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Editorial

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Editorial

Navigating gaps in evidence to inform current and future practice in rheumatology

Rheumatology is a speciality often coloured by shades of grey, filled with uncertainty. In diagnosis, rheumatic diseases are frequently defined by blurred boundaries. In management, many rheumatic diseases also rely heavily on clinical judgement, rather than the direct application of high-quality evidence [1]. They often do not offer the clarity of black and white.

Indeed, this is perhaps part of the appeal of rheumatological practice for many clinicians. The complex decision-making associated with navigating uncertainty can be far more intellectually satisfying than the forced hand of algorithmic determination. This clinical gestalt required is also dependent on the wisdom of hard-earned accumulated experience; high-quality evidence has failed to answer enough of the questions that this nuanced landscape asks [2].

Why are our diseases underserved by the literature, when so much of our cumulative effort is invested in understanding them? Initially, it is clear that rheumatic diseases have historically been underinvested in by many funders [3]. A misconception has frequently persisted amongst those outside of rheumatology that less deadly diseases are of less concern to those who live with them and to the interests of society [4]. We know, from the patients in our everyday clinics, that the ongoing impact of chronic disease on individual lives can be problematic and costly, especially as life expectancy lengthens. However, other fundamental issues have contributed to the challenge.

Rheumatic diseases are frequently underserved, either because they are often difficult to study or because they suffer from societal inattention. Many rheumatic diseases are inherently nebulous in their clinical presentation, without a single defining diagnostic parameter. Many are also relatively uncommon and widely dispersed geographically; this not only makes them hard to study [5], but also makes it challenging for many clinicians responsible for treating them to gain deep practical experience. Yet other rheumatic diseases are underserved despite being common, often because an absence of saleable therapies renders them less commercially relevant and, therefore, less fashionable to study and write about. Rheumatologists globally are called on to care for all of these diseases, but they are not supported in the way they should be.

These factors have meant that the breadth of existing peer-reviewed literature has large gaps in its capacity to educate on everyday rheumatological clinical practice. A broad global audience needs prescient clinical judgement and opinion from experts in these underserved diseases, captured in writing and freely available to help inform clinical action better.

We hope that our journal's new ongoing series, entitled *Current and future advances in practice*, will help to address this need. Our ambition is that it improves consistency of care in the rheumatological therapeutic areas that are most prone to variations in practice. We hope it can do this particularly well, given that these articles will be open access and freely accessible to all. Underserved regions and services deserve such equity of information, as do patients [6, 7], and it behoves us to provide them all with a high-quality synthesis of forward thinking in these fields. In the articles in this series, we will not only invite our experts to opine on current best practice, but we also hope that they will speculate on what the future holds, with an optimism that knowledge in these underserved areas has the capacity to grow.

We hope you will enjoy the three high-quality articles in this issue, on primary central nervous system vasculitis [8], mechanical foot pain [9] and tendinopathies of the shoulder [10], in addition to the similar tranches of equally high-quality articles in issues to come, in that they might help to articulate current and future advances in practice for the diseases that need it most.

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