Reumatología Clínica

Letters to the Editor

Status of Rheumatology in Spain in 2017: 2.0 Rheumatologists per 100 000 Population[☆]

Estado de la reumatología en España en 2017: 2,0 reumatólogos por 100.000 habitantes

To the Editor,

The commission on professional relations, private practice and services to the members of the Spanish Society of Rheumatology (SER) is searching to offer updated data on the status of our specialty in Spain. For this purpose, we commissioned the Research Unit of the SER to estimate the number of rheumatologists currently available in Spain per 100 000 population, assuming that 95% of the rheumatologists are members of the SER.

The number of specialists available per 100 000 population is an indicator of the health recourses that are utilized for the evaluation and organization of health care systems.[1,2] While this data is objective, there is certain controversy as to its true utility since there is no suitable standard in our neighboring countries.[3]

Table 1 shows the number of rheumatologists per 100 000 population in each of the Spanish autonomous communities and the sum total. The figure for Spain as a whole reaches a ratio of 2 rheumatologists per 100 000 population. The autonomous community with the highest ratio is the Community of Madrid, with 4.8 rheumatologists per 100 000 population, and the lowest rate is that of Castile and Leon, with 0.6 rheumatologists per 100 000 population.

The results obtained in the analysis, using the database of members of the SER, assuming that 95% of the rheumatologists are members, establish a rate of 2.16 rheumatologists per 100 000 population, which, in practice, signifies the stagnation in the availability of rheumatologists in Spain. Our results are in keeping with those of the work carried out at the University of Las Palmas in the Canary Islands with data from 2006.[4] The results we encountered are also similar to those reported by Pérez and López-Valcárcel in 2008, who moreover offer ratios according to autonomous communities.[5] The figures presented here are the first offered for Spain from those works. The analysis carried out in this report does not enable us to determine the reasons for this stagnation in the number of rheumatologists in Spain since 2008, but a possible factor could be the present economic circumstances, with major restrictions.

This situation occurs in a context of an aging population, a determining factor that has motivated, among others, the introduction of EPISER 2016, a project that studies the prevalence of

Table 1
Rheumatologists by Spanish Autonomous Community. Rate of the Number of Rheumatologists per 100 000 Population.

Autonomous community	Numbers of full members per AC	Population by AC in 2017[a]	Proportion of rheumatologists per 100 000 population
Andalusia	140	8 478 439	1.7
Aragon	29	1 191 533	2.4
Principality of Asturias	27	983 186	2.7
Cantabria	23	530 271	4.3
Castile-La Mancha	20	2 280 518	0.9
Castile and Leon	14	2 494 790	0.6
Catalonia	184	5 309 173	3.5
Ceuta	2	84 963	2.4
Community of Madrid	211	4 374 970	4.8
Valencian Community	81	3 597 647	2.3
Extremadura	16	1 481 480	1.1
Galicia	60	2 690 328	2.2
Balearic Islands	13	675 595	1.9
Canary Islands	39	1 614 686	2.4
La Rioja	8	275 034	2.9
Melilla	1	84 509	1.2
Region of Murcia	29	1 274 834	2.3
Chartered Community of Navarre	12	534 490	2.2
Basque Country	39	1 868 855	2.1
Total	–	46 771 345	2.0

[a] Data from the Spanish Institute of Statistics.

rheumatic diseases 16 years after launching the first version of the same study.[6] The increasing prevalence of rheumatic diseases in a context of an aging population can translate into an increase in the demand for health care and into the need for more human recourses to attend to this situation.[7,8] The data obtained in EPISER, in combination with the results of this work, may be useful in decision making in the context of health systems.

This report has certain limitations. Although the database utilized is based on the information provided by members of the SER, there can be some imprecisions, aside from the margin of error, which has been considered minimal. For the analysis of these results, we must take into account that it has been assumed that 95% of the rheumatologists in Spain are members of the SER and are included in the organization's database. A deviation of 10% (that is, that there were another 95 rheumatologists not included in the database of members of the SER) would suppose that the number of rheumatologists per 100 000 population in all of Spain could reach 2.2. To achieve 2.5 rheumatologists per 100 000 population in all of Spain, there would have to be 221 rheumatologists not associated with the SER.

In conclusion, although the interpretation of the number of specialists per 100 000 population may be controversial, the results of this report enable us to evaluate how rheumatology is facing the health care challenges that are being presented in recent years, and that will not be detained in the near future. The potential sociodemographic changes, which could affect the prevalence of rheumatic diseases, make further work necessary to enable us to analyze not only the present situation, but to also consider the future outlook of rheumatology in Spain.

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Median nerve ultrasound findings in systemic sclerosis patients: How do they relate to clinical features of the disease?

Hallazgos ecográficos del nervio mediano en pacientes con esclerosis sistémica: ¿cómo se comparan con aspectos clínicos de la enfermedad?

Dear editor,

Systemic sclerosis (SSc) is a rheumatic disease characterized by inflammation, vascular injury and fibrosis. Median nerve (MN) entrapment in the carpal tunnel (CT) seems to be frequent in patients with SSc[1,2]. Ultrasound (US) evaluation of MN in SSc patients was only performed in few studies and conclusions were not linear[3–5].

We aimed to compare specific MN US parameters between patients with SSc and a group of control subjects. Additionally, in the group of SSc patients, we also assessed the correlation between the US measurements and clinical variables of the disease. For this purpose, we conducted a cross-sectional study comprising 48 SSc patients, 39 females (81.3%), followed-up in our Rheumatology Unit with mean age of 56.98 ± 12.73 years and mean disease duration of 9.77 ± 6.12 years. The control group included 45 healthy subjects, 37 females (82.2%), paired for age (p=0.146) and gender (p=0.904). All individuals were Caucasian. Exclusion criteria were age <18 years, body mass index >30, previous wrist trauma or local corticosteroid injection.

Subjects were consecutively evaluated in our Department. MN cross-sectional area (MNA) and perimeter (MNP) of both sides of each person were measured at the level of the CT inlet in the transverse plane between the scaphoid tubercle and the pisiform bone. All measurements were performed by the same observer using a 15 MHz linear probe of a General Electric LOGIQ S8 US (image settings: frequency 15 MHz, gain 67 and depth 2.5 cm). Additionally, in the patients group, modified Rodnan skin score (mRSS), the hand mobility (HAMIS) and the SSc Severity Scale (SScSS) were also calculated. For simplification of comparative analysis, we present the results using the mean MNA and MNP of combined right and left sides. Statistical analysis included Chi-Square test, Mann-Whitney U-test, Kruskal-Wallis and Spearman correlation coefficient. Statistical significance was defined as P value <0.05. The study was performed following the Declaration of Helsinki principles and informed consent was obtained from all subjects.

We evaluated by US a total of 186 MN. Possible confounding variables as proportion of diabetes and CT surgery were similar between groups (p=0.803 and p=0.339, respectively). Median of MNA and MNP were significantly higher in SSc patients (7.5 mm^2 [6.6 to 9.5] and 13.8 mm [12.4 to 15], respectively) (median [interquartile range]) compared with controls (7.0 mm^2 [6 to 8] and 12.9 mm [11.7 to 14], respectively) (p=0.021 and p=0.018, respectively). Among SSc patients group, a positive correlation was found