Seronegative Arthritis

Dr Mary Gayed
25th April 2018
Overview

• Description of the conditions
• Discussion of symptoms & investigations that may be required
• Discussion of management and treatment
• Questions
• Please ask if anything is unclear
Rheumatologist | CNS | OT
---|---|---
Orthotics | MDT | Physiotherapists
Podiatrists | GP
Rheumatology
Seronegative Arthritis

- Inflammatory arthritis spine and/or joints without the presence of rheumatoid factor or CCP antibodies

- Approximately 3/10 cases RA are seronegative
Sero-negative arthritis

- Psoriatic
- Reactive
- Enteropathic
- RA
## Inflammatory Vs Mechanical Pain

<table>
<thead>
<tr>
<th></th>
<th>Inflammatory Eg RA</th>
<th>Mechanical Eg OA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Morning Stiffness</td>
<td>Prolonged</td>
<td>Brief</td>
</tr>
<tr>
<td>Peak Period Discomfort</td>
<td>After Prolonged Inactivity</td>
<td>After Prolonged Activity</td>
</tr>
<tr>
<td>Warmth</td>
<td>+</td>
<td>+/-</td>
</tr>
<tr>
<td>Effusions</td>
<td>+</td>
<td>+/-</td>
</tr>
<tr>
<td>Coarse Crepitus</td>
<td>-</td>
<td>+++</td>
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2011 Public Awareness Scheme

Have you got... The S Factor?

- **Stiffness**: Early morning joint stiffness lasting over 30 minutes
- **Swelling**: Persistent swelling of one joint or more, especially hand joints
- **Squeezing**: Squeezing the joints is painful in inflammatory arthritis

For further information, please contact:

The National Rheumatoid Arthritis Society
Unit B4 Westacott Business Centre
Westacott Way, Littlewick Green
Maidenhead, SL6 3RT

Phone: 0845 458 3969
Free Helpline: 0800 298 7650
Email: enquiries@nras.org.uk
Web: www.nras.org.uk

This could be inflammatory arthritis
See your doctor now! Delay can cause long term disability
Rheumatoid Arthritis

- Autoimmune disease
  - characterised by inflamed joints

- Approximately 1% UK
  - >400,000 people in the UK
  - 2-3 commoner in women then men

- Can affect any age group:
  - peak around age 45-60
Examination
Tests

- Bloods
- Xrays
- In some cases USS
# New RA criteria, 2010

**Target population (Who should be tested?):** Patients who

- have at least 1 joint with definite clinical synovitis (swelling) *
  - with the synovitis not better explained by another disease

Classification criteria for RA (score-based algorithm: add score of categories A–D; a score of ≥6/10 is needed for classification of a patient as having definite RA) ‡

<table>
<thead>
<tr>
<th>Category</th>
<th>Criteria</th>
<th>Score</th>
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</table>
| **A. Joint involvement §** | 1 large joint ¶  
2-10 large joints  
1-3 small joints (with or without involvement of large joints) †  
4-10 small joints (with or without involvement of large joints)  
>10 joints (at least 1 small joint) ** | 0  
1  
2  
3  
5 |
| **B. Serology (at least 1 test result is needed for classification) ††** | Negative RF and negative ACPA  
Low-positive RF or low-positive ACPA  
High-positive RF or high-positive ACPA | 0  
2  
3 |
| **C. Acute-phase reactants (at least 1 test result is needed for classification) †‡‡** | Normal CRP and normal ESR  
Abnormal CRP or abnormal ESR | 0  
1 |
| **D. Duration of symptoms §§** | <6 weeks  
≥6 weeks | 0  
1 |
Treatment

- Patient Education
- Lifestyle changes
  - Include stopping smoking
  - Healthy weight
- Physiotherapy
- Occupational therapy
- Keeping up to date with vaccinations
- Drugs
  - Symptom control
  - Disease control
# Symptom Treatment

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<th>Examples</th>
<th>Purpose</th>
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| Corticosteroids, also known as steroids       | prednisolone, depo-medrone   | Reduce inflammation. Multiple routes of administration  
    Often used as “rescue” therapy during severe episodes of RA. |
### Disease Management

Control the disease over the long term and reduce/prevent damage

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Psoriatic arthritis

- Arthritis in association with psoriasis
  - may precede skin rash by 20 years!
  - Affects approx 1 in 10 people with skin psoriasis

- M=F

- Other symptoms
  - Dactylitis
  - Enthesitis
  - Red, inflamed eyes
  - Inflammatory back pain
Where can you get Psoriasis

- Nail psoriasis
  - pitting, onycholysis, yellowing and ridging
- Scalp
- Extensor Surfaces (elbows, knees)
- Umbillicus
- Natal Cleft
- Palms and Soles
- Back
Tests

- Bloods
- X-rays
- Sometimes
  - USS/MRI
CASPER Diagnostic Criteria

• **Inflammatory joint and/or back pain**

• **Minimum score 3 points from criteria below:**

• **Skin psoriasis that is:**
  • Present – 2 points
  • OR Previously present by history – 1 point
  • OR family history of psoriasis, if the patient is not affected – 1 point

• **Nail lesions (onycholysis, pitting)** – 1 point

• **Dactylitis (present or past, documented by a rheumatologist)** – 1 point

• **Negative rheumatoid factor (RF)** – 1 point

• **Juxta-articular bone formation on radiographs (distinct from osteophytes)** – 1 point
Treatment

• Patient Education

• Lifestyle changes
  – Include stopping smoking
  – Healthy weight

• Physiotherapy

• Occupational therapy

• Keeping up to date with vaccinations

• Drugs
  – Symptom control
  – Disease control
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Ankylosing Spondylitis

- Prevalence AS 0.05-0.23%
- 3-4X male
- Episodic inflammation of spine and sacroiliac joints
- Asymmetrical large joint involvement
Tests

• Bloods
• Xray
• In some cases
• MRI scans
ASAS classification criteria for axial spondyloarthritis (SpA)

In patients with ≥3 months back pain and age at onset <45 years

| Sacroiliitis on imaging*  
| plus  
| ≥1 SpA feature#  
| or  
| HLA-B27  
| plus  
| ≥2 other SpA features# |

#SpA features
- inflammatory back pain
- arthritis
- enthesitis (heel)
- uveitis
- dactylitis
- psoriasis
- Crohn’s/culitis
- good response to NSAIDs
- family history for SpA
- HLA-B27
- elevated CRP

*Sacroiliitis on imaging
- active (acute) inflammation on MRI highly suggestive of sacroiliitis associated with SpA
- definite radiographic sacroiliitis according to mod NY criteria
**Treatment**

- **Patient Education**
- **Lifestyle changes**
  - Include stopping smoking
  - Healthy weight
- **Physiotherapy**
- **Occupational therapy**
- **Keeping up to date with vaccinations**
- **Drugs**
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Reactive arthritis

- Arthritis following infection
- Normally Gastrointestinal/STIs
- M=F
- Normally self limiting
- Requiring symptomatic treatment
  - Painkillers/NSAIDs/Steroids
Enteropathic Spondyloarthritis

- Joints and/or spine inflammation
- linked to Crohns and UC
  - 5-10% UC, 10-20% Crohns
- M=F
- Treatment of underlying IBD usually helps
Summary

• Sero-negative arthritis will have negative RhF and may have normal inflammatory markers, so need high degree of clinical suspicion to make diagnosis

• Early treatment reduces the risk of long-term damage
Thank you for Listening

Any Questions
Further Information

• Arthritis Research UK

• NRAS- National Rheumatoid Arthritis Society

• National Ankylosing Spondylitis Society (NASS)