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Birmingham GP's Rheumatology update

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Summary

- Clinical images / Case studies
- RA update
- Gout















Rheumatoid Arthritis

- **2010 ACR/EULAR criteria**

- Number and site of involved joints

- a. 2 to 10 large joints = 1 point
- b. 1 to 3 small joints = 2 points
- c. 4 to 10 small joints = 3 points
- d. Greater than 10 joints = 5 points

- Serological abnormality

- Low positive (above the upper limit of normal [ULN]) = 2 points
- High positive (greater than three times the ULN) = 3 points
- Elevated acute phase response = 1 point
- Symptom duration at least six weeks = 1 point

BSR – HQIP Audit

- Early assessment and secondary care management of EIA (Early inflammatory arthritis)
- NICE Guidelines and management for RA
- Best practice tariff

Healthcare Quality Improvement Partnership (HQIP)
 National Clinical Audit of Rheumatoid and Early Inflammatory Arthritis

Clinician derived baseline data
 (to be collected at recruitment of all patients with early inflammatory arthritis)

1	Consent received (please tick if applicable) NB: if consent not received, data should not be saved or submitted for this patient	Day	Month	Year
4	Patient History	Day	Month	Year:
4.1	Date of persistent symptom onset			
→ 4.2	Date patient first presented to GP with persistent symptoms (please give your best estimate if the exact date is not known)			
→ 4.3	Date referral letter received in Rheumatology department (please give your best estimate if the exact date is not known)			
→ 4.3.1	Was there any indication on the referral letter that an early inflammatory arthritis (EIA) was a possible working diagnosis? (please tick one)	Yes		No
4.4	What was the date of the first appointment offered to the patient? (full calendar date mandatory)? (please give your best estimate if the exact date is not known)			
4.4.1	What was the date that the patient was first seen in the Rheumatology unit (full calendar date mandatory)? (please give your best estimate if the exact date is not known)			
4.4.2	If the first appointment date was not the first date offered, reason why? (please tick one):			
4.4.2.1	• Patient unavailable			
4.4.2.2	• Patient cancellation			
4.4.2.3	• Hospital cancellation			

1.1 Referral, diagnosis and investigations

1.1.1 Referral for specialist treatment

1.1.1.1 Refer for specialist opinion any person with suspected persistent synovitis of undetermined cause. Refer urgently if any of the following apply:

- the small joints of the hands or feet are affected
- more than one joint is affected
- there has been a delay of 3 months or longer between onset of symptoms and seeking medical advice.

1.1.1.2 Refer urgently any person with suspected persistent synovitis of undetermined cause, even if their blood tests show a normal acute-phase response or negative rheumatoid factor.

1.1.2 Investigations

1.1.2.1 Offer to carry out a blood test for rheumatoid factor in people with suspected RA who are found to have synovitis on clinical examination.

1.1.2.2 Consider measuring anti-cyclic citrullinated peptide (CCP) antibodies in people with suspected RA if:

- they are negative for rheumatoid factor and

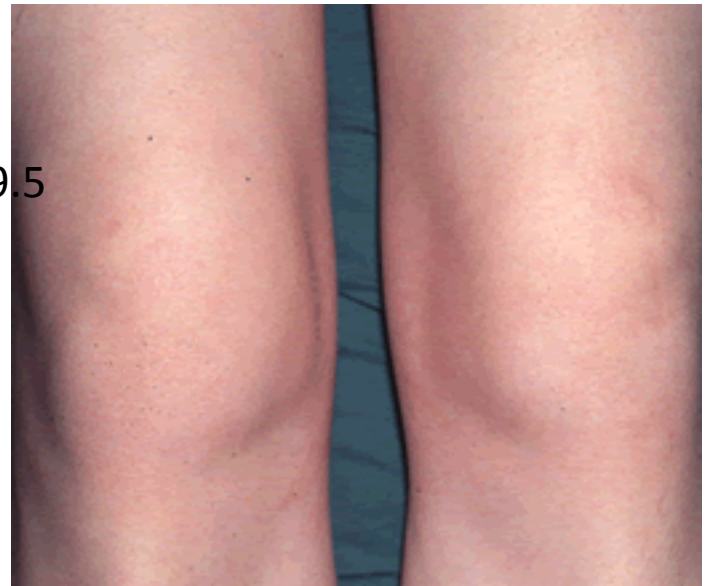
<https://www.nice.org.uk/guidance/cg79/chapter/1-recommendations#referral-diagnosis-and-investigations>

Case Study

- 19 year old, Warwick university student
- Referred urgently by GP –
 - marked widespread arthritis 1/52
 - Temperature
 - Cervical lymphadenopathy
 - URTI 10/7



Temperature 39.5
HR 130
BP 110/70
Sats 97%



- Diagnosis :

Parvovirus B19 PCR + 3/7

- Treatment

- IV abx
- NSAIDS / Paracetamol
- IV Fluids
- PO Prednisolone 20mgs po od.
- Discharged 5/7
- OPD f/u 4-6 weeks

Differential diagnosis

- Viral arthritis – parvovirus B19, rubella, HCV, HBV, alpha viruses (chikungunya), HTLV
- Systemic rheumatic diseases – RA, PSA, palindromic RA, reactive arthritis, PMR, crystal arthritidis, Enteropathic
- Sarcoid arthropathy (ankles, EN)
- Paraneoplastic – myelodysplasia, lymphoma, lung cancers (HPOA)
- OA

Case Study

- 75 year old male
- Background
 - Smoker
 - RA for 8 years
 - Hypertension
 - Diabetic
 - Gout

- Drug history :

Methotrexate

Folic acid

Amlodipine

Metformin

Allopurinol

- Presents to GP :

2/52 Lethargy, generally unwell, loss of appetite

- O/E

Unwell

HR 95

BP 115/80

Temp 37.4

Sats 93%

Chest : Bibasal crackles

- Investigations :

Urgent Bloods

Chest Xray

- Blood tests:

Hb 112

WCC 4.5

Neut 3.1

Plt 220

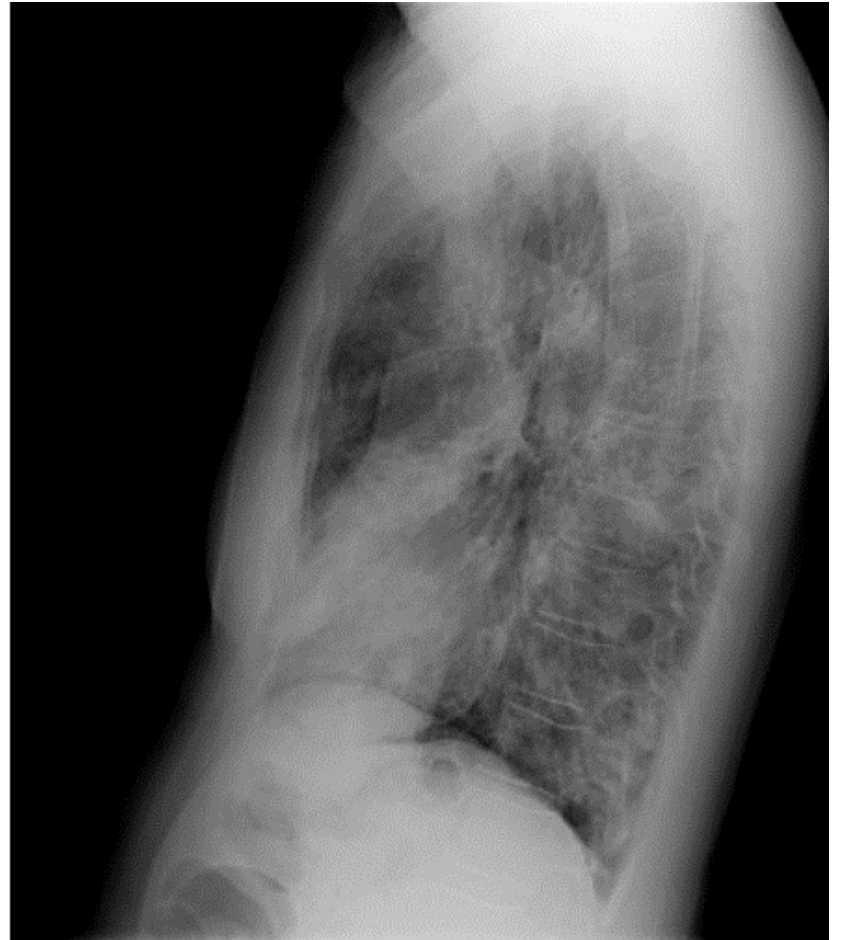
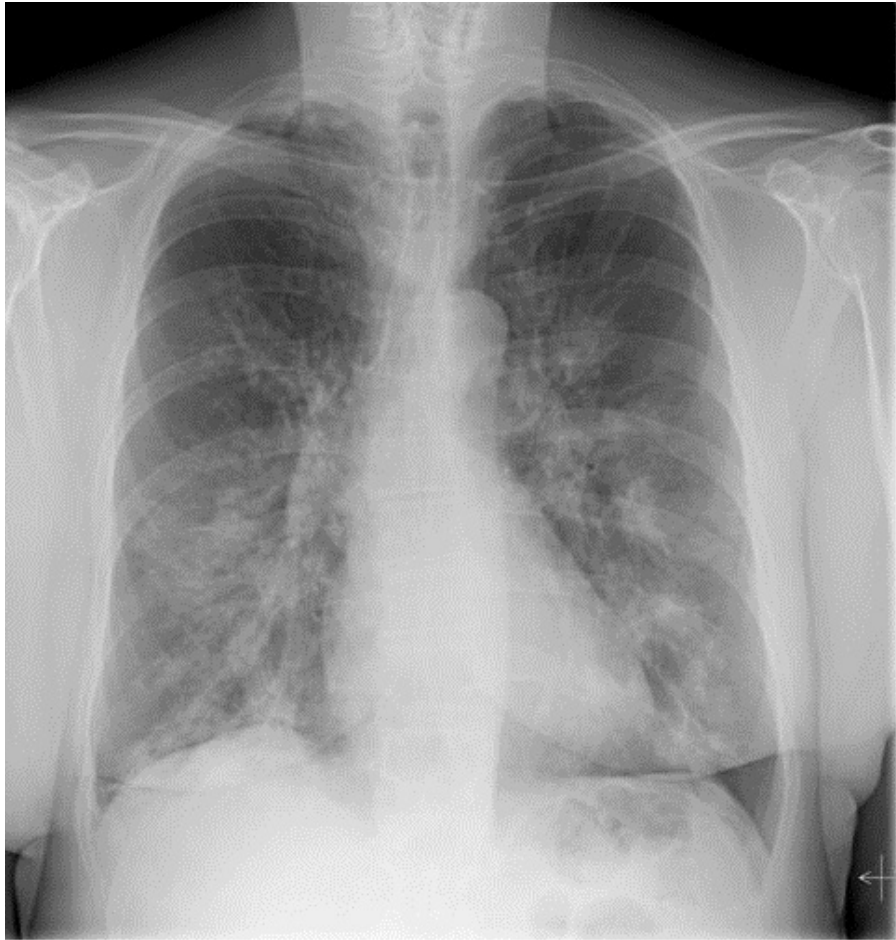
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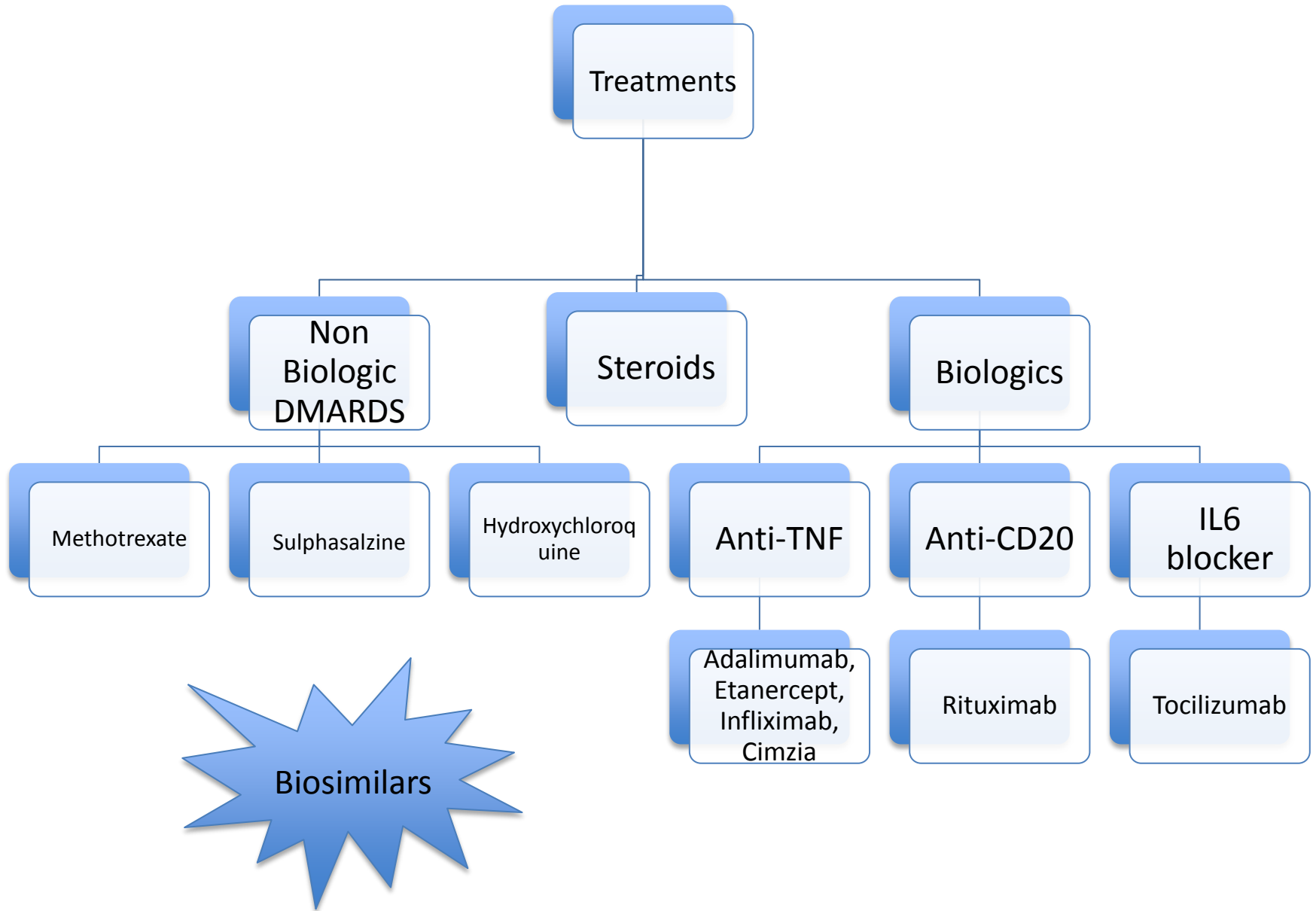
Ur 8.1

Crt 110

CRP < 5



- What would you do next ??
- Old records / discharge letters : on Tocilizumab infusion !





British Society for Rheumatology and British Health Professionals in Rheumatology Guideline for the Management of Gout

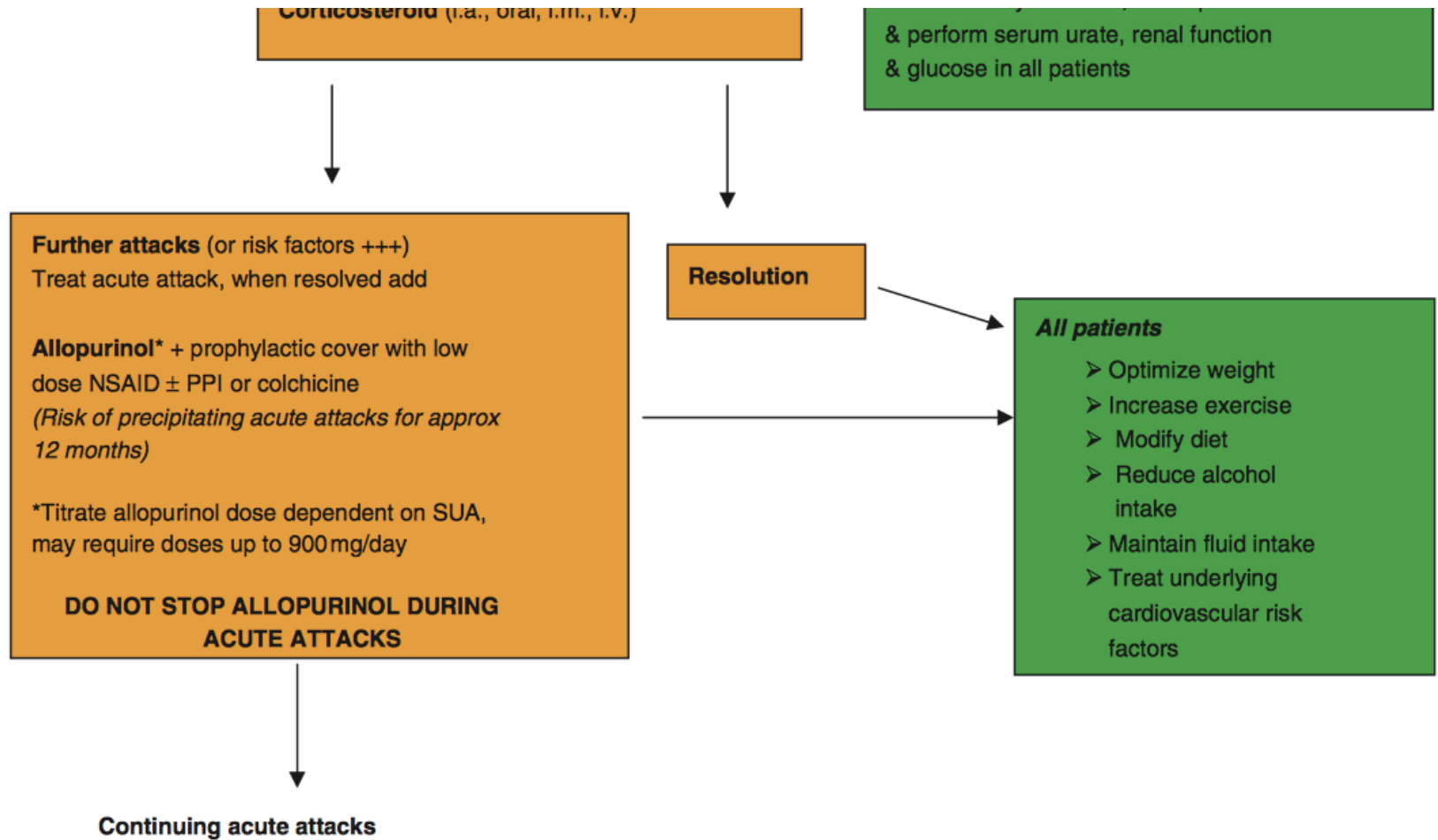
**Kelsey M. Jordan, J. Stewart Cameron¹, Michael Snaith², Weiya Zhang³, Michael Doherty³,
Jonathan Seckl⁴, Aroon Hingorani⁵, Richard Jaques⁶, George Nuki⁷ on behalf of the British Society for
Rheumatology and British Health Professionals in Rheumatology Standards, Guidelines and Audit
Working Group (SGAWG)**

KEY WORDS: Gout, Guidelines, Non-pharmacological treatment, Pharmacological treatment.

- www.rheumatology.oxfordjournals.org

Management of acute gout

- Rest, analgesic, antiinflammatory 1-2 weeks
- NSAIDS + gastroprotection
- Colchicine (500ugm bd-qds)
- Allopurinol not be commenced , but continued if on it
- Opiate analgesics
- Intra-articular corticosteroids, i.m, p.o



Chronic, recurrent gout

- Plasma urate levels < 300umol/l
- ULT
 - 2nd attack, or continuing attacks within 1 year
 - renal insufficiency
 - uric acid stones
 - tophi
 - continued treatment with diuretics
- Allopurinol commenced 50-100mgs/day po od
- Uptitrated monthly by 50-100mgs/day
- Monthly U+E's
- Maximum dose 900mg
- Prophylaxis : Colchicine 500umcgs od-bd (6months), NSAIDS / Coxib's (6weeks)
- Second line agents – uricosuric acid, xanthine oxidase inhibitors

Questions ?