

Referral Guidelines – Suspected Early Rheumatoid Arthritis

Primary Care Assessment

Symptoms & Signs

- morning stiffness \geq 45 minutes
- symmetrical joint pain, (particularly hands & feet)
- synovitis (soft tissue joint swelling) on examination

Red Flags

- difficulties with ADLs
- work absence, job loss
- symptoms occurring post-partum

Primary Prevention

- smoking cessation – smoking is associated with increased risk and severity of RA

Referral Advice

Rationale

- early intervention improves outcome
- ideally patients should be seen in Secondary Care within 12 weeks of symptom onset

Referral Criteria

- any patient with **NEW** soft tissue swelling (i.e. **SYNOVITIS**) of one or more joints
- women in post-partum period with new onset joint pain and stiffness
- patients with joint pain and prolonged morning stiffness

Investigations

- do not wait for the results of investigations before referral if synovitis is present.
- please send blood for FBC/ESR, U&E/LFT/CRP and RF – the results will be available at the patient's OP appointment on Clinical Portal

Secondary Care

Assessment

- we aim to see patients with synovitis quickly, preferably within 2 weeks
- if the results of investigations taken in Primary Care are available, treatment can be started at the first visit

Multi-Disciplinary Team

- patients will be offered help from physio, OT and podiatry as required
- patients will be given written educational material and a contact number for a named Clinical Nurse Specialist

Treatment

- virtually all patients will require DMARD therapy
- outcomes improve dramatically with 'intensive management' of RA – frequent and detailed assessment of the joints (every 1-3 months)

Early diagnosis, referral and treatment improves outcomes!