients can access specialists themselves. What's more, patients tend to remain with the same specialist that provided the initial diagnosis. Some patients, Prof Ikeda explained, come to see him with an incorrect diagnosis and thus there is a risk that the disease has already progressed too far.

What are the key points we should know about ultrasound?

Ultrasound is a routine practice for many healthcare professionals in Japan, especially when it comes to diagnosis of disease. It is an established diagnostic tool for rheumatoid arthritis. The key defining feature that differentiates low-end to high-end ultrasound machines are their sensitivity to Doppler signals. As lower quality machines have lower sensitivity, there is a risk of underdiagnosis. However, even without Doppler signals, if the grayscale image produced is adequate, then it is still possible to predict the presence of inflammation with good accuracy.

What practical tips can you share on diagnosing rheumatoid arthritis?

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What practical tips can you share on diagnosing rheumatoid arthritis?

As for all applications of AI, it does not overcome this issue of imaging variability. Artificial intelligence (AI) has already progressed too far. In contrast, ultrasound allows us to directly visualise joint inflammation, providing an opportunity for the early diagnosis, treatment and prevention of irreversible joint damage.

What do patients think?

We understand the value of ultrasound from the rheumatologist’s perspectives but what about the patients? Do they like ultrasound? Based on Prof Ikeda’s experience, patients unanimously prefer ultrasound over x-ray. It’s easy for them to understand what’s going on with their joints as the real-time visualization provides a good opportunity for effective communication, which works better than static images and blood tests. Additionally, ultrasound is non-invasive as it doesn’t involve any radiation, which thereby enhances the patient experience. Overall, ultrasound comes with a range of benefits and limitations. It is a simple, cheap and effective tool that Prof Ikeda and many other Japanese rheumatologists use for the early diagnosis of rheumatoid arthritis, as it’s critical for preventing irreversible joint damage.
Rheumatoid phenomenon is an exaggerated vascular response to the cold. It typically occurs on the fingers and toes, although it can also affect the tip of the nose and the ears. It is usually maximal in winter.

Patients describe Raynaud’s phenomenon as a variety of symptoms. Patients often describe the phenomenon as triphasic colour change (white/ blue/red) and most common description is that of pallor of fingers or toes upon exposure to cold.

CASE THREE

A 45-year-old female who presents with Raynaud’s phenomenon that started abruptly in the warmer summer months. She has noticed puffiness and tightness of fingers and the intense cold with job, she has had Raynaud’s phenomenon that has become exquisitely tender with sharp pain whenever she touches something. She always wears very protective gloves as many of her fingers are usually white, stings, are purplish and others normal. She has no history of frostbite or cold in air conditioning. She can be alert to show patients some pictures of other patients with Raynaud’s. The examination is usually normal in the warm office environment. Rarely are the patients present with frank cyanosis.

CASE ONE

A 25-year-old female with Raynaud’s phenomenon and no history of autoimmune disease. She presents as she has painful and itchy red/purple nodules on her fingers. Each lesion lasts about a week. She has had Raynaud’s phenomenon over many years, but this year is the worse. She has Raynaud’s phenomenon over many years, but this year is the worse. She receives a diagnosis of Raynaud’s disease.

CASE TWO

A 25-year-old female who presents with Raynaud’s phenomenon. Raynaud’s phenomenon is classified into Primary and Secondary. Primary Raynaud’s phenomenon is far more common and is not associated with underlying disease. Secondary Raynaud’s phenomenon occurs with the rarest of the vascular diseases, most commonly systemic lupus erythematosus (SLE), scleroderma, although it can occur with rheumatoid arthritis, rheumatoid arthritis and a range of other causes.

Questions on cold extremation aims to pick up cases where there may be a secondary cause and thus direct to investigate the patient properly.

Case one is that of primary Raynaud’s phenomenon. Raynaud’s phenomenon tends to occur later in life (after teenage years). It is unusually mild and rarely leads to complications such as digital ulceration or amputation.

Clinical class to suggest a secondary cause of Raynaud’s phenomenon include abrupt onset, existing and increasing digital ulceration, involvement of the thumb with clear palor, vesel over the age of 40 years, male gender, or asymmetrical attacks.

The patient in case one also describes severe consistent with Raynaud’s phenomenon usually only occur on the fingers or toes on exposure painful and frequently 40 years. There is often standing around the lesson and at times it can look like a joint is swollen. It occurs over an interphalangeal joint. I have even seen a too look at 40 years of age.

Case two describes a presentation of SLE. The patient describes inflammatory arthritis out a transient palor rash. History taking should also ask about photosensitivity and other patient manifestations such as fever, fatigue, and sicca symptoms (dry eyes and mouth) or sicca syndrome (decreased tear and saliva production, evaporative's eyes or mouth) and possibly or pleuritic pain.

Examination in Raynaud’s phenomenon focuses on assessing the warm secondary attacks. "Blush"--the patient’s skin on the dorsum of the hands, between the MCP and PIP joints and the dorsal of the hand. The skin may feel easily picked up between the fingers.

Scleroderma frequently presents with Raynaud’s phenomenon. Early scleroderma often present with “puffy” digital ulcers but examination can usually differentiate this from Raynaud’s syndromes where the existing only occurs at the joint.

Case three is a presentation of scleroderma. Other things to look for is a symptom of scleroderma (particularly on upper limbs and face), calcinosis cutis, organomegaly, and digital ulcers.

Case three also describes early digital ischaemia/scalp ulceration. It may not be an abnormally if it presents, it may result in red, malar rash of the fingers which is exquisitely tender.

Cases two and three have a high resistance to warrant investigation.

The best screening test is an antinuclear antibody (ANA). A negative ANA virtually excludes a connective tissue disease. A positive ANA warrants further antibody screening with antithrombotic antibodies (ENA), double stranded DNA.

Extended scleroderma antibodies are also ordered if there are features of scleroderma. Case three has a high titre ANA (1:1280 homogenous pattern, raised in 4 out of 5 patients and positive anti-Smith antibodies. Anti-Smith antibodies are relatively specific for SLE and confirm the diagnosis given the clinical presentation.

Case three has a positive ANA (1:1250 centromere pattern, also confirmed on the DNA test. Centromere pattern in this patient confirms the diagnosis of scleroderma.

Co-vax & immunogenicity in rheumatic diseases: a real-life study

A large multi-centre observational study in Israel reports immunogenicity with Pfizer vaccine in most patients with rheumatic diseases.

The aim of treating Raynaud’s phenomenon is improving quality of life and preventing digital ischaemia. Avoiding sudden temperature changes such as dipping hands into cold water or sitting near cold air conditioners is helpful. Maintaining a warm environment with appropriate external house temperature will also reduce Raynaud’s attacks. If these measures are not enough, pharmaceutical therapy is used. These aim to counteract the overactive peripheral vasocost that occurs in Raynaud’s phenomenon.

Using glyceryl trinitrate (Rectangular) this is the most effective treatment of cold environmental stimuli.

Blood vessels are improved and the pain is reduced. Analgesics are added to improve Raynaud’s attacks.

Using sympathetic trinitrate (Rectangular) this is the most effective treatment of cold environmental stimuli.

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**COUNTRY IN FOCUS**  
**JOINT VENTURES BETWEEN RHEUMATOLOGISTS IN PAKISTAN RESPOND TO THE COVID-19 CHALLENGE**

Rheumatologists are joining forces in a number of innovative initiatives to meet the needs of healthcare professionals and patients in response to the COVID-19 pandemic in the country.

**COUNTRY IN FOCUS**  
**JOINT VENTURES BETWEEN RHEUMATOLOGISTS IN PAKISTAN RESPOND TO THE COVID-19 CHALLENGE**

Dr Babur Salim  
ASSOCIATE PROFESSOR, FAUJI FOUNDATION HOSPITAL, RAWALPINDI, PAKISTAN K什DAR

Despite being the world’s 5th-most-populous country, Pakistan has the world’s 26th-highest death toll (at approximately 20,205) and 258,099 highest number of confirmed cases of COVID-19 infection (at approximately 970,000). With over 65% of the population living in rural communities, many who are unable to access a rheumatologist normally, the pandemic has provided the catalyst to spread its wings. Read how rheumatology is expanding its horizons in provincial towns and cities with country-wide training programs, see the article, Expanding the Horizons of Rheumatology.

Coping with the pandemic

The rheumatology department at the Fauji Foundation hospital has always supported the well-being of the community and continued to advance education and research during the pandemic. We put emphasis on remote learning and using online digital tools to ensure ongoing education and research. In 2020, several webinars and patient awareness sessions were also held using digital media.

The Global Rheumatology Alliance (GRA) is an international grassroots organization established in March 2020, that was rapidly formed with a vision to bring together the global rheumatology community, to curate and disseminate accurate and comprehensive knowledge and to advance rheumatology care during the COVID-19 pandemic. See GRA on YouTube here.

To ensure patient access to healthcare, numerous digital platforms in the form of telemedicine have been adopted. An academic rheumatology department at the Fauji Foundation Hospital, Rawalpindi, started online consultations. It soon became an acceptable approach for most of the patients as well as doctors and social strata to consult with a doctor. The GRA aims to understand the impact and outcomes of COVID-19 on people with rheumatic disease around the world. This grant is of great help in conducting research during the current COVID-19 pandemic where we could see the impact of rheumatic disease in the clinical outcomes of COVID-19 infection. The Principal Investigator in Dr Babur Salim who will explore the effect of disease activity on the clinical outcome of SARS-CoV-2 in patients with underlying rheumatic diseases during the grant duration of one year.

**A Journey of Success**

I met Dr Shahida Perveen (pictured) in 2018. She was working as a medical registrar in the internal medicine department at the Fauji Foundation Hospital, Rawalpindi. She was interested in doing a residency in rheumatology but could not join due to health issues at the time. I later found out that she was born with spina bifida and neuropathy leading to short stature and being of the community and a source of inspiration not only for her fellow residents, but all the doctors who met her. She has proven, time after time, that nothing will stand in her way from achieving her dreams.
The APLAR COVID-19 Task Force: Delivering support – meeting needs

The SARS-CoV-2 COVID-19 pandemic has placed an undeniable amount of stress on populations and national healthcare systems in 2020 and into 2021. The impact of COVID-19 has been pleomorphic and multifaceted to include: fear of the virus itself and about contracting it; its impact on daily-life routines, as well as loss of social contact and livelihood.

Experts reach consensus

The APLAR COVID-19 task force consists of a multidisciplinary group of 13 specialists, including experts from rheumatology, pulmonology, infectious disease, and a patient representative. A rigorous structured literature search of relevant studies from December 2019 to December 2020 from Medline was used to provide an evidence base. The quality of evidence supporting each statement was evaluated using the evidence-assessment frameworks prescribed by the GRADE (Grading of Recommendations Assessment, Development and Evaluation) (GRADE) system and a modified Delphi approach was used to identify and reach consensus on 25 statements.

Of particular interest in the task force’s consensus is a telehealth. Not since the onset of the COVID-19 pandemic has there been so much discussion about the adoption of telehealth to serve populations. The task force notes that the use of telemedicine should be strongly encouraged, especially in areas of high community transmission levels. For follow-up of appropriate patients with RMD if implementing such telehealth is possible and accepted by patients, was based upon the availability of moderate evidence which was underpinned by a strong recommendation from the task force members. A contemporary and highly relevant issue of SARS-CoV-2 vaccination was addressed by the APLAR task force along with the risks and impacts this has on RMD and its implications for treatment and wider issues of clinical management.

The task force consensus statements recommended that patients with RMD should receive the SARS-CoV-2 vaccine once it becomes available, and that RMD patients with normal immunocompetence should receive vaccination based on current country, regional and/or international guidelines. The task force also noted that appropriate safety protocols of COVID-19 prevention through locally recommended public health protection measures also be followed.

Patients QoL

The task force recognized the negative impact of COVID-19 on the quality of life (QoL) of RMD patients resulting from widespread social isolation, and additional stresses such as job insecurity, financial worries, and general fear of getting the virus. Any worsening of the known negative impact of COVID-19 on patients’ QoL, rheumatologists caring for RMD patients during the pandemic should be ready to ask about life changes and mental well-being. They should provide or recommend support for mental and physical functioning, in addition to managing RMD.

The final word

In response to the unprecedented impact of the COVID-19 pandemic, the APLAR task force has responded to this challenge by providing an update to the initial APLAR position statement published in May 2020. We aimed to address important concerns arising from the rapid changes to healthcare during the pandemic. Support was recommended for healthcare professionals and patients with RMD to cope with these challenges of adhering to infection prevention directives while working with their treating rheumatologists to control their disease. The publication of these 25 consensus statements is another important milestone for APLAR.

References


The APLAR COVID-19 task force was mandated to address important concerns arising from the rapid changes to healthcare during the pandemic. Support was recommended for healthcare professionals and patients with RMD to cope with these challenges of adhering to infection prevention directives while working with their treating rheumatologists to control their disease. The publication of these 25 consensus statements is another important milestone for APLAR.

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The Art of APLAR: Poetic Presentations of Rheumatic Diseases

The ancient ruins of Palmyra in Tadmor, Syria. From the 1st to 2nd century, this city was the cultural centre of art and language from many civilizations.

My visitor is shy
And keeps away from sight,
My search was not in vain. There is plenty to read, some from obscure poets, but some from famous ones. Patients have many different original ways to describe and express their feelings about their illness. When the patient is a poet, they often dress on creative concepts to describe their ailments. Here are some examples...

As early as the 7th century, the Arab poet – Labid, described his osteoporotic kyphosis in verses, the translation of which I have published elsewhere:

Will it not be my fate,
Should my death come forth slow,
That I am no more now.
And tales of long age?
My back will take a bow,
With my knees bending low.
In my trial to rise, I shall give the feeling,
Rather than getting up, that I would be kneeling.

Another unknown poet, I described the same picture, also depicting his small steps, suggestive of Parkinson’s disease:

The instruments of fate
Made me ever so hound,
Like a hungry creeping
To his prey, and walking
Like a hunter creeping
Of a mighty calamity!

Majid A. Khoury

Majid A. Khoury, M.D. (internal medicine), Medical Director, Dubai University Medical College, Dubai, UAE, and Adjunct Professor, Rheumatology, American University of the Middle East, Kuwait City, Kuwait

LIST OF COE AWARDS

2019

- The Western Health Rheumatology Unit, Australia
- University of Occupational and Environmental Health, Japan

2018

- National University of Singapore, Singapore
- Catholic University of Korea, South Korea
- Hokkaido University, Japan
- Peking Union Medical College, China
- Ajou University, South Korea

2017

- Taichung Veterans General Hospital, Taiwan
- Gang Gang Memorial Hospital, Taiwan
- Hanyang University, South Korea
- Singapore General Hospital, Singapore
- Keio University School of Medicine, Japan

2016

- Yonsei University College of Medicine, South Korea
- Tsukuba Veterans General Hospital, Taiwan
- China Medical University, China
- The Chinese University of Hong Kong, Hong Kong
- University of Occupational and Environmental Health, Japan

1. As early as the 7th century, a combination of back aches, and leg ailments, and the use of a cane for walking, made him say:

2. Ibn Abdel Birr: “Bahjat Al-Majales” (Anthology), 12th century, a combination of back aches, and leg ailments, and the use of a cane for walking, made him say:

3. Ibn Khalkan: “Wafayat Al Ayan”, Edited by Ihsan Al-Basti (11th century) is probably the only one who saw some good coming out of ageing, namely maturity of the mind, despite his crooked spine. The channel of my spine did not straighten before The channel of my spine was bent forever more.

4. In the 12th century, an Arab poet (Abu Al-Darwesh), who lived to 75 years of age, described his posture as he lived - both vividly and succinctly rather than an infection which would have killed him in those days. He referred to his recurrent nocturnal fever with “my visitor” and described its recurrence as “faithful” in what became a classic poem:

My visitor is shy
And keeps away from sight,
For she only comes by
To the darkness of night.
Quails and sheats of my own
For her I spread in vain:
She left them with disdain
And mocked in my face.
To hold her and to hold my breath,
My eyes have grown extremely tight
But with ailments of every kind,
She escapes with every sight.
The morning sends her out of sight,
And her tears flow abundantly.

Perhaps poets find some relief in expressing their pain and anxiety with irony and metaphors. One thing is sure poetry as a "History of present illness" makes the past very present.

The West Virtual Home Page: http://www.aplar.org/education_page/aplar-coe

Collaboration between academic and research hospitals in the Asia-Pacific region.

APLAR Centre of Excellence: Criteria and Evaluation Process

Collaboration between academic and research hospitals in the Asia-Pacific region. Another objective of the program is to build a strong network between these CoEs and promote international collaboration between the different countries of APLAR.

Center of Excellence: Criteria and Evaluation Process

• The APLAR evaluation committee will rate how the centres fit the APLAR CoE and how they meet the criteria to provide an overall rating.

• The committee then selects the centres with the top scores to be awarded a designation of ‘Centre of Excellence’.

• By recognizing the long-term effort and dedication of these centres, APLAR seeks to improve the level of scientific rigour and clinical excellence among regional institutions.

• Furthermore, local physicians would have greater access and understanding of the best practices in rheumatology, thereby improving the care provided for patients across the Asia-Pacific region.

• Another objective of the program is to build a strong network between these CoEs and promote international collaboration between the different countries of APLAR.

Goals of the Centre of Excellence

Collaboration between academic and research hospitals in the Asia-Pacific region. Another objective of the program is to build a strong network between these CoEs and promote international collaboration between the different countries of APLAR.

APLAR Centre of Excellence: Goals and Objectives

- To provide a platform for rheumatologists to share their experiences and knowledge
- To promote research and education in rheumatology
- To improve patient care and outcomes

2016

- University of Hong Kong, Hong Kong SAR
- Catholic University of Korea, South Korea
- Peking University People’s Hospital, China
- Seoul National University Hospital, South Korea
- Graduate School of Medicine, Osaka University, Japan

2017

- Taichung Veterans General Hospital, Taiwan
- Gang Gang Memorial Hospital, Taiwan
- Hanyang University, South Korea
- Singapore General Hospital, Singapore
- Keio University School of Medicine, Japan

2018

- Yonsei University College of Medicine, South Korea
- Teijin Veterans General Hospital, Taiwan
- China Medical University, China
- The Chinese University of Hong Kong, China
- University of Occupational and Environmental Health, Japan