

I'm not a robot



Laura Mahony PhotographY; I Believe I Can Fly / shutterstock.com The patient medical history is far more prominent in clinical decisions for rheumatology than for many common chronic diseases in which a gold standard biomarker, such as blood pressure or serum glucose, is applicable to diagnosis and management of all individual patients.1 Components of a subjective patient history may be recorded as structured, quantitative, standard, protocol-driven, scientific self-reported data on a patient questionnaire rather than as narrative descriptions.2,3 The multidimensional health assessment questionnaire (MDHAQ) includes RAPID3 (routine assessment of patient index data), a 0–30 index of three 0–10 visual numeric scales (VNS) of physical function, pain and patient global assessment (see Figure 1).4,5 In about five seconds, RAPID3 gives information for rheumatoid arthritis (RA) similar to disease activity score 28 (DAS28) or the clinical disease activity index (CDAI), which require about 100 seconds to score.6 The ACR has endorsed RAPID3 as an outcome measure for RA, and it appears as widely used in U.S. clinical practice as any quantitative clinical index, perhaps in part because it is informative to monitor all rheumatic diseases studied.7,9 (click for larger image) Figure 1. Brief Guide to 4 MDHAQ Indices Many clinicians, pharmaceutical companies, patient advocacy groups and even the ACR website have extracted only RAPID3, which constitutes about 30% of the MDHAQ, for use—limiting the questionnaire's clinical value. The full MDHAQ content includes a VNS for fatigue; a self-reported RADA1 (RA disease activity index) painful joint count, which is useful in many rheumatic diseases; a 60-symptom checklist to serve as a review of systems and help clinicians recognize potential adverse events of medications; and recent medical history queries.4,10–12 In fact, the full MDHAQ adds considerable incremental information to RAPID3 and requires only 5–10 minutes of the patient's time to complete vs. 2–5 minutes to complete only the RAPID3 section, ultimately saving time for both the doctor and patient.6 Example: Recent reports have documented that fibromyalgia assessment screening tools (FAST) on the MDHAQ, composed of the 60-symptom checklist, RADA1 self-report painful joint count, and pain VNS and/or fatigue VNS, agree more than 80% with the polysymptomatic distress scale, a different questionnaire that constitutes the formal, revised 2011 fibromyalgia criteria.13–15 The full MDHAQ adds considerable incremental information to RAPID3 and takes just 5–10 minutes of the patient's time to complete. We present here a case report that illustrates three new applications of the MDHAQ involving RAPID3 and the 60-symptom checklist: 1) RAPID3 is informative to current substantial clinical improvement in a patient with a non-rheumatic disease, pulmonary fibrosis, based on routine MDHAQ completion in the rheumatology clinic waiting area; 2) the symptom checklist on a remote electronic MDHAQ, completed at home by a patient, can recognize adverse events to a medication; and 3) weekly remote electronic MDHAQ completion without face-to-face visits can be effective to document resolution of adverse events and subsequent clinical improvement. 2012 update of the 2008 American College of Rheumatology recommendations for the use of disease-modifying antirheumatic drugs and biologic agents in the treatment of rheumatoid arthritis. 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Implementation of the MDHAQ/RAPID3 in an electronic medical record (EMR) is subject to a royalty or license fee, which goes to support further development of the MDHAQ/RAPID3. The MDHAQ/RAPID3 has been successfully used in numerous studies with positive results. View our Clinical Trials page for a complete list of those that have used the MDHAQ/RAPID3. Click here for a list of available translations of the MDHAQ/RAPID3. Existing translations can be obtained by contacting: RWS Life Sciences|01 East River Drive|East Hartford, CT 06108Tel: 860-727-6000Fax: 860-727-6001E-mail: MDHAQ@rws.com Click here for detailed information on some of the common concerns and misconceptions regarding the MDHAQ. Pincus T, Swearingen C, Wolfe F. Toward a multidimensional Health Assessment Questionnaire (MDHAQ): assessment of advanced activities of daily living and psychological status in the patient-friendly health assessment questionnaire format. 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Page 2Contents:First report:1999198019819762000Basic quantitative scoresPhysical function10 items20 items17 items10 items4 itemsPain21 circle VNS10 cm VAS5 items10 items5 itemsPatient global21 circle VNS10 cm VAS20 scalesNoStiffnessAM stiffnessNo2 itemsNoNoFatigue21 circle VNSNoNo1 item4 items"Medical" history itemsRADA1 pain JG18 its 0.54NoNoNoNoSymptom (S)60 SxNoNoNoMedical historyYesNoNoNoPsychological scoresAnxiety2 itemsNoNo4 items5 itemsDepression2 itemsNoNo6 items4 itemsSleep quality7 itemsNoNoNoNo4 itemsRole itemsSocial role1 itemNoNoNo2 items4 itemsWork capacity1 itemNoNoNo4 itemsNoSocial historyDemographicsYesNoNoNoNoSocial historyYesNoNoNoNoIndicesClinical statusRAPID3HAQ-DI3 scores8 scores8 scoresFibromyalgiaFAST3NoNoNoNoDepressionMDHAQ-DepNoNo6 items8 itemsAdverse eventsSymptom checklistNoNoNoNoScoring templates YesYesNoComputerComputer