

1 **NATIONAL INSTITUTE FOR HEALTH AND CARE**  
2 **EXCELLENCE**

3 **Guideline scope**

4 **Rheumatoid arthritis in adults:**  
5 **management**

6 ***Topic***

7 This guideline will update the NICE guideline on rheumatoid arthritis in adults:  
8 management (CG79) as set out in the [surveillance review decision](#).

9 This guideline will also be used to develop the NICE quality standard for  
10 rheumatoid arthritis.

11 The guideline will be developed using the methods and processes outlined in  
12 [Developing NICE guidelines: the manual](#).

13 For more information about why this guideline is being developed, and how  
14 the guideline will fit into current practice, see the [context](#) section.

15 ***Who the guideline is for***

- 16 • People using services, families and carers and the public.  
17 • Healthcare professionals in primary care.  
18 • Healthcare professionals in secondary care.  
19 • Commissioners and providers of services.

20 NICE guidelines cover health and care in England. Decisions on how they  
21 apply in other UK countries are made by ministers in the [Welsh Government](#),  
22 [Scottish Government](#), and [Northern Ireland Executive](#).

23 ***Equality considerations***

24 NICE has carried out [an equality impact assessment](#) [add hyperlink in final  
25 version] during scoping. The assessment:

- 26 • lists equality issues identified, and how they have been addressed

- 27 • explains why any groups are excluded from the scope.

28 The guideline will look at inequalities relating to the pharmacological  
29 management of rheumatoid arthritis in women who are pregnant.

## 30 **1 What the guideline is about**

### 31 **1.1 *Who is the focus?***

#### 32 **Groups that will be covered**

- 33 • Adults with rheumatoid arthritis.

#### 34 **Groups that will not be covered**

- 35 • People with other causes of chronic inflammatory polyarthritis.

### 36 **1.2 *Settings***

#### 37 **Settings that will be covered**

- 38 • All settings in which NHS care is provided or commissioned.

### 39 **1.3 *Activities, services or aspects of care***

40 We will look at evidence on the areas listed below when developing the  
41 guideline, but it may not be possible to make recommendations on all the  
42 areas.

#### 43 ***Areas from the published guideline that will be updated***

- 44 1 Clinical criteria for recognising rheumatoid arthritis.
- 45 2 Identifying the prognostic factors that indicate which people are at  
46 greatest risk of disease progression.
- 47 3 Pharmacological treatments for managing rheumatoid arthritis, including:
- 48 – analgesics [non-steroidal anti-inflammatory drugs (NSAIDs),  
49 paracetamol and opiates]
- 50 – conventional disease-modifying anti-rheumatic drugs (DMARDs)
- 51 – corticosteroids.
- 52 (Note that guideline recommendations will normally fall within licensed  
53 indications; exceptionally, and only if clearly supported by evidence, use

54 outside a licensed indication may be recommended. The guideline will  
55 assume that prescribers will use a medicine's summary of product  
56 characteristics to inform decisions made with individual patients).

- 57 4 Monitoring rheumatoid arthritis, including:
- 58 – 'treat to target'
  - 59 – what to monitor (excluding annual review)
  - 60 – when to monitor (excluding annual review).

61 ***Areas from the published guideline that will not be updated***

- 62 1 Biological DMARDs for managing rheumatoid arthritis.
- 63 2 Support for patients and carers in managing rheumatoid arthritis through  
64 education, self-management and the provision of information and advice.
- 65 3 Location of review.
- 66 4 Non-specialist referral to specialist services.
- 67 5 Non-pharmacological treatments for managing rheumatoid arthritis,  
68 including:
- 69 – podiatry
  - 70 – physiotherapy
  - 71 – occupational therapy
  - 72 – diet
  - 73 – complementary and alternative interventions or approaches.
- 74 6 Multidisciplinary teams.
- 75 7 Timing of referral for surgery.

76 Recommendations in areas that are not being updated may be edited to  
77 ensure that they meet current editorial standards, and reflect the current policy  
78 and practice context.

79 **1.4 *Economic aspects***

80 We will take economic aspects into account when making recommendations.  
81 We will develop an economic plan that states for each review question (or key  
82 area in the scope) whether economic considerations are relevant, and if so  
83 whether this is an area that should be prioritised for economic modelling and  
84 analysis. We will review the economic evidence and carry out economic

85 analyses, using an NHS and personal social services (PSS) perspective, as  
86 appropriate.

## 87 **1.5 Key issues and questions**

88 While writing this scope, we have identified the following key issues and  
89 review questions to be updated. These will form the basis of more detailed  
90 review questions developed with the help of the guideline committee to guide  
91 the systematic review of the literature.

- 92 1 Clinical criteria for recognising rheumatoid arthritis.
  - 93 1.1 In adults with recent onset of an undifferentiated inflammatory  
94 arthritis, what clinical criteria enable the early recognition of rheumatoid  
95 arthritis?
- 96 2 Identifying the prognostic factors that indicate which people are at  
97 greatest risk of disease progression.
  - 98 2.1 In adults with rheumatoid arthritis, which features help to identify the  
99 prognosis of the disease?
- 100 3 Pharmacological treatments for managing rheumatoid arthritis
  - 101 3.1 In adults with rheumatoid arthritis, what is the clinical and cost  
102 effectiveness of analgesics, including NSAIDs, paracetamol and  
103 opiates?
  - 104 3.2 In adults with rheumatoid arthritis, what is the clinical and cost  
105 effectiveness of corticosteroids?
  - 106 3.3 In adults with rheumatoid arthritis, what is the clinical and cost  
107 effectiveness of early introduction of conventional DMARDs?
  - 108 3.4 In adults with rheumatoid arthritis, what sequence of single and  
109 combined conventional DMARDs is most clinically and cost effective?
  - 110 3.5 In adults with rheumatoid arthritis, are there any circumstances  
111 under which conventional DMARDs can be decreased and/or withdrawn  
112 without reducing effectiveness?
  - 113 3.6 Should pharmaceutical treatments (for example, analgesics,  
114 corticosteroids, and conventional DMARDs) for managing rheumatoid  
115 arthritis in people with a poor prognosis be different from those used in  
116 the rest of the population with rheumatoid arthritis?

- 117 4 Monitoring rheumatoid arthritis
- 118 4.1 In adults with rheumatoid arthritis, what are the most clinically and
- 119 cost-effective methods to monitor ongoing disease activity (outside of the
- 120 annual review)?
- 121 4.2 In adults with rheumatoid arthritis, what is the optimum frequency of
- 122 disease monitoring (outside of the annual review)?
- 123 4.3 In adults with rheumatoid arthritis, what is the clinical and cost
- 124 effectiveness of a 'treat-to-target' management strategy compared with
- 125 standard care?

## 126 **1.6 Main outcomes**

127 The main outcomes that will be considered when searching for and assessing

128 the evidence are:

- 129 1 Swollen joints.
- 130 2 Tender joints.
- 131 3 Patient global assessment/health-related quality of life (including
- 132 activities of daily living).
- 133 4 Physician global assessment
- 134 5 Pain.
- 135 6 Function.
- 136 7 Radiological progression.
- 137 8 Acute-phase reactants [erythrocyte sedimentation rate (ESR) or C-
- 138 reactive protein (CRP)].
- 139 9 Adverse events (including mortality).

140

## 141 **2 Links with other NICE guidance, NICE quality**

142 **standards, and NICE Pathways**

### 143 **2.1 NICE guidance**

#### 144 **NICE guidance that will be updated by this guideline**

- 145 • [Rheumatoid arthritis in adults: management](#) (2009) NICE guideline (CG79).

146 **NICE guidance about the experience of people using NHS services**

147 NICE has produced the following guidance on the experience of people using  
148 the NHS. This guideline will not include additional recommendations on these  
149 topics unless there are specific issues related to rheumatoid arthritis:

- 150 • [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- 151 • [Service user experience in adult mental health](#) (2011) NICE guideline  
152 CG136
- 153 • [Medicines adherence](#) (2009) NICE guideline CG76

154 **NICE guidance that is closely related to this guideline**

155 ***Published***

156 NICE has published the following guidance that is closely related to this  
157 guideline:

- 158 • [Adalimumab, etanercept, infliximab, certolizumab, pegol, golimumab,  
159 tocilizumab and abatacept for rheumatoid arthritis not previously treated  
160 with DMARDs or after conventional DMARDs only have failed](#) (2016) NICE  
161 technology appraisal guidance 375
- 162 • [Tocilizumab for the treatment of rheumatoid arthritis](#) (2012) NICE  
163 technology appraisal guidance 247
- 164 • [Golimumab for the treatment of rheumatoid arthritis after the failure of  
165 previous disease-modifying anti-rheumatic drugs](#) (2011) NICE technology  
166 appraisal guidance 225
- 167 • [Adalimumab, etanercept, infliximab, rituximab and abatacept for the  
168 treatment of rheumatoid arthritis after the failure of a TNF inhibitor](#) (2010)  
169 NICE technology appraisal guidance 195
- 170 • [Depression in adults with a chronic physical health problem: recognition  
171 and management](#) (2009) NICE guideline CG91
- 172 • [Cardiovascular disease: risk assessment and reduction, including lipid  
173 modification](#) (2015) NICE guideline CG181
- 174 • [Osteoporosis: assessing the risk of fragility fracture](#) (2012) NICE CG141

## 175 **2.2 NICE quality standards**

176 **NICE quality standards that may need to be revised or updated when**  
177 **this guideline is published**

- 178 • [Rheumatoid arthritis in over 16s](#) (2013) NICE quality standard 33

## 179 **2.3 NICE Pathways**

180 [Type here; use 'NICE normal' style]

## 181 **3 Context**

### 182 **3.1 Key facts and figures**

183 Please see [Rheumatoid arthritis in adults](#) (2009) NICE guideline CG79 for  
184 more information.

185 Since publication of the guideline in 2009, Humphreys et al. have published  
186 [The incidence of rheumatoid arthritis in the UK: comparisons using the 2010](#)  
187 [ACR/EULAR classification criteria and the 1987 ACR classification criteria.](#)  
188 [Results from the Norfolk Arthritis Register in 2013.](#) This updates both the  
189 classification criteria and the incidence data for rheumatoid arthritis in the UK.

### 190 **3.2 Current practice**

191 Please see [Rheumatoid arthritis in adults](#) (2009) NICE guideline CG79 for  
192 more information.

### 193 **3.3 Policy, legislation, regulation and commissioning**

#### 194 **Policy**

195 The introduction of a best practice tariff in 2013 reflects commissioning when  
196 following [Rheumatoid arthritis in adults](#) (2009) NICE guideline CG79.

## 197 **4 Further information**

<p>This is the draft scope for consultation with registered stakeholders. The consultation dates are 17 June to 15 July 2016.</p>
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The guideline is expected to be published in September 2018.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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