

Inflammatory Arthritis and CTD Pathway

Inflammatory Arthritis and Connective Tissue Disease Pathway

The pathway to be led and managed PMSKP partners and consultant rheumatologist with support of the rheumatology nurse specialist. It is provide a rapid assessment, treatment initiation service and long term monitoring and follow up of patients with inflammatory arthritis and CTD.

Inclusion Criteria

- Aged 16 years or older with suspected inflammatory arthritis,
- The patients' General Practice (GP) must be on Oldham Performers List
- Referrals can be accepted from other services/clinics e.g. DVT clinic and physiotherapist were agreement from the patients GP exists.

Exclusion Criteria

- Any patients who meets the criteria for referral under the 2 week cancer pathway
- Children aged under 16
- Patients who's mobility is so restricted that a 2 man ambulance is required

Investigations

Radiology

Plain X-ray

- Hands or feet if indicated clinically to identify erosions
- Any other site as clinically indicated by history and examination

MRI

- Assessment of cervical spine
- Assessment of sacro-iliac joints
- Any other area as indicated clinically

Isotope Bone Scan

- As clinically indicated

Pathology

- Full range of haematology, biochemistry, immunology and microbiology investigation
- Synovial Cytology

Pathway

- For those not excluded by the above criteria an assessment appointment will be offered within 4 weeks
- All relevant investigations will be ordered at initial assessment
- A follow up appointment will be offered at the earliest opportunity when the investigations will be complete, if clinically indicated this could via the telephone, or face to face with the same or alternative clinician
- Where inflammatory arthritis is diagnosed or suspected, an assessment will be offered with a consultant, follow up will be as clinically indicated
- Where a CTD is suspected urine should always be tested for blood and urgent referral to consultant or discussion with partner made
- All patients requiring DMARDS will have drugs education from the rheumatology nurse specialist and access to a telephone help line
- All inflammatory and CTD patients will have a multidisciplinary annual review, Including podiatry, occupational therapy and physiotherapy as well as medical and nurse specialist review

Treatment

Lifestyle

- Lifestyle advice will be provided
 - Reduce/stop smoking
 - Reduce alcohol intake
 - Adequate dietary calcium and healthy eating
 - Weight bearing exercise

Education

- Provide literature on inflammatory arthritis, treatments and risk factor reduction and MSK help line number as appropriate

Drug therapy

- Analgesia, all patients will have access to NSAIDs (if not contraindicated) and other analgesics as clinically indicated
- DMARDS patients will have access to a full range of DMARDS including biologics. These will be initiated in PMSKP and patients entering into a shared care programme with their GP where possible. Biologics will be prescribed from PMSKP own primary care drugs budget.
- Intra-articular or intramuscular steroids will be used as clinically indicated

Other treatments

- Patients will have access to occupation therapy, physiotherapy and podiatry as clinically indicated

References

ARMA Standards of Care for people with Inflammatory Arthritis (2004)

Pennine MSK Partnership Inflammatory Arthritis and CTD Pathway

