(achieving patient priorities, maximising adherence, controlling the disease, legitimate educator, having adequate and relevant expertise); safeguarding professional opportunities (diversifying clinical skills, protecting colleagues’ interests); and optimising access to treatment (capitalising on multidisciplinary care, acquiring breakthrough therapies). Illustrative quotations are provided in Table 2, and patterns and relationships among all themes are shown in Figure 1.

Conclusions Specialists endeavour to achieve optimal outcomes for patients with SLE but uncertainties in clinical decisions arise due to the ill-defined aetiology of SLE, lack of robust, consistent and implementable evidence, and speciality silo structures. Developing tools to support evidence-informed decisions, generating robust evidence to address clinical priorities, and establishing collaborative and multidisciplinary care pathways may support clinical decision making and management of a complex and heterogeneous disease, and help to minimise unwarranted variation in practice.

TREATMENT OF RHEUMATOID ARTHRITIS WITH DIFFERENT STRATEGIES IN A HEALTH RESOURCE-LIMITED SETTING LOW-DOSE PREDNISONE PLUS DMARDS MAY BE MAY BE A BETTER ALTERNATIVE

A validated lifetime Markov model incorporating the epidemiological survey was used. The usage of glucocorticoid in Systemic Lupus Erythematosus (SLE) patients, the male to female ratio was 1:19. The average age of the SLE patients who meet the 1997 classification criteria of American College of Rheumatology were enrolled.

Methods A comparison with combination strategy, the ICERs for etanercept, infliximab, and adalimumab were $90488.8, $77295.78, $88961.11 per QALYs. The combination strategy was more cost-effective than any of anti-TNF under the willingness to pay threshold when it was set at 3 times the per capita GDP of China ($7557.04).

Conclusions Based on this study, the treatment starting with low-dose prednisone plus traditional DMARDs is the most cost-effective option for RA patients in the Chinese healthcare setting.

SEVERE PERIPHERAL ARTERY DISEASE IN PATIENT WITH SCLERODERMA MANAGED WITH ENDOVASCULAR TREATMENT: A CASE REPORT

A 44 years old complained for intermittent claudication. She had been diagnosed scleroderma with Raynaud phenomenon since 3 years. She got methotrexate, folic acid, acetylsalicylic acid, nifedipine, and beraprost sodium. Angiography showed total stenosis at bilateral anterior tibial artery, posterior tibial artery, and peroneal artery. Two drug eluting stents were inserted to the left posterior tibial artery. Balloon angioplasty was done at left peroneal artery. She was also given methotrexate, folic acid, acetylsalicylic acid, clopidogrel, beraprost sodium, and amlodipine. The pain was resolved after these treatments.

Eight months after first percutaneous transluminal angioplasty (PTA), the patient started having intermittent claudication again and cyanotic toes. Angiography showed total stenotic at proximal left anterior tibial artery and 80% stenotic of left posterior tibialis artery before the stent. The stent was still patent at distal left posterior tibial artery. Balloon was inserted to the posterior tibial artery and left plantar foot. Previous medications were continued, but the dose of beraprost sodium was increased and cilostazol was also given. The symptoms resolved after treatment.

Conclusions Combination of medication and endovascular treatment for PAD in patient with scleroderma could provide rapid pain relief. Probability of restenosis needs to be evaluated.