

Barns Medical Practice Service

Specification Outline: Rheumatoid Arthritis

Developed January 2016

Review August 2019

Introduction

Rheumatoid arthritis (RA) is a chronic, disabling auto-immune disease characterised by inflammation in the peripheral joints, which causes swelling, stiffness, pain and progressive joint destruction. For a small proportion of people with RA, inflammatory disease outside the joints (for example, eye and lung disease, and vasculitis) can pose a significant problem. RA affects around one per cent of the population; of these people, approximately 15 per cent have severe RA.

Although the confirmation of diagnosis and initiation of treatment may take place in secondary care, primary care has an important role to play in the management of RA. This may include checking cardiovascular risk and blood pressure, checking the person's risk for osteoporosis and assessing for signs of low mood or depression.

Diagnosis

Recognition of **synovitis** in primary care and prompt referral for specialist advice is key to the early identification and treatment of RA. **Synovitis** is inflammation of the membrane that lines the inside of synovial joints (most of the joints in the body). Symptoms of inflammation include pain, swelling, heat and loss of function (**esp. morning stiffness**) of an affected joint.

Identifying recent-onset RA can be challenging in primary care because of the variety of ways in which **synovitis** can present itself and the small number of patients who have RA compared with the number of patients with musculoskeletal symptoms. Current guidelines on RA recommend that patients with persistent **synovitis** are referred for specialist opinion. Immediate referral is needed when any of the following are present:

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

Early identification of recent-onset RA is important because long-term outcomes are improved if disease-modifying anti-rheumatic drugs (DMARDs) are started within three months of the onset of symptoms.

Blood tests should be done to confirm the clinical suspicion of RA in patients with **synovitis** and **not** as screening tests:

- Inflammatory Markers (including CRP and ESR)
- Rheumatoid Factor
- ANA-only if features suggesting SLE and referral to Rheum OPD appropriate
- FBC
- U&E ; LFT
- Lipids-to be used in calculating CV risk scoring

Resources for Staff and or Patients

- Access to online resources including:

Arthritis Research UK - <http://www.arthritisresearchuk.org/>

Patient information - <http://www.arthritisresearchuk.org/>

General Practice Notebook - <http://www.gpnotebook.co.uk/homepage.cfm>

Staff involved and training required

- Trained clinicians, and HCA guided by appropriate protocols and assessment templates

Advertising of service to patients

- Practice Website: Barns Medical Practice

REFERENCES

[SIGN Guideline 123 Rheumatoid Arthritis](#)

Patient.co.uk-Rheumatoid Arthritis