Suspected Rheumatoid Arthritis

Early Inflammatory Arthritis (EIA) Pathway

Mid Notts Summary of NICE Clinical Knowledge Summary December 2018

In 2019 the MSK will be streaming Rheumatology referrals as Routine, Urgent or Early Inflammatory Arthritis.

Please complete the suspected RA template and order baseline tests in readiness for EIA clinic.

(press F12 key>type inflam or click referral criteria or orange arrow>msk)
**Suspected Rheumatoid Arthritis**

**Early Inflammatory Arthritis (EIA) Pathway**

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**Suspect**

- **Suspect rheumatoid arthritis (RA)** in anyone with persistent (>6 weeks) synovitis, where no other underlying cause is obvious (for example, psoriatic arthritis).
  - Clinical judgement should be used to decide if the synovitis is 'persistent' (lasting a few weeks rather than days).
- **RA typically causes symmetrical joint synovitis of the small joints of the hands and feet, although any synovial joint may be affected.** Clinical features of synovitis include:
  - Pain, swelling, and heat in affected joints.
    - Pain — usually this is worse at rest or during periods of inactivity.
    - Swelling — around the joint (not bone swelling) giving a 'boggy' feel on palpation.
  - **Stiffness in the morning and after inactivity** that usually lasts more than 30 minutes. A history of ever having experienced prolonged morning stiffness is more helpful than currently having morning stiffness.

**Refer**

- **Refer people with persistent synovitis with an unknown cause to a rheumatologist.** REFER TO MSK HUB TEMPLATE, if there are any of the following:
  - Small joints of the hands or feet are affected.
  - More than one joint is affected.
  - There has been a delay of 3 months or longer between the onset of symptoms and the person seeking medical advice.

**Investigate**

- **The following tests to speed up the diagnostic process, and act as a baseline measure prior to treatment:** (REFER PRIOR TO RESULTS BEING AVAILABLE)
  - Full blood count
  - C-reactive protein or erythrocyte sedimentation rate
  - Urea and electrolytes
  - Liver function tests
  - Rheumatoid factor (RF)
  - Antinuclear antibodies (ANA)
  - Anti-cyclic citrullinated peptide antibodies (Anti-CCP)
  - Radiography of the hands and the feet — if synovitis is affecting these joints and not done in past 12 months.
  - Chest radiography — to exclude lung involvement (which is common in RA).