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WisdomGale

LETTER TO THE EDITOR

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Delayed diagnosis and treatment of rheumatoid arthritis: A preventable path to disability

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Dear Editor:

Rheumatoid arthritis (RA) is a chronic autoimmune disease that primarily affects the joints, causing pain, swelling, and, if left untreated, permanent joint damage and disability [1]. As a systemic illness, RA can also involve other organ systems, including the lungs, heart, and kidneys [2,3]. Globally, RA affects an estimated 0.5%–1% of the population, with a higher prevalence in women and typical onset between the ages of 30 and 60 years [2,3]. More than 18 million people worldwide live with RA, making it one of the most common and disabling inflammatory joint diseases [2,3]. Beyond its clinical impact, RA imposes a significant socioeconomic burden through direct healthcare costs, loss of productivity, and long-term disability. The World Health Organization recognizes RA as a leading cause of disability-adjusted life years among musculoskeletal disorders [3,4]. This widespread burden highlights the urgent need for early detection, prompt treatment, and public health initiatives focused on education and access to care. We are writing to draw attention to the critical importance of increased awareness, timely diagnosis, and early treatment of RA, using a patient case as an example of what happens when intervention is delayed. This case highlights the importance of recognizing early radiographic signs of RA, which are often misattributed to aging or mechanical pain. It underscores the need for greater awareness among radiologists and clinicians to avoid delayed diagnosis and prevent irreversible joint damage.

In early 2025, at our outpatient clinic, we encountered a patient in her early 40s who presented with joint deformities, a tragic consequence of untreated RA for over half a decade. A 42-year-old woman came to our hospital with deformities in both hands and feet. She had been experiencing joint pain, swelling, and stiffness over 7 years (since 2018) but had never been evaluated by a rheumatologist. Initially, she relied on over-the-counter medications and occasional visits to spiritual healers where her symptoms were attributed to "aging" or "general arthritis." She eventually consulted a general practitioner, who diagnosed her with RA 3 years after symptom onset (in 2021), based on positive rheumatoid factor and anti-cyclic citrullinated peptide (CCP) antibodies. The X-ray of the hands (in 2021) demonstrated slight juxta-articular osteopenia and early marginal erosions at metacarpophalangeal joints, as shown in Figure 1. However, the patient did not take regular treatment due to social stigma surrounding RA diagnosis and fear of adverse effects of medications. By the time she reached us (in 2025), she had a gross reduction in hand movements and difficulty with basic activities such as eating, dressing, and self-care. Current X-rays of the hands (2025) revealed subarticular erosions, joint space reduction, and marked juxta-articular osteopenia, as shown in Figure 2. Due to a lack of awareness and access to care, her disease

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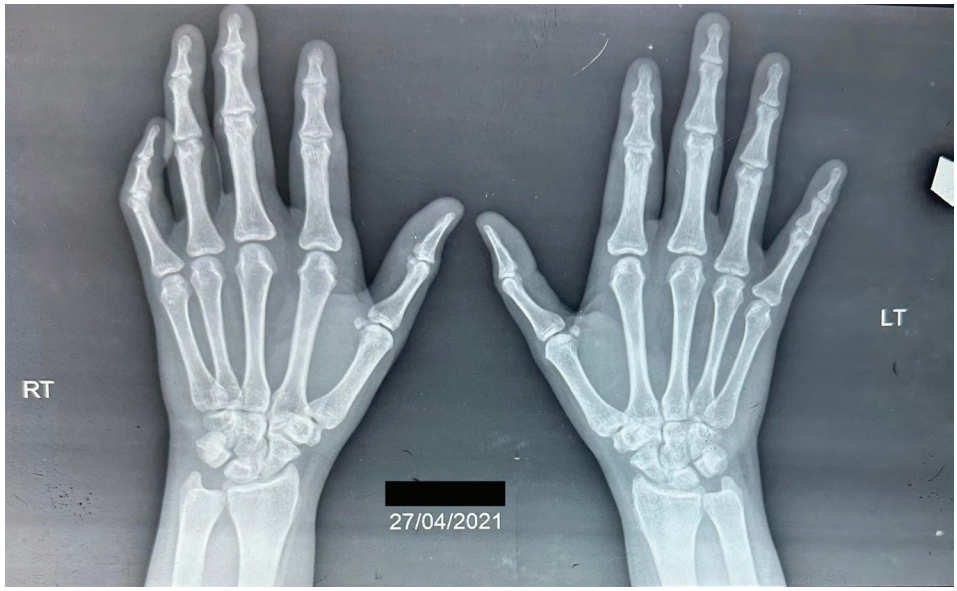


Figure 1. X-ray of hands from the year 2021 showing slight juxta-articular osteopenia and early marginal erosions.

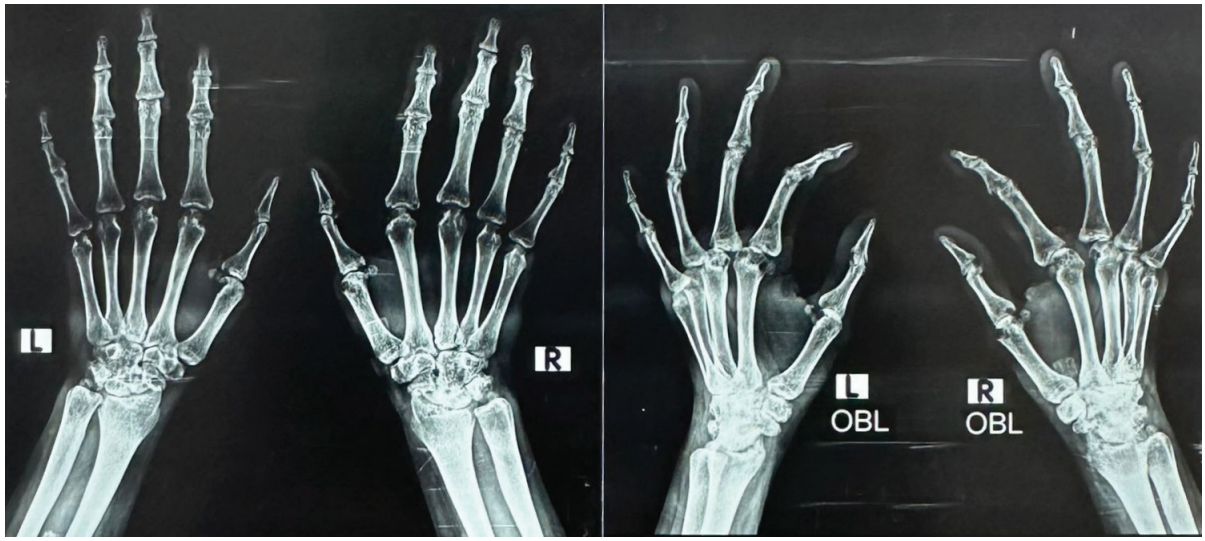


Figure 2. X-rays of hands currently (2025) revealing subarticular erosions, joint space reduction, and marked juxta-articular osteopenia.

had progressed unchecked, limiting her mobility and independence. Although her case is tragic, it is not uncommon.

This case underscores the vital role of plain radiographs in the early diagnosis and monitoring of RA. Initial X-rays from 2021 revealed hallmarks of inflammatory arthritis but these were not promptly addressed. By 2025, imaging revealed advanced joint damage. Radiologists play a key role in identifying early signs of RA and should promptly communicate such findings to aid timely diagnosis and treatment. This case acts as a stark reminder that RA is a progressive autoimmune disease that can cause irreversible damage if not managed early with appropriate therapy, including disease-modifying antirheumatic drugs (DMARDs), especially when diagnosed early. Many patients can live normal, productive lives with timely intervention. The concept of a "window of opportunity" within the first 12 weeks of symptom onset is well recognized in rheumatology, during which DMARDs initiation leads to significant slowing or even halting disease progression [5–7]. Unfortunately, in many settings, this window is missed. Barriers, including limited access to specialists, lack of awareness among primary care providers, and social stigma or

misinformation in the community, result in delayed diagnoses [8,9]. The consequence, as seen in our case, is irreversible joint deformity, functional loss, and decreased life quality, all of which could have been avoided with early intervention and patient education. Public awareness and early referral from primary care to rheumatology may dramatically decrease disability and improve outcomes [8,9].

To prioritize early detection and patient education, healthcare professionals should receive enhanced training to recognize early RA symptoms and subtle imaging signs and establish clear referral pathways to rheumatologists. We urge healthcare professionals, policymakers, and community leaders to prioritize early detection and patient education. There is an urgent need to increase public and professional education about RA. Primary care providers play a vital role in recognizing the early signs, such as morning stiffness lasting more than 30 minutes and symmetric joint swelling, and making prompt referrals to rheumatology [10]. Routine screening for joint pain and stiffness in primary care, especially among high-risk groups, is essential. Equally important is patient education: understanding that persistent joint pain is not a normal part of aging and that effective treatments are available in addition to reducing the taboo associated with RA [11]. Policymakers need to invest in expanding access to rheumatology services, support public awareness campaigns to dispel myths about RA, and ensure affordable access to DMARDs and diagnostic imaging. This is not just a medical issue but a public health concern also. The long-term disability due to RA results in elevated healthcare costs, loss of productivity, and emotional suffering [10,11]. Community leaders and organizations can promote education programs that increase awareness of RA as a treatable condition rather than a normal part of aging, partner with advocacy groups to reduce stigma, and utilize media platforms to spread accurate information. We must do more to promote early diagnosis, ensure access to appropriate treatments, and decrease the burden of this potentially disabling disease. We urge healthcare authorities, clinicians, and policymakers to prioritize awareness campaigns, streamline referral pathways, and encourage early rheumatologic assessment. Together, these measures can improve early diagnosis, reduce delays, and prevent disability. Let us not allow preventable disability to continue when we have the tools to stop it.

Consent to participate

Detailed informed consent was obtained from the patient with assurance of maintaining confidentiality.

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