ESTABLISHED RHEUMATOID ARTHRITIS

Draft for Stakeholder consultation

Level of disease control

- Controlled to an acceptable and agreed level
  - Follow up at a frequency and location suitable to their needs provided they have sufficient education to know when to seek rapid access and help. Receive ongoing drug monitoring.
  - If sustained disease control is achieved, see less frequently and consider cautious decrease of steroids or DMARDs, but with a low threshold for increasing again if disease activity becomes unstable.
  - Annual review:
    - Assess disease activity, damage, and function
    - Assessment of the effect of the disease on the person’s life (pain, fatigue, ability to work or undertake social or leisure activities, quality of life, mood and impact on sexual relationships)
    - Review any educational needs
    - Check for co-morbidities (cardiovascular, osteoporosis, depression)
    - Complications of RA (cervical spine disease, lung, eyes, vasculitis)
    - Appropriate cross-referral in MDT
    - Assessment for orthopaedic referral
    - Advice on diet and complementary therapies

- Not controlled to an acceptable and agreed level
  - Increase or change DMARDs and consider introducing or increasing steroids. Review symptom relieving medication.
  - Biologic drugs should be offered where disease control is not satisfactory with conventional DMARD therapy, and such drugs should be used in accordance with NICE Technology Appraisal Guidance 130 (October 2007)

If there are problems in between annual reviews then intervene with the appropriate component of an annual review (e.g. neck pain with paraesthesia needs investigation whenever it happens), or refer urgently to orthopaedics for imminent or actual tendon rupture, nerve compression, stress fracture, with shared management for suspected or proven septic arthritis.

If flare-ups receive urgent attention by contact with the named member of the MDT responsible for co-ordinating care, steroids where indicated and adjustments to treatment until re-stabilised.

If the patient has the following problems not responding to non-operative musculoskeletal interventions:
- Persistent joint and soft tissue pain
- Worsening function
- Progressive deformity
- Persistent localised synovitis
then refer for early specialist surgical opinion irrespective of the age of the patient.

Rheumatoid Arthritis guideline: August 2008