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# Introduction

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As recently as two decades ago, there appeared to be little need to identify and treat patients with early inflammatory arthritis. At that time, the importance of early and active treatment for arthritis was recognized only in a few clinics (1). The traditional approach was that patients with inflammatory arthritis were treated with nonsteroidal anti-inflammatory drugs for several years, followed by the sequential introduction of disease modifying anti-rheumatic drugs (DMARDs), according to a "pyramid" strategy. This approach led to short-term improvement in many patients, but rarely sustained remission.

With recognition of the severe long-term outcomes in most patients with rheumatoid arthritis in the mid 1980s, an important shift developed in disease management strategies toward early, aggressive treatment with a goal of remission (2). Rheumatoid arthritis could be regarded as a "medical emergency" (3). The goal was to "treat now, not later" (4) in order to control inflammation, and thereby slow or prevent joint damage and improve long-term outcomes.

The new treatment strategy was greatly facilitated by the availability of new DMARDs, particularly methotrexate, and also cyclosporine and leflunomide, as well as biological agents etanercept, infliximab, anakinra and adalimumab. Nonetheless, to achieve optimal results it is apparent in some studies that a delay of even 3 months can result in poorer outcomes 5 years later (5, 6). It is important to introduce DMARDs

and biological agents in a timely manner to achieve optimal results. Yet, in 2003 patients are often not seen or are treated until after months or years of RA (7, 8).

These lessons have aroused major interest in "early arthritis" in the hopes of identifying and treating patients as early as possible. Early arthritis clinics and databases have been established in many countries. Strategies to rapidly arrange for patients with early arthritis to receive expert rheumatologic care are under widespread development.

In this Supplement, we are fortunate to have enlisted many leaders in rheumatology to provide a "state-of-the-art" summary of current knowledge and practice concerning early arthritis. The Supplement is divided into four sections:

1. Definitions and descriptions of early arthritis and early rheumatoid arthritis.
2. Clinical features of early rheumatoid arthritis.
3. Early arthritis databases from many countries, including the United Kingdom, The Netherlands, Austria, Norway, France, Italy, Germany, Finland and the United States.
4. Treatment of early rheumatoid arthritis.

The rheumatology community is appropriately enthusiastic at this time regarding the opportunities to control rheumatoid arthritis and other inflammatory arthritides more effectively than in the past. Nonetheless, we must remember that our results did not meet the presumption of "remission induc-

ing" therapy in the 1970s and 1980s, and progress requires aggressive attention to data concerning the results of therapy and patient outcomes over long periods. Such data are emerging from much active clinical research by many rheumatologists at this time, including the authors of the contributions in this Supplement.

We thank all the contributors and sponsoring companies, who made the Supplement possible and hope that readers will find it of interest and value.

## References

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