الاسم: هاني بن محمد عثمان المعلم

الرتبة العلمية: أستاذ مشارك

المنصب (إن وجد): وكيل كلية الطب و المشرف على كرسي الزايدي لأمراض المفاصل والروماتيزم

عنوان ورقة العمل: **كيف ينجح كرسي علمي في الجامعة ؟**

المحور المشارك فيه: الكراسي البحثية (الأنتاجية والتمويل)

تاريخ المشاركة: ١٥ / ١ / ١٤٣٨هـ

ZCRD AL ZAIDI CHAIR OF RESEARCH IN RHEUMATIC DISEASES

المحتوى

- ما هي فكرة الكراسي العلمية؟
- أسباب نجاح الكرسي العلمي ليحيى ومشعل أبناء الشيخ سرور الزايدي لأبحاث أمراض المفاصل والروماتيزم:
  - وضوح الهدف والرؤية.
  - الواقعية والمساهمة في حل مشاكل ملموسة.
  - الاستثمار في الطاقات الوطنية، وإشراك الطلبة والأطباء حديثي التخرج .
  - العلاقة المتميزة مع القطاع الخاص.
  - المرونة والتمرس في التعامل مع أنظمة الجامعة.

ماهي فكرة الكراسي العلمية؟

- إنها وسيلة مهمة من وسائل تعزيز البحث العلمي، وتوليد المعرفة والسعي نحو توظيفها، والاستفادة منها، والاسهام بنتائجها في التنمية.
- تفعيل مبدأ التعاون المشترك ما بين الجامعات وما بين الشخصيات الاجتماعية أو الجهات الاعتبارية كالشركات والمؤسسات من جهة أخرى.
- من أكبر المزايا: الحرية والتحليق في سماء الإبداع!

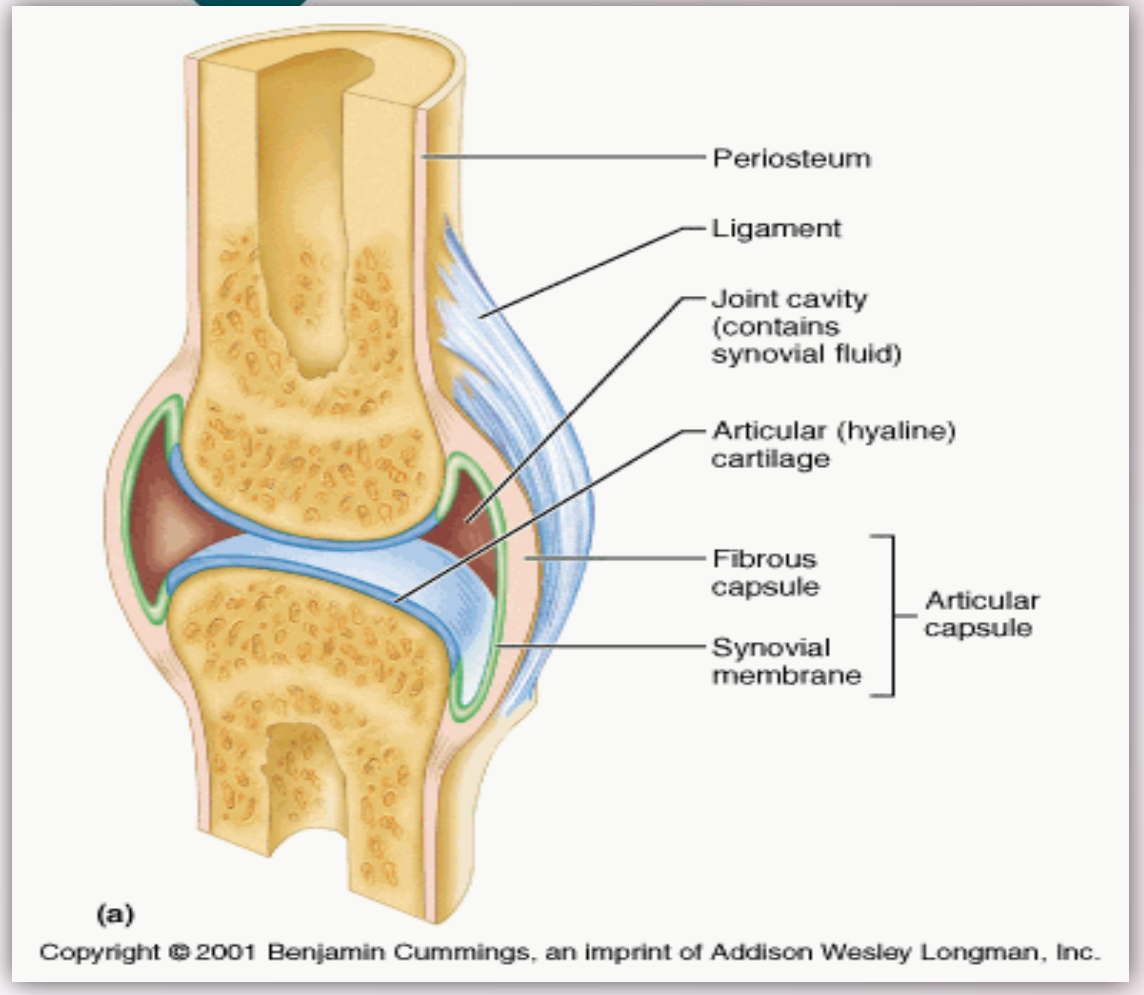
الملتقى العلمي الأول للبحث العلمي
1st Forum Scientific Research

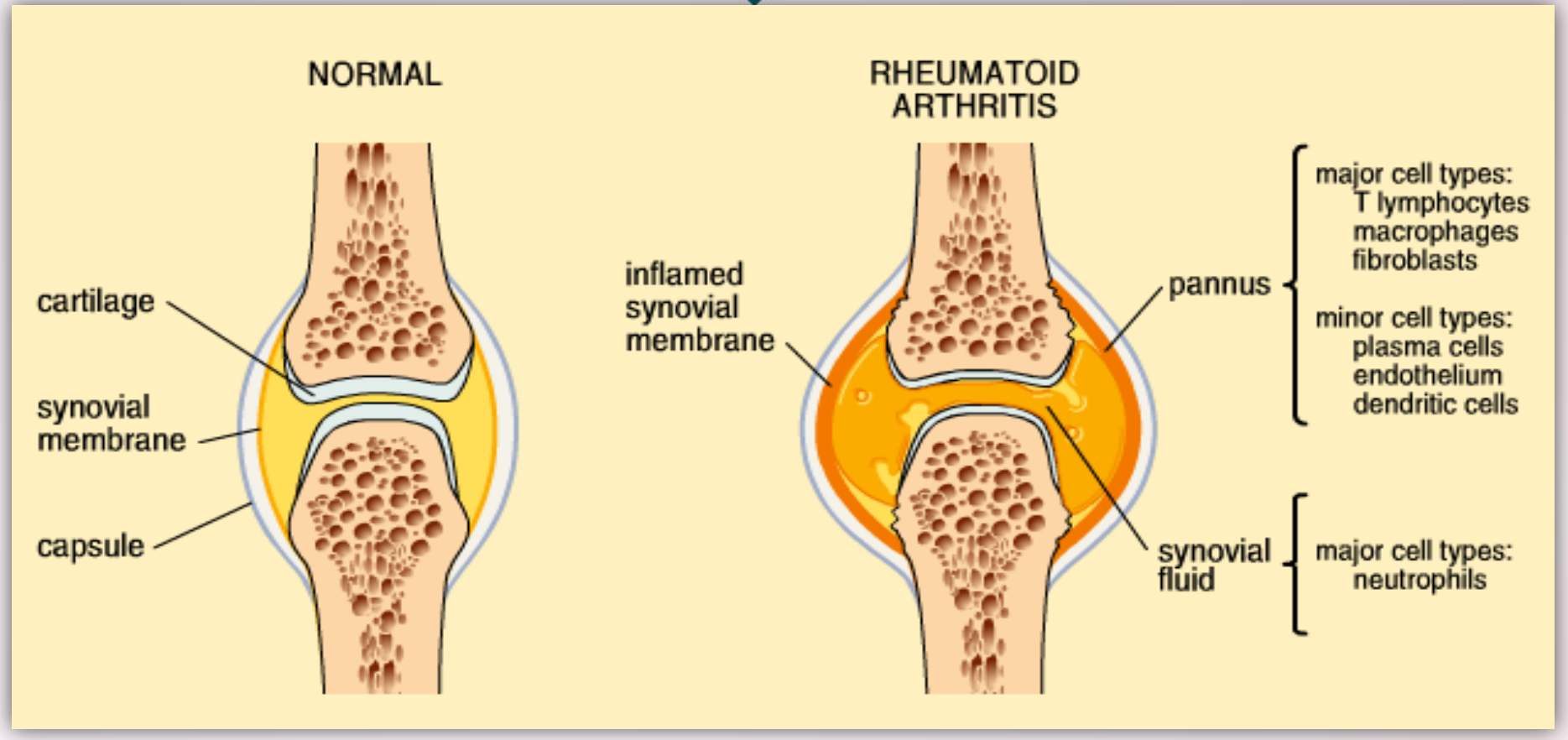
رؤية VISION 2030
المملكة العربية السعودية
KINGDOM OF SAUDI ARABIA

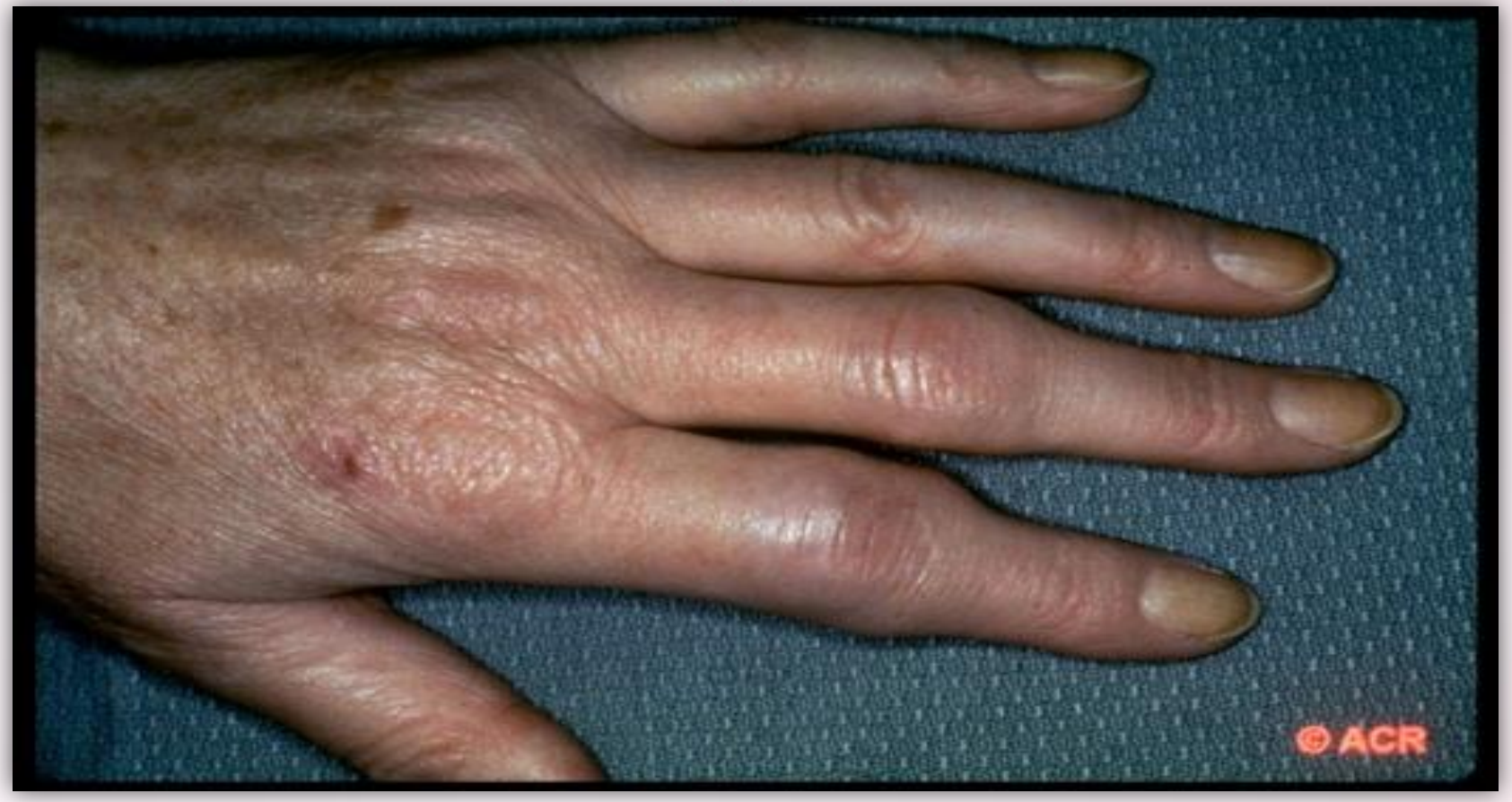
الكرسي العلمي ليحى و مشعل ابناء الشيخ سرور الزايدي
لأبحاث أمراض المفاصل والروماتيزم
جامعة أم القرى

ZCRD
AL ZAIDI CHAIR OF RESEARCH IN RHEUMATIC DISEASES

المفاصل الزلالية




NORMAL
cartilage
synovial membrane
capsule
RHEUMATOID ARTHRITIS
inflamed synovial membrane
pannus
major cell types:
T lymphocytes
macrophages
fibroblasts
minor cell types:
plasma cells
endothelium
dendritic cells
synovial fluid
major cell types:
neutrophils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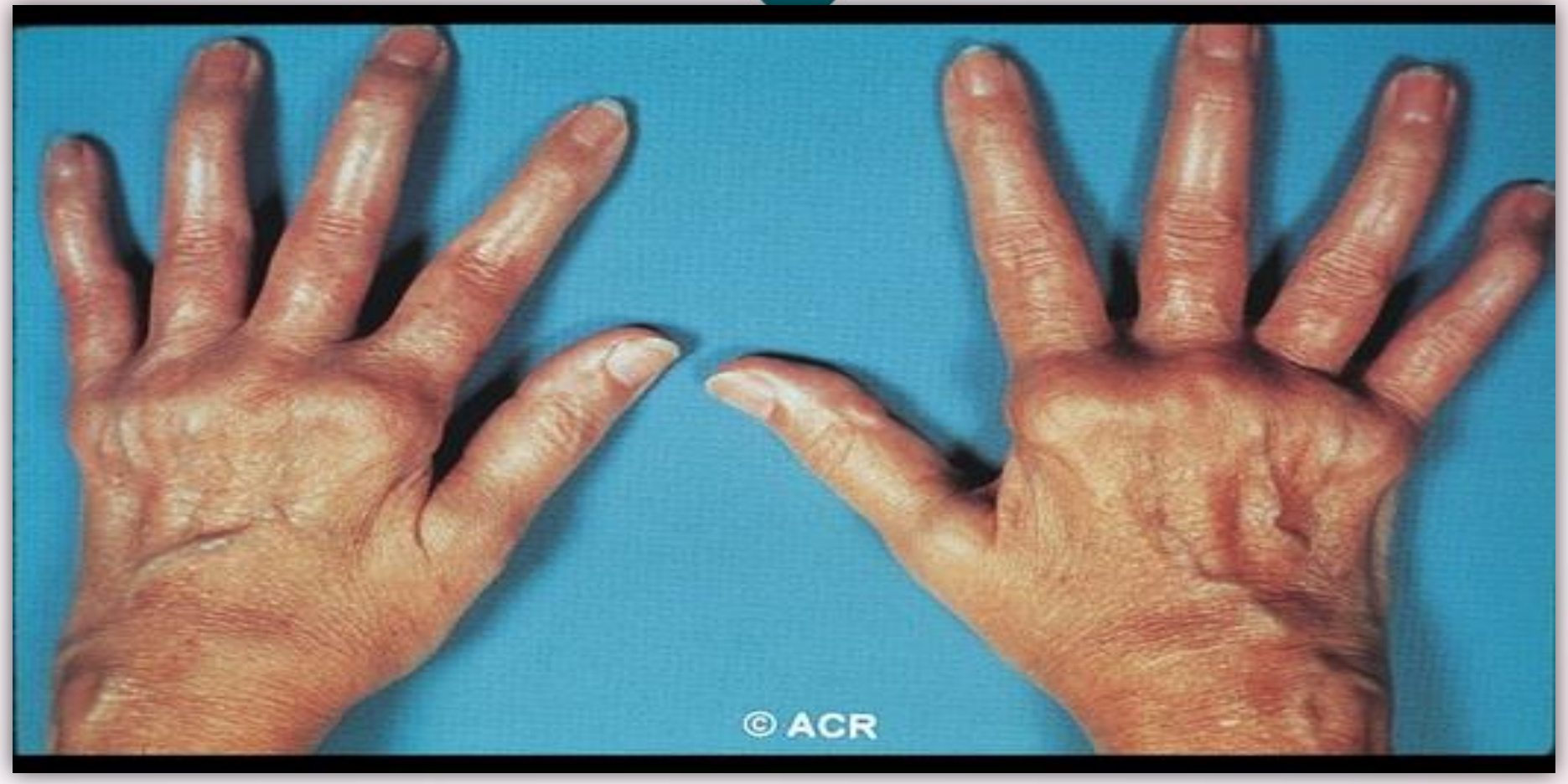
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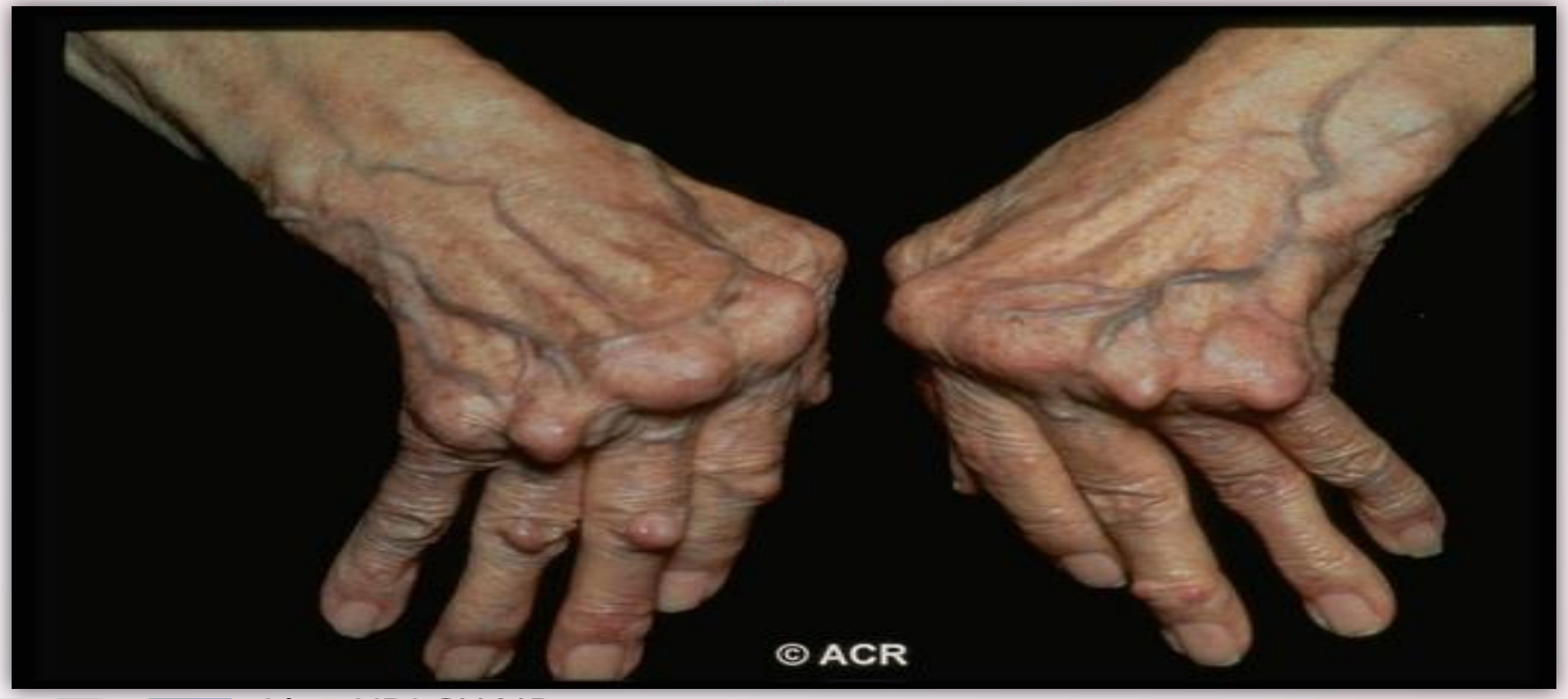
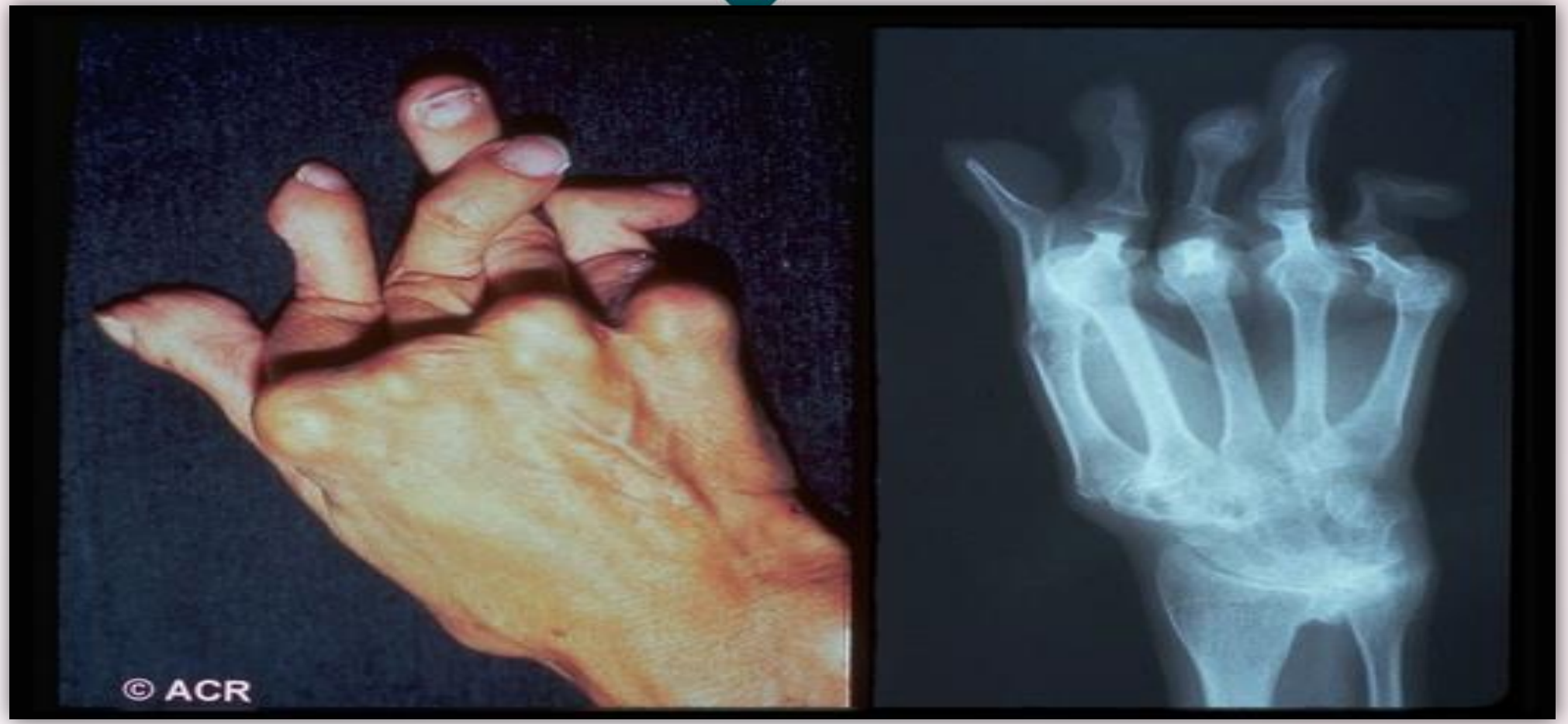
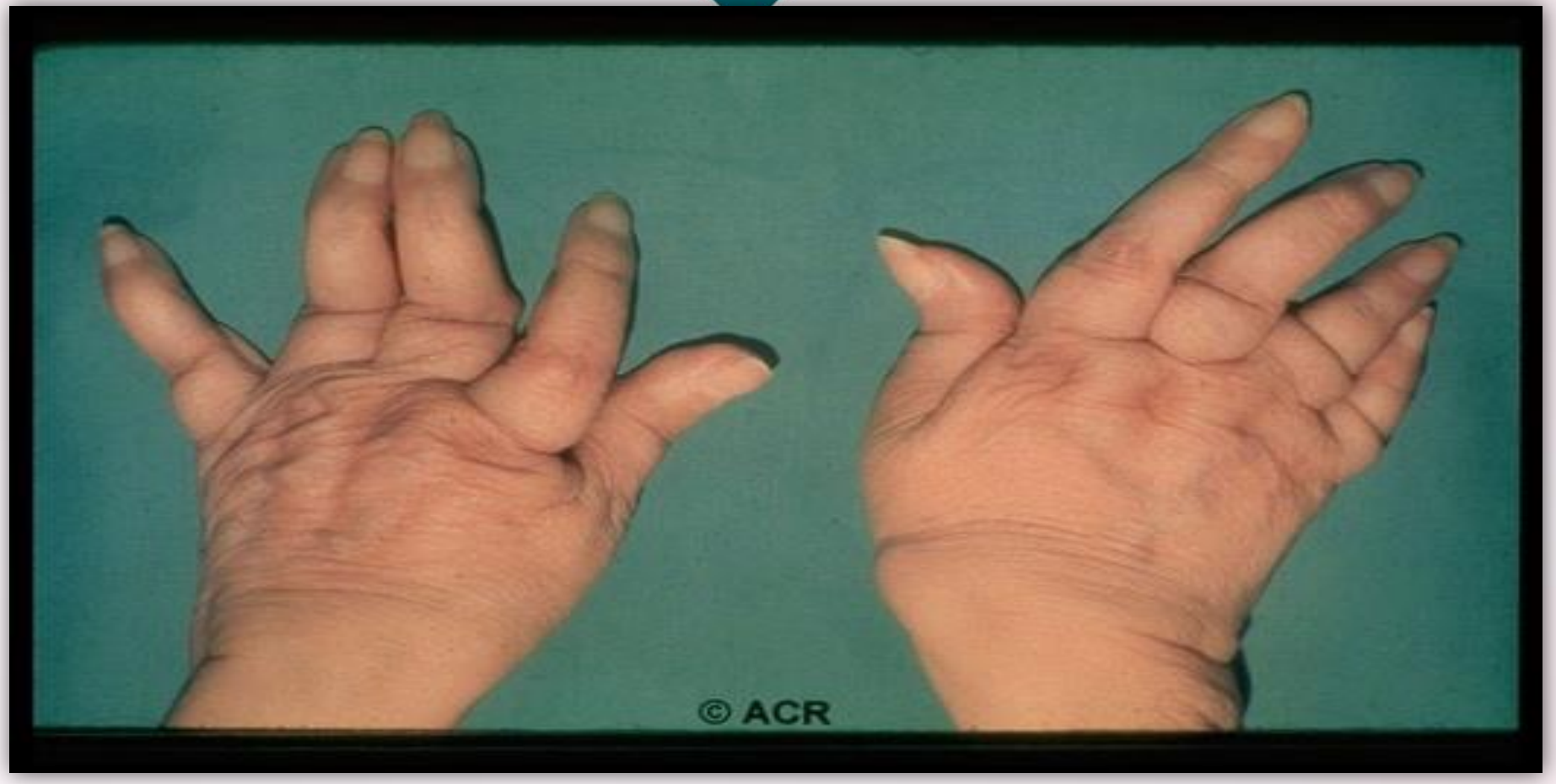
ZCRD AL ZAIDI CHAIR OF RESEARCH IN RHEUMATIC DISEASES


© ACR


© ACR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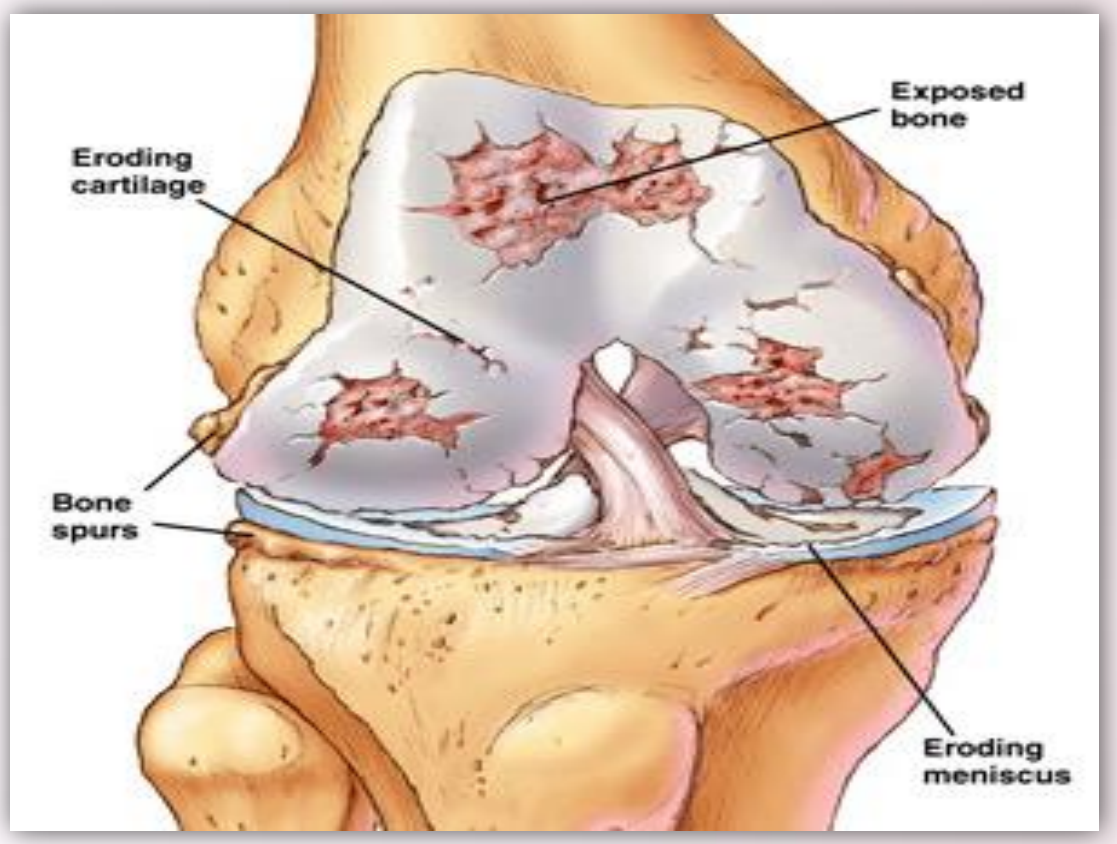
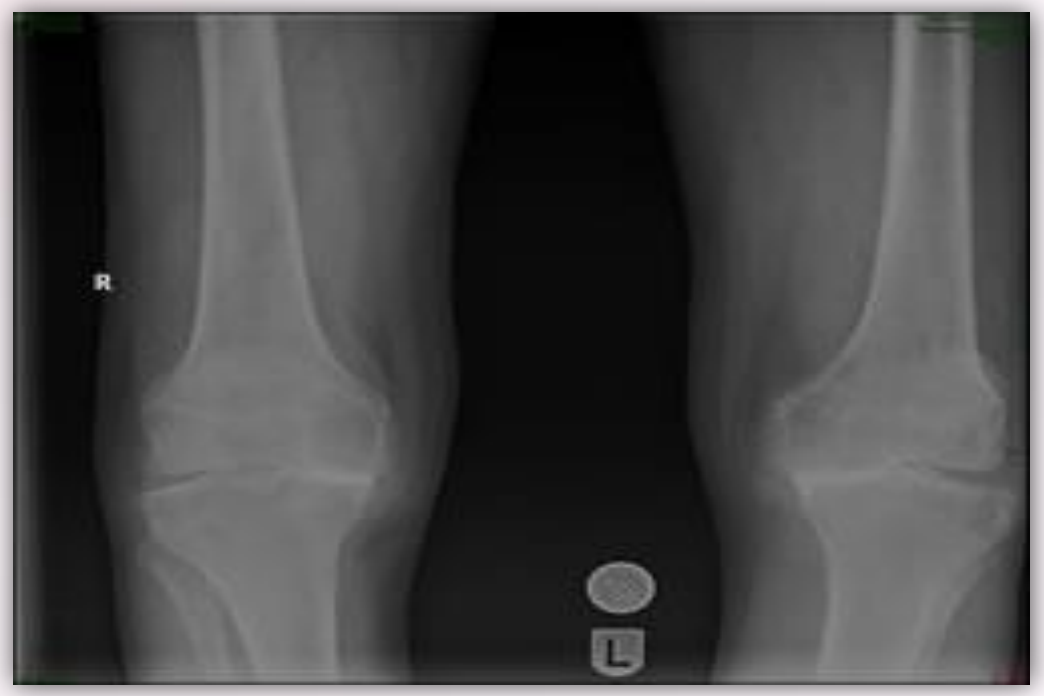

Exposed bone
Eroding cartilage
Bone spurs
Eroding meniscus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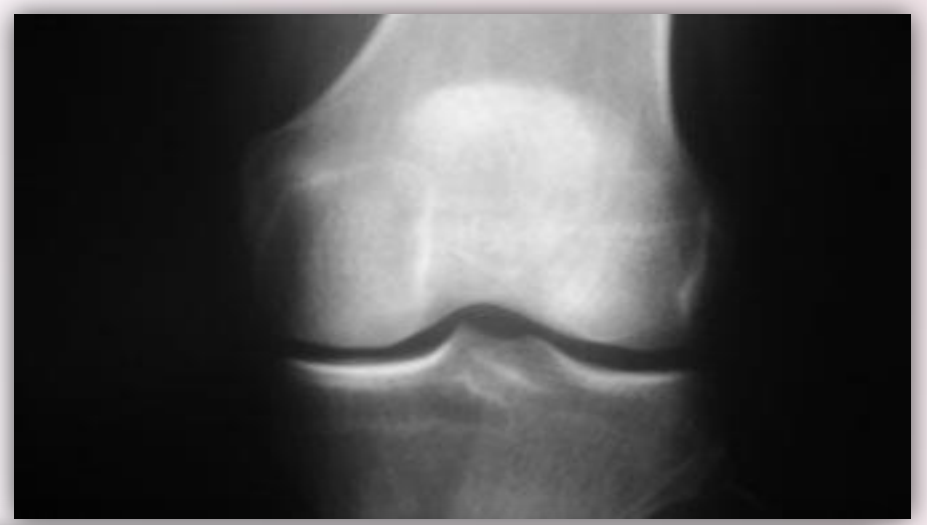
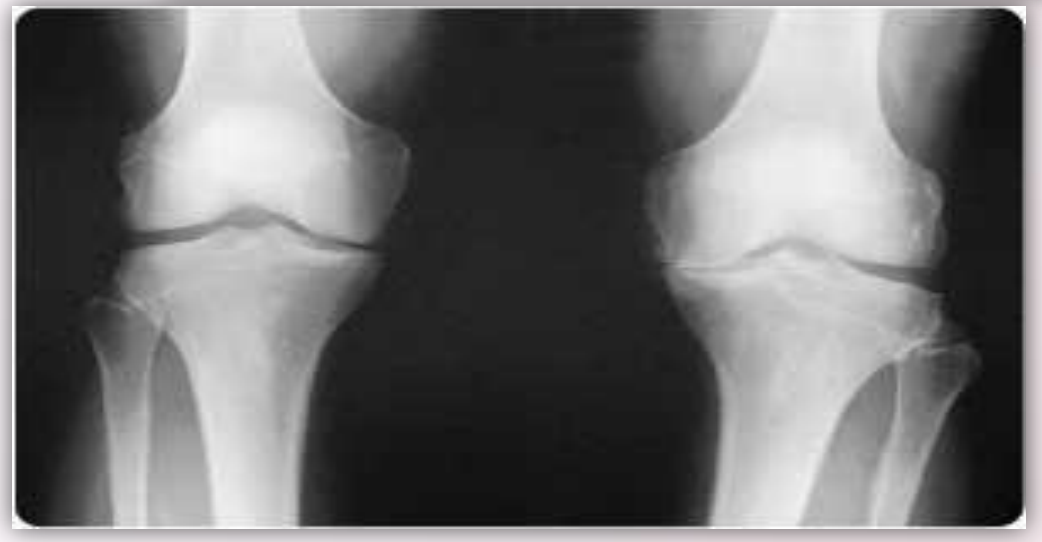
L





الشكر والتقدير

- لسعادة اللواء المتقاعد / يحي بن سرور الزايدي.
- لرجل الاعمال الشيخ/ مشعل بن سرور الزايدي.
- للأستاذ / سليمان بن عواض الزايدي.

أسباب النجاح

السبب الأول

وضوح الهدف والرؤية.

الحيثيات:

- الأمراض الروماتيزمية وليس مرض خشونة المفاصل!

أهداف هذا الكرسي

- ***الهدف الرئيسي:***

هو القيام والإشراف والمشاركة في أبحاث تعنى بالأمراض الروماتيزمية.

- ***الأهداف الفرعية:***

❖ تحسين مستوى الرعاية بمرضى الأمراض الروماتيزمية في وطننا الغالي.

❖ البدء والمساعدة في إنشاء قاعدة بيانات لمرضى الأمراض الروماتيزمية.

❖ تصميم وتطبيق والمشاركة في برامج تعليمية تدريبية للأطباء المشرفين على مرضى الأمراض الروماتيزمية.

السبب الثاني

الواقعية والمساهمة في حل مشاكل ملموسة.

الحيثيات:

- إنشاء قاعدة بيانات.
- أبحاث من واقعنا وتحل مشاكلنا.
- توطين البحث في بلادنا: باحثون محليون.
- الإستثمار في طلبتنا.
- برامج تعليمية للأطباء حديثي التخرج: ملتقى الروماتيزم.

Rheumatoid Arthritis Saudi Database (RASD)

Follow up visit

Patient ID:

Visit no.:

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Rheumatoid Arthritis Saudi Database (RASD)

Baseline visit

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Patient Demographics:

First Name: Last name: Initials:

Region: Hospital number:

Address: Tel.: Email:

Occupation: Gender: Male Female

DOB: / / Nationality:

Marital Status: Children:

Education:

Referral Specialty:

RA History:

- RA disease duration (Y):
- Duration between 1st symptom & 1st consultation (Y):
- Specialty of 1st consultation:

Rheumatologist orthopedics GP Internal medicine other

- 1st symptom suggesting RA:

Joint pain Joint pain and Stiffness
Joint Pain, joint stiffness, Joint Swelling
Fatigue Fever

- Duration between 1st consultation & definite RA diagnosis (Y):
- Specialty of diagnoser:
- 1st joint to be affected:

Multi-articular PIPs Wrist Elbow
Shoulder Knee Ankle
Multi-articular MTPs PIPs and MCPs

- Duration between 1st symptom & definite RA diagnosis (Y):
- Side of 1st joint to be affected:

Right Left Bilateral

- Number of Drs consulted before definite diagnosis:

Clinical History:

❖Habits:

1-Smoking ☐ Yes ☐ smoking years:
☐ No
☐ Ex-smoker

2-Alcohol ☐ Yes ☐ Alcohol years:
☐ No

❖Co-morbidity:

☐ Allergy
☐ Asthma
☐ DM
☐ Hypertension
☐ Thyroid disfunction
☐ CVD
☐ Depression
☐ Dislipidemia
☐ IBD
☐ IBS
☐ Osteoporosis
☐ Osteoarthritis
☐ PUD
☐ Stroke
☐ Other

Medication:

Previous Medication:

Medication	Dose	Duration	Reason for off

Current Medication:

Medication	Dose	Duration	Reason for off

- **Surgery:** NO RA related Non RA related
- **Date:** / /
- **Type:**
  - Joint reconstruction
  - Primary TJR
  - Revision TJR
  - Soft tissue procedure
  - other
- **Joint:**
  - Hip
  - wrist
  - shoulder
  - elbow
  - hand
  - Knee
  - ankle
  - feet
  - cervical spine
- **Side:** Right Left Bilateral

Present History:

1- Morning Stiffness: ☐ Yes ☐ NO

If yes, stiffness duration: ☐ mins

2- On a scale from 0 to 10 please indicate how severe your pain has been: "0" No Pain, "10" Pain is the worst. ☐

3- On a scale from 0 to 10 please indicate if there is unusual fatigue or tiredness:
"0" fatigue is No problem, "10" fatigue is a major problem ☐

4- illness may affect you at this time, on a scale from 0 to 10 please indicate your wellbeing: "0" very well, "10" very poorly ☐

5- How do you feel TODAY compared to ONE WEEK AGO?

1-Much better 2-Better 3-The same 4-Worth 5-Much worth

Clinical Examination:

- Pulse:
- Blood pressure:
- Weight (KG):
- Height (M):
- TJC:
- SJC:
- CRP:
- ESR:
- Pt-Global-Assesment (VAS):
- Physician-Global-Assesment:
- DAS28-score:
- HAQ-score:

Investigation:

Laboratory:

1. CRP: mg/l
2. ESR: mm/hr
3. RF:
4. Anti CCP:
5. ANA:

Radiology:

X-Ray:

MSKUS:

ECG:

Other:

Treatment:

Treatment Strategy
Treatment Details
Treatment Decision

- Convential DEMARDS
- Advance to Biologics
- Step down from biologics to Convential DEMARDS

- **Medication :**
- **Decision :** ☐ Start ☐ Stop ☐ continue ☐ Increase dose ☐ Decrease dose
- **Date : / /**
- **Reason for stop (if applicable):**
- **Dose**
- **Compliance (doses actually taken vs. planned):**

☐ Less than 40% ☐ 40% - 60% ☐ 60% - 80% ☐ More than 80%

Workability:

1- Work Status:

House wife Work full time

Work part time On vecation

2- Work time missed due to RA (hours):

3- Degree RA affected productivity while working:

"0" RA has no effect on my workability, "10" I lost my productivity totally due to RA

4- Degree RA affected regular activities other than job.

"0" RA has no effect on my regular activity, "10" I can not do any activity due to RA

5- How much work did you do today during your normal working hours compared to a normal day?

"1" means you were not able to do anything, "10" means you were able to do as much as normal.

6- Please rate the quality of work you did today, compared to normal:

"1" means your work was of very poor quality, "10" means the quality was as goood as normal

7- please rate your current level of work satisfaction

"0" means very dissatisfied, "10" means completely satisfied

8- Please rate your overall fatigue severity

"0" being worst and "10" being normal.

Clinical History:

❖Habits:

1-Smoking ☐ Yes ☐ smoking years:
☐ No
☐ Ex-smoker

2-Alcohol ☐ Yes ☐ Alcohol years:
☐ No

❖Co-morbidity:

- ☐ Allergy
- ☐ Asthma
- ☐ DM
- ☐ Hypertension
- ☐ Thyroid disfunction
- ☐ CVD
- ☐ Depression
- ☐ Dislipidemia
- ☐ IBD
- ☐ IBS
- ☐ Osteoporosis
- ☐ Osteoarthritis
- ☐ PUD
- ☐ Stroke
- ☐ Other

Medication:

Previous Medication:

Medication	Dose	Duration	Reason for off

Current Medication:

Medication	Dose	Duration	Reason for off

- **Surgery:** NO RA related Non RA related
- **Date:** / /
- **Type:**
  - Joint reconstruction Primary TJR Revision TJR
  - Soft tissue procedure other
- **Joint:**
  - Hip wrist shoulder elbow hand
  - Knee ankle feet cervical spine
- **Side:** Right Left Bilateral

Present History:

1- Morning Stiffness: ☐ Yes ☐ NO

If yes, stiffness duration: _____ mins

2- On a scale from 0 to 10 please indicate how severe your pain has been: "0" No Pain, "10" Pain is the worst. _____

3- On a scale from 0 to 10 please indicate if there is unusual fatigue or tiredness:
"0" fatigue is No problem, "10" fatigue is a major problem _____

4- illness may affect you at this time, on a scale from 0 to 10 please indicate your wellbeing: "0" very well, "10" very poorly _____

5- How do you feel TODAY compared to ONE WEEK AGO?

1-Much better 2-Better 3-The same 4-Worth 5-Much worth

Clinical Examination:

- Pulse:
- Blood pressure:
- Weight (KG):
- Height (M):
- TJC:
- SJC:
- CRP:
- ESR:
- Pt-Global-Assesment (VAS):
- Physician-Global-Assesment:
- DAS28-score:
- HAQ-score:

Investigation:

Laboratory:

1.CRP:
2.ESR:
3.RF:
4.Hb%:
5.WBC:
6.PLT:
7.Creatinine:
8. SGOT:
9. SGPT:
10. PPD Test:
11. Hepatitis Profile: a-HCV (ab)
b- HBS (ag)
12. FBS:
13.Lipid Profile: a- HDL
b- LDL
c- T-Cholostrol
d- TG
14. HBA1C:

Radiology:

MSKUS:

Treatment:

Treatment Strategy
Treatment Details
Treatment Decision

- Convential DEMARDS
- Advance to Biologics
- Step down from biologics to Convential DEMARDS

- **Medication :**
- **Decision :** ☐ Start ☐ Stop ☐ continue ☐ Increase dose ☐ Decrease dose
- **Date : / /**
- **Reason for stop (if applicable):**
- **Dose**
- **Compliance (doses actually taken vs. planned):**

☐ Less than 40% ☐ 40% - 60% ☐ 60% - 80% ☐ More than 80%

Workability:

1- Work Status:

- House wife
- Work full time
- Work part time
- On vecation

2- Work time missed due to RA (hours):

3- Degree RA affected productivity while working:

"0" RA has no effect on my workability, "10" I lost my productivity totally due to RA

4- Degree RA affected regular activities other than job.

"0" RA has no effect on my regular activity, "10" I can not do any activity due to RA

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"0" being worst and "10" being normal.

ORIGINAL ARTICLE

OMAN MEDICAL JOURNAL [2016], VOL. 31, NO. 1: 29–34

From Symptoms to Diagnosis: An Observational Study of the Journey of Rheumatoid Arthritis Patients in Saudi Arabia

Waleed Hussain,[1] Abdulsalam Noorwali,[2,3] Nahid Janoudi,[4] Maatouqa Baamer,[5] Lina Kebbi,[6] Hanady Mansafi,[6] Ashraf Ibrahim,[7] Shereen Gohary,[7] Joan Minguet[7] and Hani Almoallim[2,4,7] *

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[2]Department of Medicine, Umm Alqura University, Makkah, Saudi Arabia
[3]Department of Medicine, Alnoor General Hospital, Makkah, Saudi Arabia
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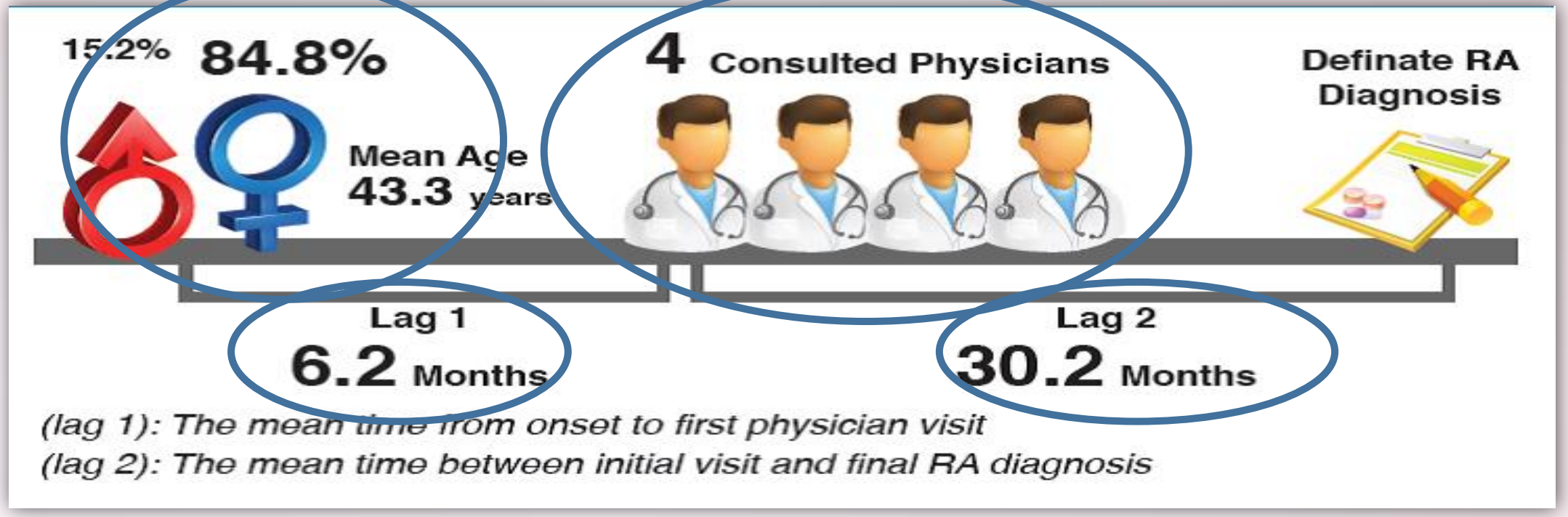
Arthritis, Rheumatoid; Diagnosis, Disease Management; Therapeutics.

ABSTRACT

Objectives: Rheumatoid arthritis (RA) is often not diagnosed or treated quickly enough to alter outcomes. We aimed to evaluate the lag times from disease onset to first clinical consultation and diagnosis and to identify factors contributing to delayed diagnosis in Saudi Arabia. ***Methods:*** This retrospective, multicenter study collected data on 250 patients, from six hospitals in Saudi Arabia, who met the 2010 American College of Rheumatology criteria for RA. ***Results:*** The patients mean age was 43.3±12.0 years (mean disease duration: 6.6±5.8 years). The majority were female (84.8%) and presented with joint pain during RA onset (83.6%). On average, they consulted 4.3±2.5 physicians from the first symptoms to the final diagnosis. The mean time from onset to first physician visit (lag 1) was 6.2±5.5 months, whereas the mean time was 30.2±16.0 months between the initial visit and final RA diagnosis (lag 2). Only 3.2% of patients initially sought consultation from a rheumatologist, while 67.2%, 23.6%, and 6.0% first met with orthopedic surgeons, general practitioners, and non-rheumatologists, respectively. Non-rheumatologists offered diagnoses in 24.4% of cases while rheumatologists diagnosed 75.6%. The absence of early hand/wrist involvement and fatigue were associated with delayed RA diagnosis (long lag 2; $p<0.010$). Moreover, geographic distribution influenced RA diagnosis, with rural patients experiencing a greater delay than urban patients ($p<0.0001$). ***Conclusions:*** Failure of patients to be seen by rheumatologists at RA onset

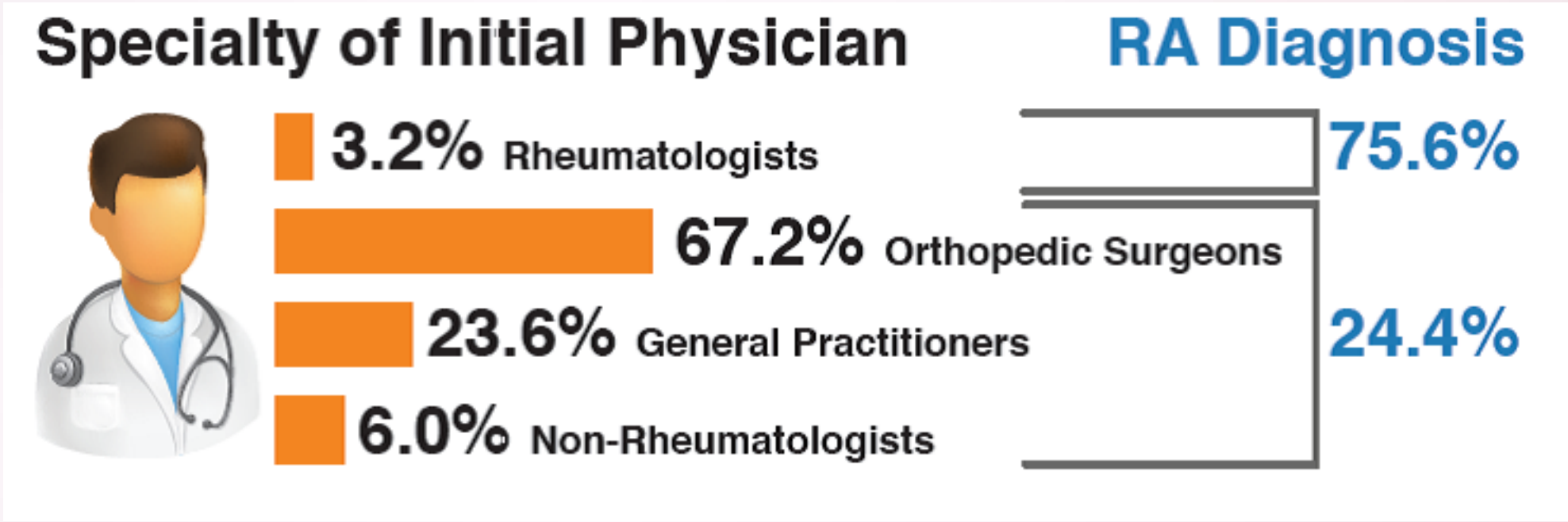
AL ZAIDI CHAIR OF RESEARCH IN RHEUMATIC DISEASES

Results



Most of the patients presented with joint pain during RA onset (83.6%), and (49.2%) showed symptoms of fatigue.

Results


Specialty of Initial Physician
RA Diagnosis
3.2% Rheumatologists
67.2% Orthopedic Surgeons
23.6% General Practitioners
6.0% Non-Rheumatologists
75.6%
24.4%

Review Articles

Rheumatoid arthritis in Saudi Arabia

Hani M. Almoallim, MD, FRCPC, Laila A. Alharbi, MBBS, MD.

ABSTRACT

تمت دراسة وضع التهاب المفاصل الروماتويدي (RA) في المملكة العربية السعودية من مناح عدة بناء على مراجعة علمية منهجية موثقة لكل ما تم نشره وبناء أيضاً على خبرة المؤلفين. لقد تم عمل مسح علمي للشبكة المعلوماتية الطبية باستخدام قاعدة بيانات البيميد (Pubmed) وموقع الأفيد (OVID) وموقع الإيبسكو (EBSCO) وبعض المجلات الطبية المحلية لاستخراج جميع الدراسات والأبحاث التي عملت عن مرض التهاب المفاصل الروماتيزمي في السعودية ما نتج عن٤٣ دراسة. لقد تم استنتاج أن هذه الدراسات والأبحاث لا تبين الوضع العام لرعاية هذا المرض بشكل دقيق وذلك على الرغم من الجهد الكبير المبذول في هذه الأبحاث إذ أن أغلبها يمثل مراكز طبية محدودة. وتمت ملاحظة أنه وعلى الرغم من شيوع استخدام العلاجات الحيوية على المستويين الحكومي والخاص في السعودية إلا أنه لا توجد إلى الآن لوائح وطنية تنظم طرق وصف وعلاج هذا المرض في السعودية بناء على الاحتياجات والـ
أنه لا توجد إلى الآن أية قاعدة

From the Department of Medicine (Almoallim, Alharbi), Medical College, the Alzaidi Chair of Research in Rheumatic Diseases (Almoallim, Alharabi), Umm Alqura University, Makkah, and the Department of Medicine (Almoallim), Dr. Soliman Fakeeh Hospital, Jeddah, Kingdom of Saudi Arabia.

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Rheumatoid arthritis (RA) is a chronic inflammatory disorder that usually occurs in middle-aged individuals and leads to tissue destruction in the synovial joints (for example, hands, wrists, knees). Although RA manifestation includes pain, stiffness, swelling, and functional impairment, it can be difficult to diagnose in the early stages, as its symptoms can closely mimic other diseases.[1] Moreover, clinical management of RA can be complicated by the fact that

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shed Online May 2016 in SciRes. http://www.scirp.org/journal/ce
//dx.doi.org/10.4236/ce.2016.76085

Scientific Research Publishing

Musculoskeletal Teaching and Training in Saudi Internal Medicine Residency Programmes

Rania Zaini[1*], HaniAlmoallim[1,2], Waleed Hafiz[2], Mayada Boyaan[2], Mohammad Samannodi[1], Alaa Al-Rehali[1], Suzan Awan[1], Haneen Hafith[1], Dana Attar[2]

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Abstract

Background: Musculoskeletal (MSK) conditions are among the most common complains presented at the clinical practice, accounting about 15% - 30% of all primary care encounters. However, clinical doctors continue to document a low level of confidence in their musculoskeletal clinical skills. Objectives: The aim of this study is to evaluate the internal medicine (IM) residents for con-

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ORIGINAL ARTICLE

Sensitivity of standardised musculoskeletal examination of the hand and wrist joints in detecting arthritis in comparison to ultrasound findings in patients attending rheumatology clinics

Hani Almoallim · Suzan Attar · Nahid Jannoudi · Nizar Al-Nakshabandi · Basem Eldeek · Omar Fathaddien · Hussien Halabi

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Abstract The aim of this study is to standardise the musculoskeletal (MSK) examination of the hand and wrist joints and to determine the sensitivity of this standard exam to diagnose arthritis in comparison to ultrasound (US) findings. A standardised approach to MSK examination of the hand and wrist joints was formulated. It consists of inspection, followed by screening exam based on active range of motion testing, and then using specific techniques to detect clinical swelling and tenderness. The scissor and squeeze techniques for metacarpophalangeal (MCP) joints, 4-finger technique for the proximal interphalangeal (PIP) joints and 2-thumb technique for the wrist joints. Patients aged 18–75 years with symptoms suggestive of inflammatory arthritis for more than 3 months were included in the study from two centres. Two rheumatologists conducted MSK examination, while a grayscale with power Doppler US was performed by two ultrasonographers recording signs of arthritis (effusion, proliferation and hyperaemia) on the same day of visit. Statistical analysis was carried out to compare MSK examination findings in detecting swelling and tenderness to US examination findings. A total of 2,112 joints were assessed both clinically and with US. Using a standard MSK examination by a rheumatologist to detect clinical swelling showed the following sensitivities as compared to US findings: 4-finger technique of 69 % in third PIP, the scissor technique of 74 % in second MCP and 70 % in third MCP, and the 2-thumb technique of 80 % at the wrist joint. The MCP squeeze technique showed sensitivity of 66 % for tenderness. A standard MSK examination with its described techniques is a sensitive tool if used appropriately to diagnose clinical arthritis as compared to US.

Keywords Accuracy · Arthritis · Diagnosis · MSK examination · Musculoskeletal · Standardised · Ultrasound

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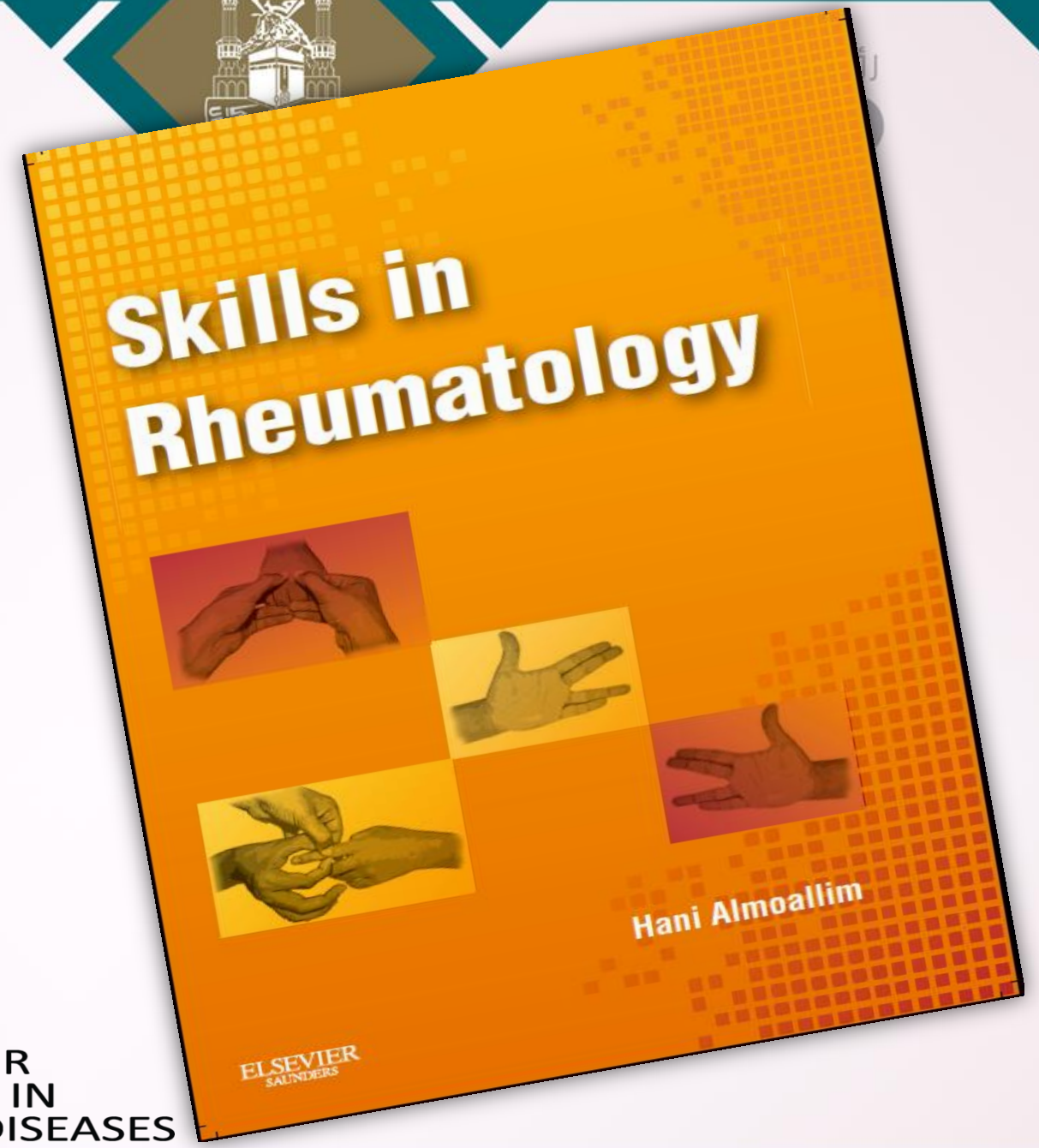

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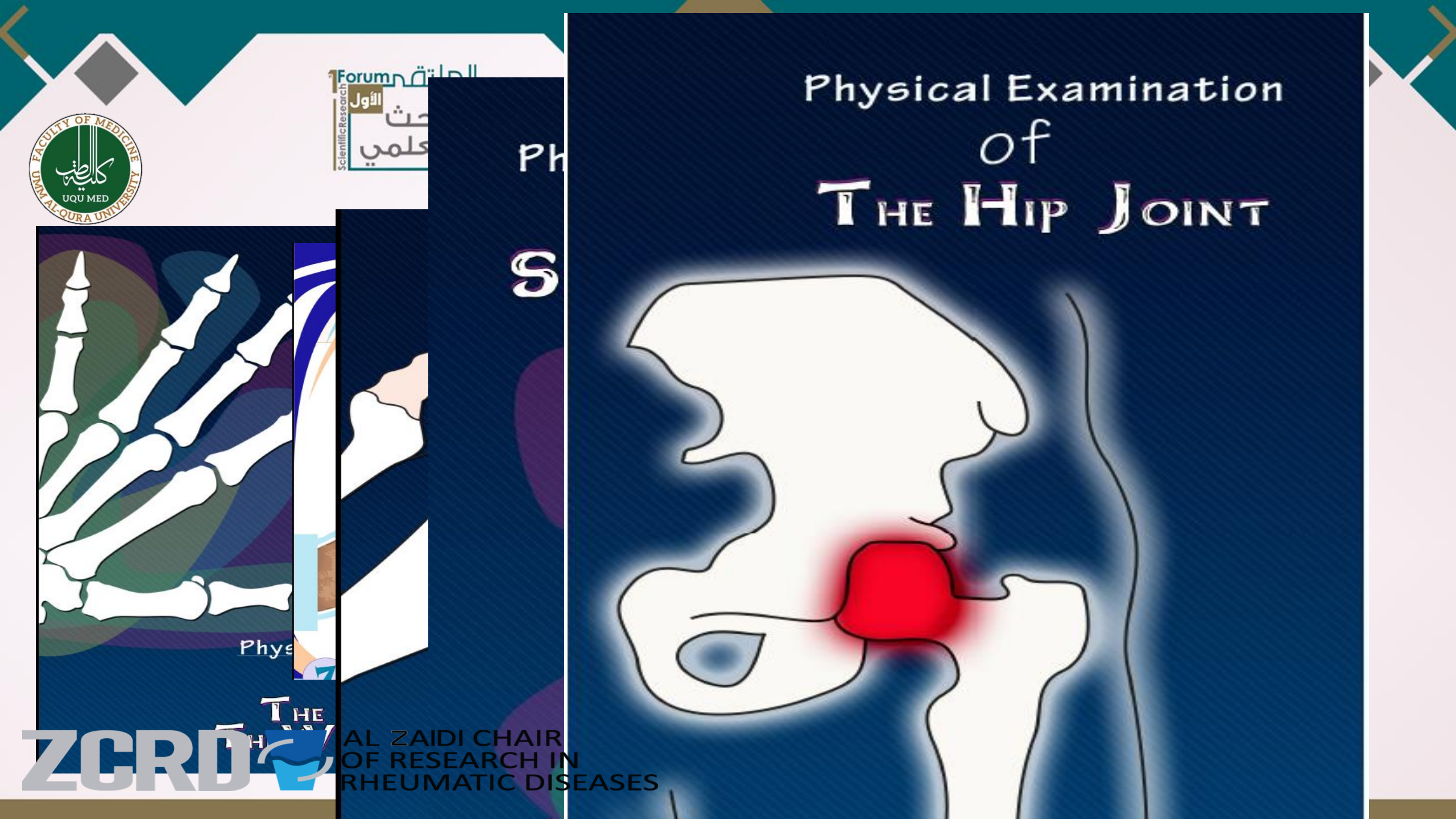
Physical Examination
of
The Hip Joint
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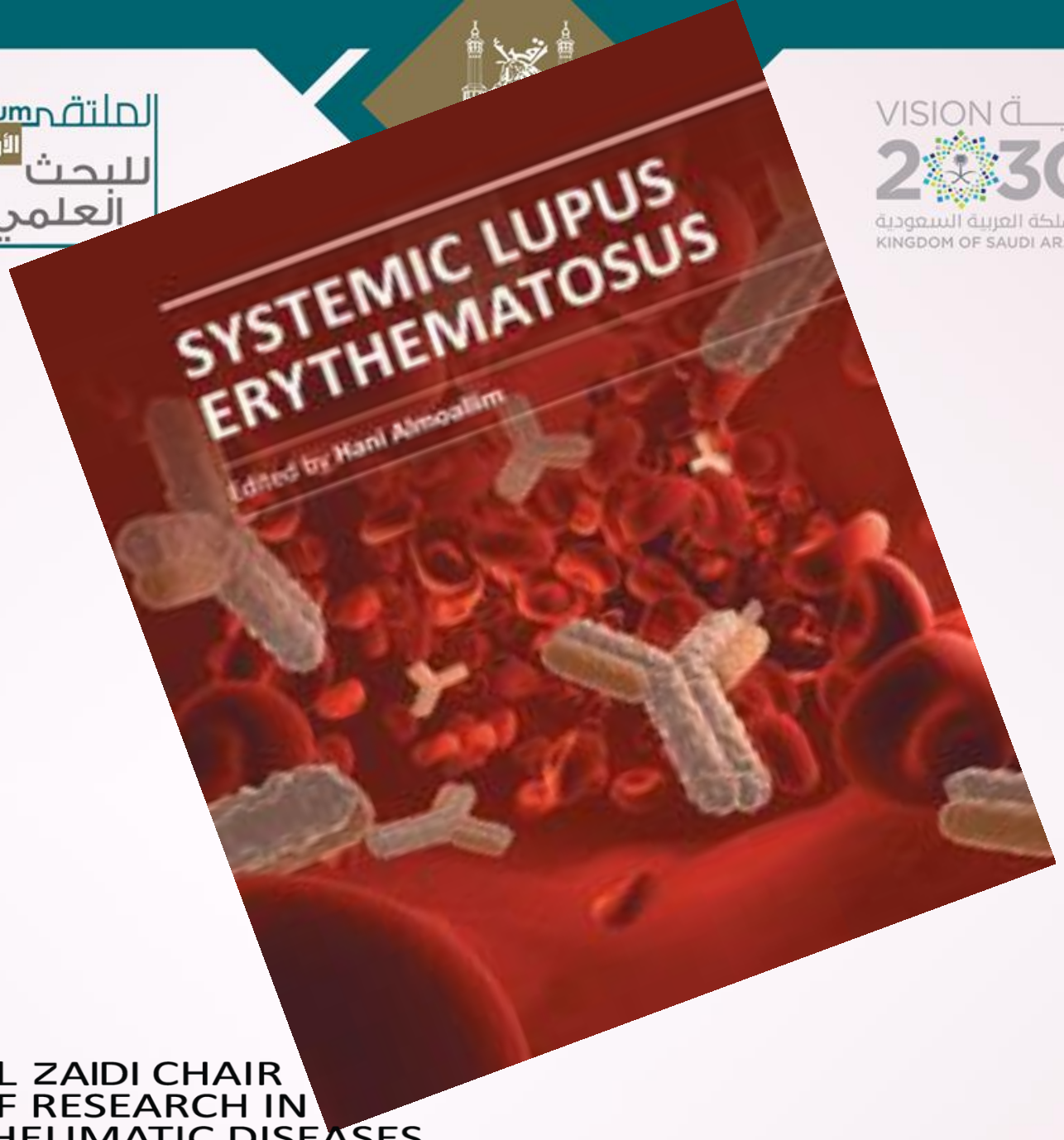

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السبب الثالث

- الاستثمار في الطاقات الوطنية، وإشراك الطلبة والأطباء حديثي التخرج .

أسماء المشاركين من أبناء وبنات كلية الطب الذين تشرف الكرسي المساهمة في تميزهم

- وليد حافظ
- ليلى عمار الحربي
- منال عيضة العتيبي
- يارا عوض الحربي
- عمار الدباغ
- محمد علي الاسمري
- محمد مولاي الشيخ
- فهد محمد المالكي
- رحاب فيصل سمسم
- عمار حسين حبيب الله
- هديل طارق البار
- دينا سعد السفياني
- عبدالله حسن المجنوني
- بيان سلمان جان

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السبب الرابع

- العلاقة المتميزة مع القطاع الخاص.

الحيثيات:

- حسن التخطيط والتصميم يؤدي إلى النجاح، النجاح يولد النجاح!
- اكتسب الكرسي ثقة عدة قطاعات خاصة واجتماعية وحكومية، محلية وإقليمية:
  - شركات الأدوية المتعددة.
  - الفرع السعودي لجمعية الأطباء الأمريكية (ACP)
  - الرابطة العربية لأمراض الروماتيزم (ARLAR)
  - الرابطة الآسيوية لأمراض الروماتيزم (APLAR)
  - وزارة الصحة - الرعاية الصحية الأولية
  - الجمعية السعودية لطب الروماتيزم
  - الجمعية الإماراتية لطب الروماتيزم

السبب الخامس

- المرونة والتمرس في التعامل مع أنظمة الجامعة.

الحيثيات:

- ضرورة الصبر على بطء البت في الأمور الإدارية.
- التأخر في صرف العهد.

الخلاصة

- **كيف ينجح كرسي علمي في الجامعة؟**
  - وضوح الهدف والرؤية.
  - الواقعية والمساهمة في حل مشاكل ملموسة.
  - الاستثمار في الطاقات الوطنية، وإشراك الطلبة والأطباء حديثي التخرج .
  - العلاقة المتميزة مع القطاع الخاص.
  - المرونة والتمرس في التعامل مع أنظمة الجامعة.

شكراً جزيلاً