

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/living-rheum/tailoring-approaches-to-pediatric-rheumatic-disease-best-practices-for-long-term-management/32789/>

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Tailoring Approaches to Pediatric Rheumatic Disease: Best Practices for Long-Term Management

Announcer:

You're listening to *Living Rheum* on ReachMD. On this episode, Dr. John Bridges will discuss best practices for managing rheumatic diseases in children. Dr. Bridges is an Assistant Professor in the Division of Pediatric Rheumatology at the University of Alabama at Birmingham Heersink School of Medicine, and he spoke on this topic at the 2025 Congress of Clinical Rheumatology East conference. Let's hear from Dr. Bridges now.

Dr. Bridges:

It's very important to diagnose early and intervene in children with rheumatic conditions because that is what outcomes are linked to. So early diagnosis is really critical, and as a workforce, we suffer from a shortage. That's our main problem here in pediatric rheumatology within the United States. About one out of every four US children has to travel over 80 miles to see a pediatric rheumatologist, so if you're a general practitioner, an adult rheumatologist, or anybody who's seeing kids and are concerned about a pediatric rheumatology program, it's really important to have a working relationship with your nearest pediatric rheumatology center, and that relationship can be crucial in being able to avoid these delays in diagnosis. By avoiding delays in diagnosis, we can improve the outcomes across the board in the care of children with rheumatic conditions.

For pediatric patients with rheumatic disease, long-term management really varies a great deal depending on which disease we're discussing. From an overarching view, taking care of chronic diseases of childhood can be a double-edged sword because we're balancing a lifetime of the potential for chronic inflammation, so not only inflammation affecting our patients' joints, like in juvenile arthritis, but inflammation's other effects throughout the body—on the cardiovascular system and the growing brain. We're balancing all those effects of inflammation against a lifetime of potential medication toxicities, side effects, or other unknown risks sometimes. This is further complicated by a variety of issues that are magnified in pediatrics, like psychosocial effects of chronic disease and its diagnosis during childhood, as well as challenges with adherence. In general, we tend to think in pediatric rheumatology that there really seems to be a window of opportunity early on in pediatric inflammatory disease processes where appropriate aggressive treatment will quickly lead to sustained remission, so it's a strike while the iron is hot idea. But overall, we're walking a fine line, and it takes some nuance and definitely some of the art of medicine to be able to care for patients with chronic traumatic diseases of childhood.

Thinking about how to tailor a treatment strategy to a given condition is important. Once you are comfortable with your working diagnosis for the patient, it's really evaluating what you know about a given diagnosis, how it can affect the patient, and what's happening to the patient in front of you. Oftentimes, in pediatric rheumatic disease, we're looking at the various systems that are affected in a given disease process and trying to craft and tailor make a bespoke regimen of treatments that will address all of the ways in which that patient is affected. So in a patient with, for example, systemic lupus erythematosus, once I'm comfortable with that diagnosis, with the patient in front of me, I'm trying to decide, "Okay, is their skin involved? Are their joints involved? Are their kidneys involved or other organs involved?" And when I'm deciding on the best treatment regimen for them, I'm really trying to hit as many birds with as few stones as effectively as possible. And so that's one of the challenges but also joys of this line of work—being able to craft something to help the patient in front of you. And it's not just a one-size-fits-all approach.

Multidisciplinary teams are crucial in managing pediatric rheumatic disease because many of our diseases affect more than one system, and so leaning on specialists within a variety of different systems depending on how patient is affected is really crucial. One of the examples of how we use multidisciplinary teams in lupus nephritis is something like a combined clinic with rheumatologists and dermatologists. So we have one of those here at UAB, and it lets the patient come to one place and get evaluated by multiple teams,

and then the team along with the patient and their family can decide, "Okay, here's what we're working with; here's the challenges we have in front of us; how are we best going to further assess this and treat it?"

There's a lot of disciplines represented to help manage these diseases as well. I work side by side with nurse practitioners, nurses, and clinical pharmacists who all use their particular skill sets to help me care for these patients. In addition, social work plays a huge role, as well as a variety of other supporting services throughout our hospital system.

Announcer:

That was Dr. John Bridges discussing best practices for managing pediatric rheumatic diseases. To access this and other episodes in our series, visit *Living Rheum* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!