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**Experiences From A Rheumatology Clinic In Zanzibar: A Retrospective Review**

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**Abstract Title:** Experiences From A Rheumatology Clinic In Zanzibar: A Retrospective Review

### **Introduction:**

Zanzibar is a group of semi-autonomous islands located off the coast of Tanzania in East Africa. The population is around 1.5 million according to the last census. There are two main islands Unguja and Pemba, with the only referral hospital located on Unguja island. Although there is no rheumatologist, patients with rheumatological disorders are seen at the referral hospital by a physician and dermatologist. It is the only government facility where rheumatology care and drugs are provided.

We present data from the hospital rheumatology clinic collected over a period of six years with gradual increase in number of patients as awareness and access to services were scaled up. We aimed to determine the number of patients seen at the Rheumatology Clinic, their demographics, common diagnosis and treatment.

### **Method(s):**

Data was collected retrospectively from records over a five-year period. Data included age, sex, diagnosis, disease duration, time to diagnosis and treatment given.

### **Result(s):**

A total of 198 patients were ever seen over the five-year period of whom only 146 (73%) were on some level of follow up. Majority of patients was female. The commonest diagnosis was rheumatoid arthritis 151 (76%) but with other rarer diagnoses seen. Patient medication was also recorded, and the last prescription filled was documented as well as biologic disease modifying anti-rheumatic drug use. Drugs available were methotrexate, sulfasalazine, hydroxychloroquine, leflunomide, azathioprine, mycophenolate and rituximab. Results are summarized in table 1.

### **Conclusion(s):**

Significant strides have been made in establishing rheumatology care and treatment at Mnazi Mmoja Hospital despite having no rheumatologist. Healthcare is free in Zanzibar, previously DMARD therapy was not included in the essential drug list but was revised after patient advocacy. There have also been regular educational training sessions with senior rheumatologists from other centers such as Newcastle and



Bergen. This has helped increase the index of suspicion, early referral and improved patient management. Efforts have also been made to educate the community via television and radio programs.

We hope with the above measures more patients will be reached and gain access to better care and improved outcomes. We acknowledge the continuing support from Dr Clive Kelly and Dr Bjorg-Tilde Fevang.