

**General Commissioning Guideline**

**Rheumatology**

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| <p><b>Definition</b></p> | <p><b>RH04 Inflammatory Arthritis</b></p> <p>Inflammatory arthritis is a term used to describe a group of conditions which affect your immune system. This means that the body's defence system starts attacking its own tissues, which can cause pain, stiffness and joint damage.</p> <p>Inflammatory arthritis in its early stages may not exhibit the typical patterns of established disease. However, it is in the early stages that treatment with appropriate disease-modifying medication can have maximum impact on outcome and remission rates.</p> <p>Rapid referral of people with suspected persistent synovitis is important to avoid delay in diagnosis and prevent irreversible joint damage and long term impact on quality of life. People with these symptoms and signs should be considered to need urgent action</p>  |
| <p><b>Management</b></p> | <p><b>Refer urgently if persistent synovitis (symptoms &gt;2 weeks) is suspected and any of the following apply:</b></p> <ul style="list-style-type: none"> <li>• The small joints of the hands or feet are affected (particularly wrists, metacarpophalangeal or metatarsophalangeal joints)</li> <li>• More than one joint is affected</li> <li>• There is symmetrical synovitis of the small joints of the hands and feet, although <i>any</i> synovial joint may be affected</li> <li>• Stiffness in the morning and after inactivity that usually lasts more than 30 minutes.</li> </ul> <p><u>Symptoms of synovitis:</u></p> <p>Pain, swelling, and heat in affected joints.</p> <ul style="list-style-type: none"> <li>▪ Pain — usually this is worse at rest or during periods of inactivity</li> <li>▪ Swelling</li> </ul> <p><u>Signs of synovitis include:</u></p> <ul style="list-style-type: none"> <li>• Swelling, around the joint (not bony swelling) giving a 'boggy' feel on palpation,</li> <li>• Tenderness,</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• Reduced range of movement</li> </ul> <p><u>Other features which should raise suspicion of inflammatory arthritis include:</u></p> <ul style="list-style-type: none"> <li>➢ Constitutional upset, such as loss of appetite, weight loss, fatigue</li> <li>➢ The presence of other conditions associated with inflammatory arthritis such as <ul style="list-style-type: none"> <li>➢ psoriasis,</li> <li>➢ iritis or uveitis,</li> <li>➢ inflammatory bowel disease</li> </ul> </li> <li>➢ A family history of RA</li> </ul> <p>If Spondyloarthritis (inflammation of the spine or sacroiliac joints) is suspected please see alternative guidance</p> <p><b>NICE Quality statement</b></p> <p>People with suspected persistent synovitis affecting the small joints of the hands or feet, or more than 1 joint, are referred to a rheumatology service within 3 working days of presentation.</p> |
| <b>Investigations prior to referral</b>          | <p>It would be helpful if the following investigations could be arranged before clinic appointment and the results sent with the patient or original referral. However, the results should not influence the decision to refer, as normal or negative results do not exclude an inflammatory condition:</p> <ul style="list-style-type: none"> <li>➢ full blood count</li> <li>➢ renal function(urea, electrolytes and creatinine)</li> <li>➢ liver function tests</li> <li>➢ erythrocyte sedimentation rate (ESR)</li> <li>➢ c-reactive protein (CRP)</li> <li>➢ rheumatoid factor and antiCCP</li> <li>➢ antinuclear antibody</li> </ul> <p>In addition, it would be helpful if X-rays of the hands and feet could be arranged if these joints are affected, otherwise they will be arranged when the patient attends the clinic.</p>  |
| <b>Information to include in referral letter</b> | <ul style="list-style-type: none"> <li>• Date of onset</li> <li>• Joints involved and distribution</li> <li>• Frequency of attacks</li> <li>• Medication history including NSAID response if not contraindicated</li> <li>• Duration of early morning stiffness</li> <li>• Personal or family history of associated disorders e.g. inflammatory bowel disease, psoriasis, uveitis, etc</li> </ul>  |

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| Responsible GP – Dr Omnia Hefni, SRCCG                          | Approved: Business Committee – June 2017               |
| Responsible Consultant – Dr Mark Quinn, YHFT                    | Review date: April 2019                                |
| Responsible Pharmacist – Ms Rachel Ainger, SRCCG Medicines Mngt | NHS Scarborough & Ryedale Clinical Commissioning Group |

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|                                     | <ul style="list-style-type: none"> <li>History of pro-dromal illness e.g. URTI, GU/ GI infection etc</li> </ul>  |
| <b>Patient Information Leaflets</b> | <ul style="list-style-type: none"> <li>Arthritis UK – information on inflammatory arthritis<br/> <a href="http://www.arthritisresearchuk.org/arthritis-information/inflammatory-arthritis-pathway.aspx">http://www.arthritisresearchuk.org/arthritis-information/inflammatory-arthritis-pathway.aspx</a> </li> </ul> |
| <b>Effective from</b>               | April 2017   |
| <b>Review Date</b>                  | April 2019   |
| <b>Contact for this policy</b>      | Scarborough & Ryedale CCG: <a href="mailto:scrccg.rssifr@nhs.net">scrccg.rssifr@nhs.net</a><br><br>Vale of York CCG: <a href="mailto:VOYCCG.RSS@nhs.net">VOYCCG.RSS@nhs.net</a>  |
| <b>Background</b>                   | NHS Scarborough and Ryedale CCG (SRCCG) & NHS Vale of York CCG (VOYCCG) are responsible for commissioning activity in secondary care, and this policy sets out the referral criteria for the referral to secondary care for the management of Inflammatory Arthritis.  |

#### References:

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