# Is Specificity of anti CCP Test in Diagnosis of Rheumatoid Arthritis Poor?

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For years the diagnosis of rheumatoid arthritis was made by Rose Waaler test. Later on latex fixation for rheumatoid factor became popular. It was only when we started getting reports of rheumatoid factor done by nephilometry that we realized that at last we had a good test to diagnose rheumatoid arthritis, whose sensitivity and specificity was very good.

It is only one or two years back, when anti CCP test was introduced. Since we noticed that this test was better than rheumatoid factor done by nephilometry test. But soon we realized that this test is often not positive in early stages of rheumatoid arthritis. Unfortunately this is the time when we wish to start treating synovitis of rheumatoid arthritis as a medical emergency! And now it is seen that anti CCP test is positive on occasions, when the arthritis is not rheumatoid arthritis and in a few other cases done as a routine. Thus the sensitivity of this test is poor and many false positive tests can be seen!

The lesson to be learnt is that it is better to depend on the 'clinical' diagnosis of rheumatoid arthritis, especially in the following cases, when :

i) Polyarthritis has lasted more than six weeks

ii) It is associated with early working stiffness lasting for more than half to one hour

iii) It involves the wrist and metacarpophalangeal joints

iv) The symptoms are bilateral

v) Erythrocyte sedimentation rate (ESR) is elevated.

All these are enough indicators to start the treatment of (synovitis) rheumatoid arthritis urgently.

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**ANTIPSYCHOTICS AND THE RISK OF VENOUS THROMBOEMBOLISM**

Patients with schizophrenia have an increased risk of venous thromboembolism (VTE), and this might be associated with the use of antipsychotics, especially low potency drugs such as chlorpromazine and thioridazine.

In clinical practice we need to be able to identify the best candidates for antipsychotic treatment, such as those people with the lowest vascular risk profile who may respond to short term and low dose treatment with antipsychotics because of individual pharmacogenetic characteristics, and those who may be more susceptibe to developing side effects as a result of individual vascular risk factors possibly interacting with antipsychotics.

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