

Clinic prompt for adults with inflammatory arthritis attending for review

This clinic prompt has been developed using evidence from the national early inflammatory arthritis audit and from NICE guidelines for the management of adults with Rheumatoid Arthritis. Items have been prioritised for inclusion that are likely to have the strongest impact on patient care via improving compliance with the guideline. It is intended as an aide-memoire to support decision-making and could also be used as a training tool at induction, and for educational interventions.

For all patients

Investigation:

- Consider whether imaging is required to assess for disease progression/disease activity
- CRP / ESR for DAS28 assessments

Assessment: Disease activity using DAS and PRO

Management:

- Non medication support – review with patient the need for
 - referral to an AHP service (PT, OT, podiatry, psychology)
 - any support required for their work (eg a fit note, amended duties)
- Treatment changes
 - ***If active disease*** consider with patient the need for
 - escalation in treatment
 - increase in DMARD dose
 - addition of a further DMARD
 - addition of a biologic/biosimilar if eligibility criteria met
 - bridging steroid therapy
 - switch of DMARDs/biologics/biosimilars
 - ***If inactive disease*** consider with patient the need for
 - reduction in treatment for sustained low disease activity
 - consider switch from a biologic to a biosimilar
 - review need for ongoing NSAIDs/analgesia
- Adverse reactions or new medical problems – review need for
 - dose alterations/change in treatment
 - lifestyle advice and support
- Treatment target – review previous target and agree new treatment target with patient
- Emergency contact – ensure patient has latest information on how to seek advice/earlier review if required

NEIAA data collection: Submit 3 and 12 month NEIAA data if enrolled, including PRO data

For all patients on Prednisolone

If inactive disease, aim to withdraw steroids

If active disease, consider escalation in treatment as detailed above for active disease

Prevent Complications

Investigation:

- To comply with BSR monitoring guidelines request when required: blood tests, blood pressure, urine dipstick, chest X-ray, pulmonary function tests, ophthalmology assessment

Management:

- Review requirements for steroids and keep dose to the minimum
- Review requirements for NSAIDs and keep dose to the minimum
- Review lifestyle factors such as alcohol intake, weight
- Check for any new diagnoses that may require review of DMARD/biologic treatment (eg renal impairment, lung disease)
- Discuss contraception/pregnancy requirements where appropriate
- Recommend relevant vaccinations - and record when administered
- Recommend and support smoking cessation

Annual review: Undertake (or recommend)

- Bone health assessment
- Cardiovascular risk assessment
- Functional ability assessment (including impact on MSK function, mental health, work)
- Review of cumulative steroid dose
- Review of cumulative hydroxychloroquine dose +/- need for ophthalmological assessment