

SUSPECTING RHEUMATOID ARTHRITIS

*Advice for MSK Therapists
Suspecting Rheumatoid Arthritis*



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Recognition

Stage 1 - Diagnosing "Clinically Suspected Arthralgia"(1)

Joint Symptoms of recent onset (<1 year)
MCPJs affected
Morning stiffness (>60 mins)
Symptoms worst in early morning
1st degree relative with RA
Difficulty making a fist
Positive MCPJ or MTPJ squeeze test

A score of 3+/7 symptoms is consistent with "Clinically Suspected Arthralgia"(1)

Stage 2 (Optional; If strong suspicion progress to "Stage 3")

Assessing level of risk (patient scores 3+ on above or clinician retains high suspicion)

Leiden Clinical Prediction Rule.(2)

What is the age in years? Multiply by 0.02 _____

What is the sex?
a. In case Female 1 point _____

What is the distribution of involved joints?
a. In case small joints hands/feet: 0.5 point _____
b. In case symmetric 0.5 point _____
c. In case upper extremities 1 point _____
d. In case upper and lower extremities 1.5 points _____

What is the score for morning stiffness on a 100-mm VAS?
a. In case 26-90 mm 1 point _____
b. In case >90mm 2 points _____

What is the number of tender joints?
a. In case 4-10 0.5 points _____
b. In case 11 or higher 1 point _____

What is the number of swollen joints?
a. In case 4-10 0.5 points _____
b. In case 11 or higher 1 point _____

What is the C-reactive protein level?
a. In case 5-50 mg/litre 0.5 points _____
b. In case 51 mg/litre or higher 1.5 points _____

Is the patient Rheumatoid Factor positive?
a. If yes 1 point _____

Are the anti-CCP antibodies positive?
a. If Yes 2 Points _____

Total score _____

A score of 9+ is optimal prediction, 8+ is high risk.(3)

Proceeding

Stage 3 - Clinical application

If clinically suspected Arthralgia is present and/or score of 8+ on Leiden CPR further investigations are warranted.

If clinician retains suspicion but above scores are not met due to lack of investigations completed or other reasoning, commence further investigations.

Proceeding in presence of suspected RA risk:

1. Referral to Rheumatology must be completed as a matter of priority before requesting any other investigations.
 - a. Discuss with local Rheumatology department regarding procedure/access.
2. If able request following investigations:
 - a. C-Reactive Protein blood test
 - b. ESR blood test
 - c. Rheumatoid Factor blood test
 - d. Anti-CCP blood test

Stage 4 - Advice

Advise patient on modifiable risk factors. These can reduce likelihood of progression to RA

1. Smoking
2. BMI
3. Diet

Note - Differential Diagnoses

Other conditions can masquerade similar to Rheumatoid Arthritis. These may have differing onset, associated symptoms/conditions and presentations:

Gout, Other inflammatory arthropathy (Psoriatic Arthritis, Lupus, Axial Spondyloarthritis, Reactive Arthropathy), Osteoarthritis, Persistent pain conditions.

This document is a guide only, it should not replace clinical reasoning or judgement. If unsure seek further advice and guidance.

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References

1. van Steenbergen et al. EULAR definition of arthralgia suspicious for progression to rheumatoid arthritis. *Ann Rheum Dis* 2017;76:491-496.
2. van der Helm-van Mil et al. A Prediction Rule for Disease Outcome in Patients With Recent Onset Undifferentiated Arthritis. *ARTHRITIS & RHEUMATISM* 2017 56(2):433-440
3. McNally et al. Diagnostic accuracy of a clinical prediction rule (CPR) for identifying patients with recent-onset undifferentiated arthritis who are at a high risk of developing rheumatoid arthritis: A systematic review and meta-analysis. *Seminars in Arthritis and Rheumatism* 2014 43:498-507

Website

Rheumatology.Physio hosts a blog which goes into further detailed information on Rheumatology conditions. Written to be accessible for Therapists.

CPD Courses

Whole or half day bespoke CPD courses are available. Please visit Rheumatology.Physio for further details of courses in your area or if you wish to host in your department.

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