

BEST - Rheumatology Update

March 2017



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Dr Lorraine Croot



Learning Aims

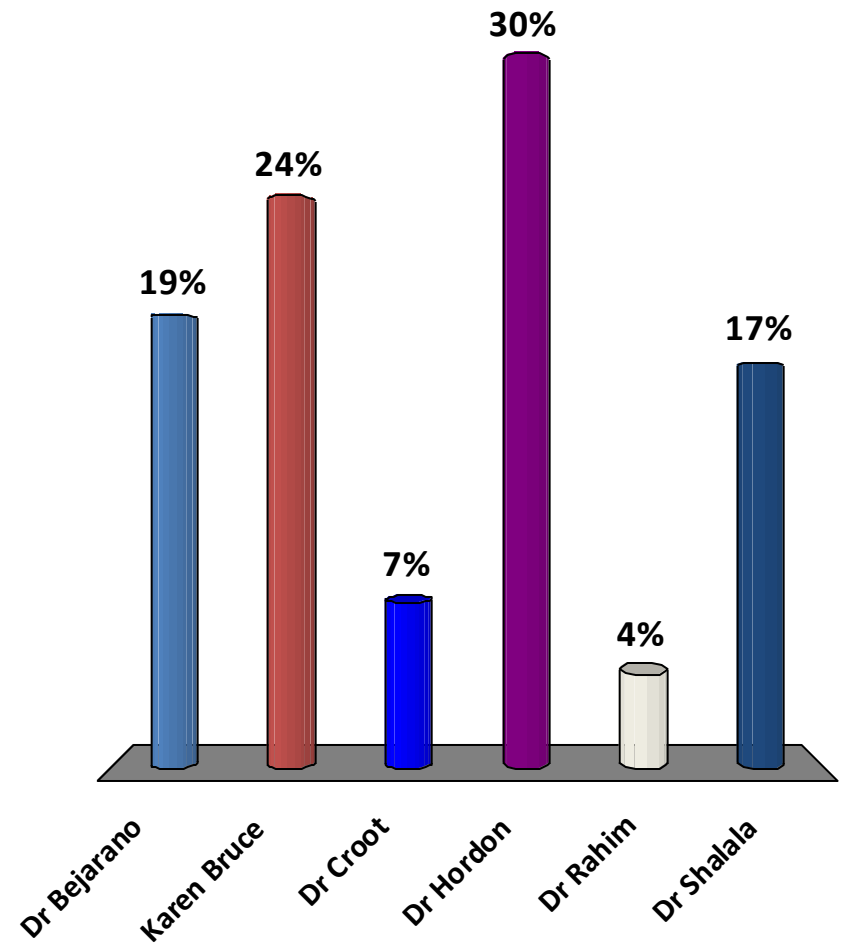
- Understand more about the Barnsley Rheumatology Service
- Help you utilise the service properly
- Make the most of resources available

The Barnsley Rheumatology Team

- Medical Staff
 - Dr Croot, Dr Bejarano
 - Dr Shalala
 - Dr Rahim
 - Dr Hordon
 - GP VTS / F2
- Secretarial Staff
 - Joanne Beverley
- Nursing Staff
 - Karen Bruce
 - Caroline Rooke
 - OP Nurses
- Therapy Team
 - Phillipa, Chris
 - Ursula, Lineth,

Who has written a book "Breed For Victory! The Story of the Rabbit in the Second World War ?

- A. Dr Bejarano
- B. Karen Bruce
- C. Dr Croot
- D. Dr Hordon
- E. Dr Rahim
- F. Dr Shalala



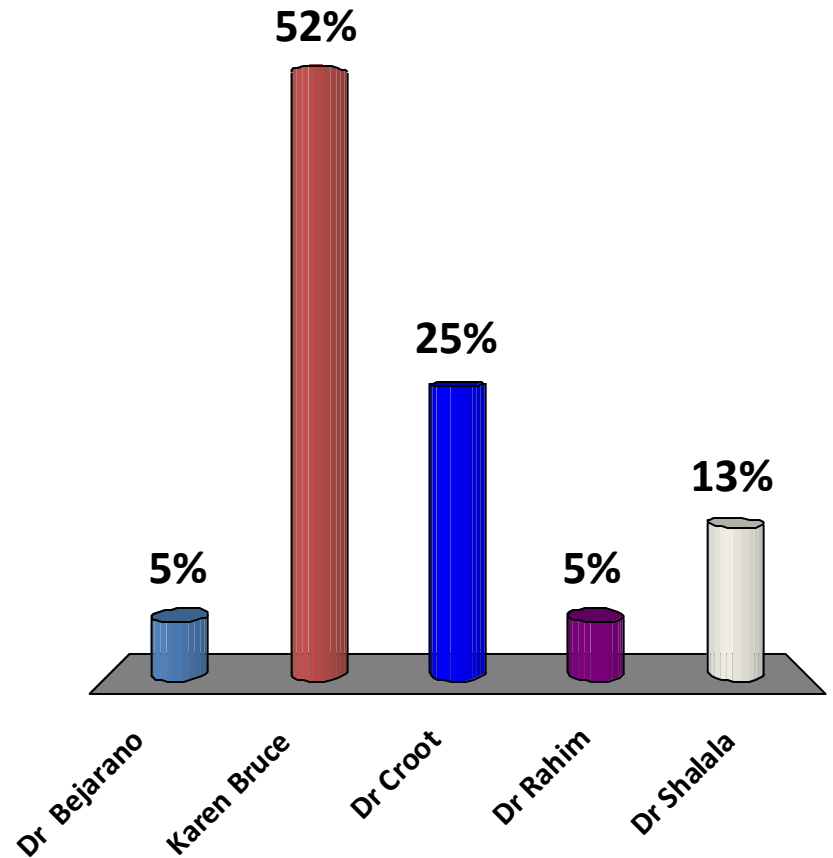
Dr Lesley Hordon

- Trained in Manchester, Newcastle and Leeds.
- Consultant Rheumatologist in Dewsbury 1994-2016
- Part time Rheumatology Consultant in Barnsley.
- Special interest osteoporosis and still involved in osteoporosis research
- 3 children, one a GP trainee in Harrogate
- Hobbies - spinning and other crafts
- Books - "Illustrated Case Histories in Rheumatology" "The Angora Rabbit: History, Science, Care and Crafts" and "Breed For Victory! The Story of the Rabbit in the Second World War"(published November 2016)



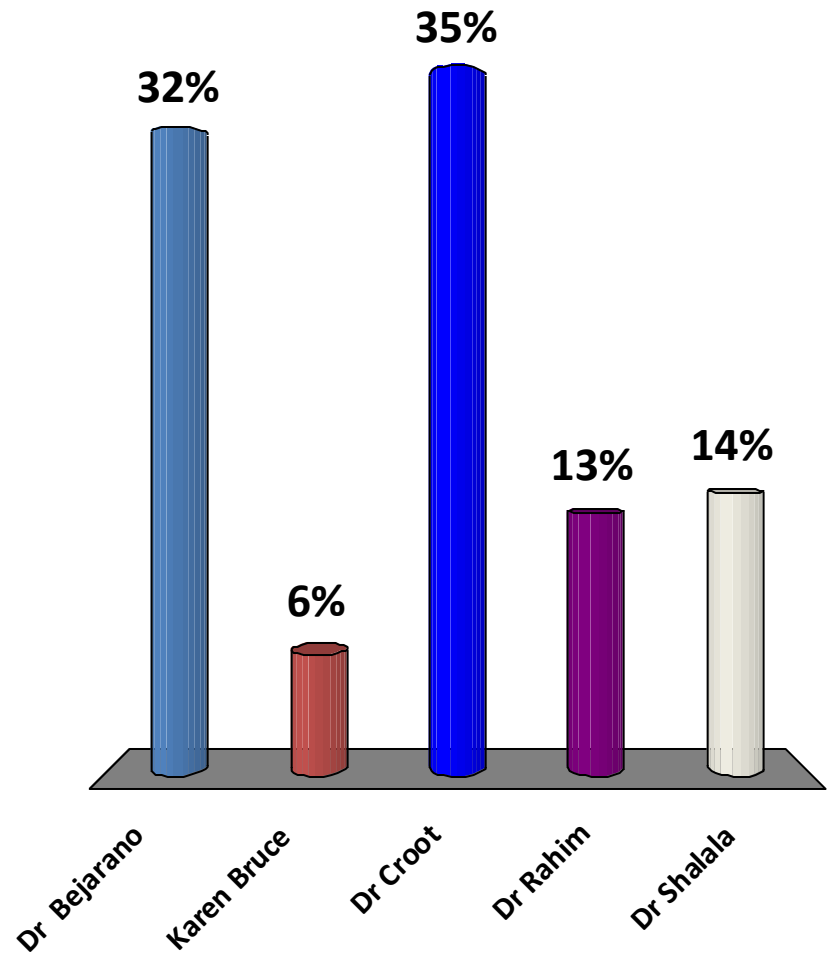
Who recently received a marriage proposal at Wembley Football Stadium?

- A. Dr Bejarano
- B. Karen Bruce
- C. Dr Croot
- D. Dr Rahim
- E. Dr Shalala



Who represented the UK (but didn't win) in a ballroom dancing competition in Siberia?

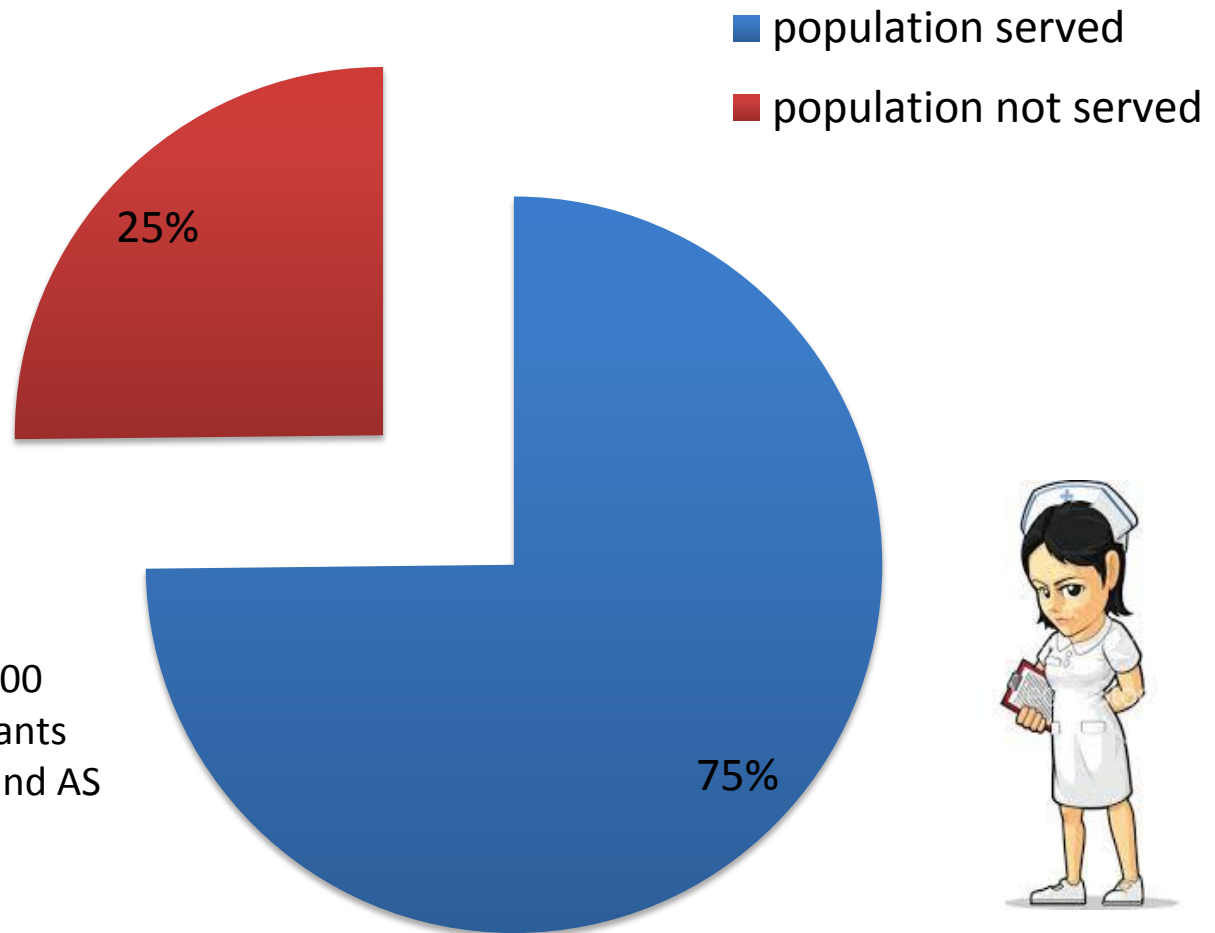
- A. Dr Bejarano
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- C. Dr Croot
- D. Dr Rahim
- E. Dr Shalala



What does a Rheumatologist do?

- Rotherham Referral Guidelines - BEST website
- Adult rheumatologists are specifically trained to be highly skilled in:
 - Developing a differential diagnosis of rheumatic and autoimmune diseases
 - Efficient use of diagnostic evaluations in rheumatic disorders
 - Selecting appropriate medical therapy for treatment of rheumatic disease given the patient's lifestyle and co-morbidities including the use of intra-articular injection
 - Monitoring long term efficacy and side effects of multiple medications including anti-inflammatory and biologic agents used to treat rheumatic disease
 - Improving quality of life and decreasing disability of patients suffering from rheumatic disease

Current Rheumatology Staffing Levels



Barnsley Population 250,000
BSR 1:85000 ie, 3 consultants
Current staffing 2.2 cons and AS

Rheumatology in General Practice

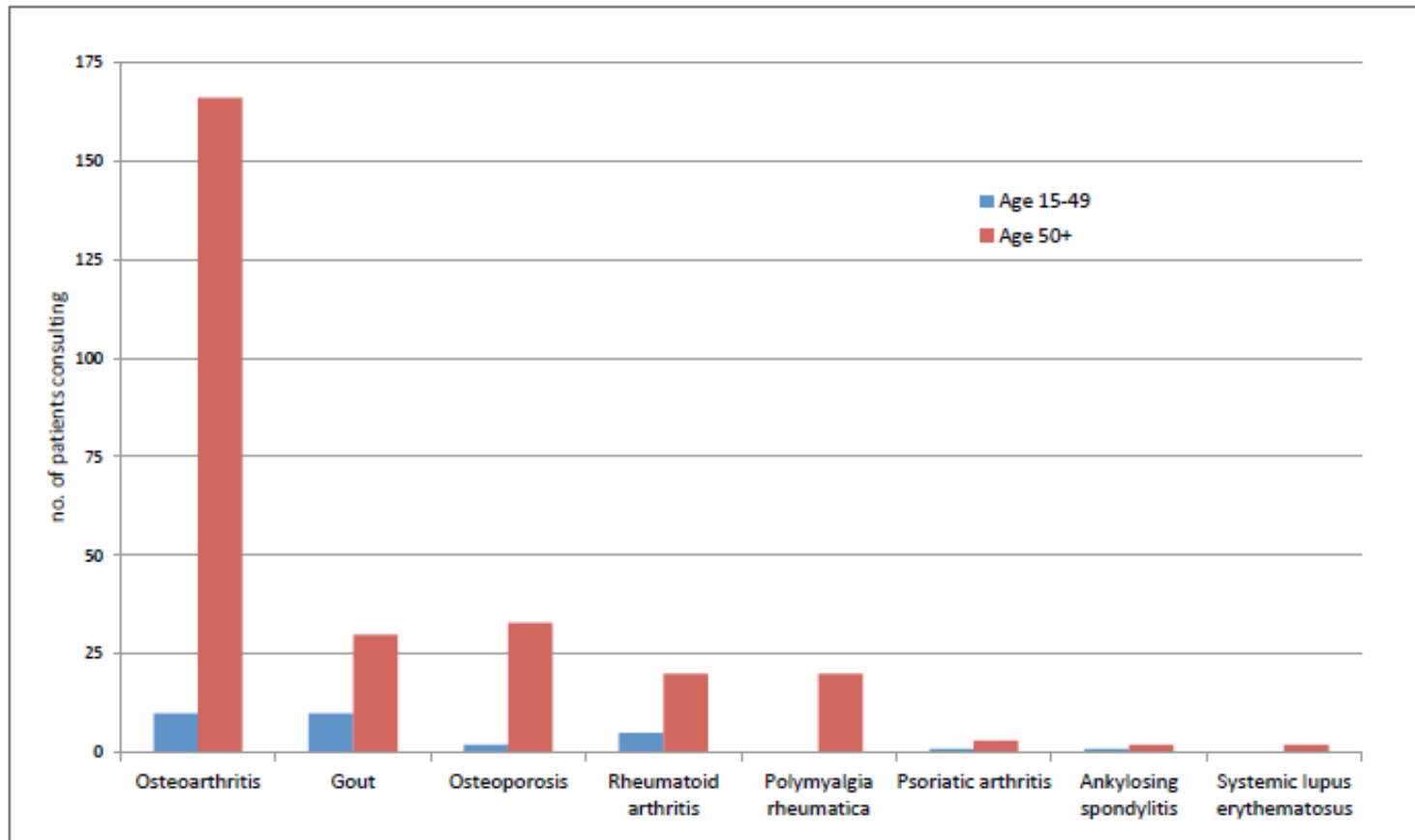


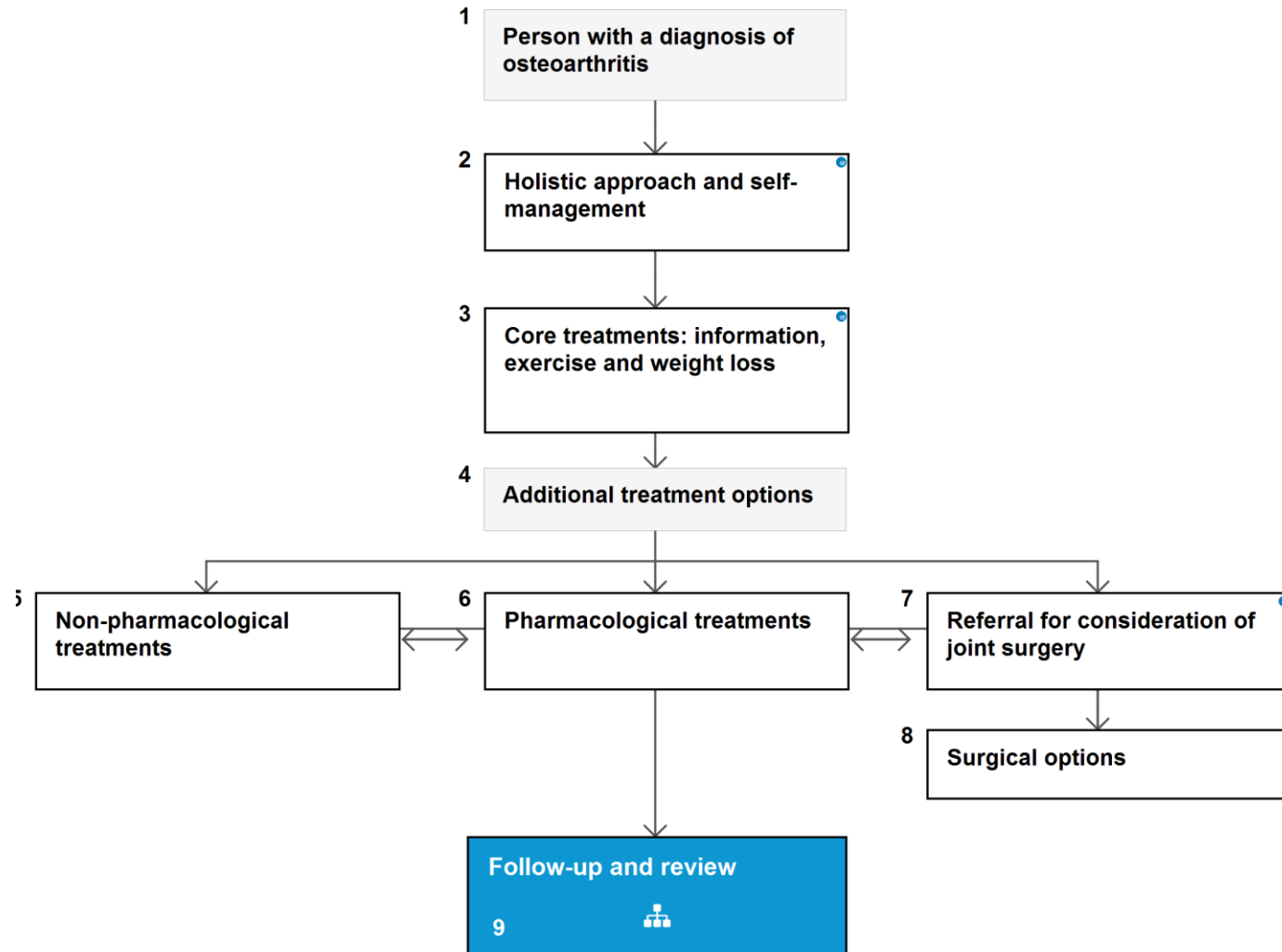
FIGURE 1. Number of adult patients consulting in 1 year by condition in a practice of 10,000 patients. (Reproduced with permission from Musculoskeletal Matters Bulletin 2: Consultation frequency of specific and regional musculoskeletal problems. Arthritis Research UK Primary Care Centre, Keele University; 2010. <http://www.keele.ac.uk/pchs/disseminatingourresearch/newslettersandresources/bulletins/>)

Low Priority Referrals

- Uncomplicated osteoarthritis
- Uncomplicated gout
- Re-referral of patients with fibromyalgia
- Chronic pain conditions for long term management
- Carpal tunnel syndrome without investigation
- Abnormal immunology with no symptoms

NICE Guidelines for OA

<https://pathways.nice.org.uk/pathways/osteoarthritis>



Fibromyalgia

- Diagnosis of exclusion – refer for clarification of diagnosis
- No magical FMS programme
- No access to CBT

- CFS Sheffield - Michael Carlisle Centre – GP referral only
 - http://shsc.nhs.uk/wp-content/uploads/2015/11/Sheffield_Guidance_for_CFS_ME_diagnosis_and_referral.pdf

- Exclusion criteria for the CFS/ME Service:
 - Fibromyalgia (where pain dominates fatigue)
 - Concurrent rehabilitation from another service
 - Ongoing medical investigation

Back Pain and Chronic Pain

- Rheumatologists are good at identifying inflammatory back pain.
- We are not experts at managing chronic degenerative back pain.
- Cannot titrate analgesics
 - Local chronic pain services available.



Differentiating Clinical Features of IBP in Young Patients With Chronic Back Pain

- Morning stiffness > 30 min
- Improvement with exercise, not with rest
- Awakening at 2am half of the night because of pain
- Alternating buttock pain

→ Diagnosis of IBP if 2/4 criteria are fulfilled

Sensitivity 70%

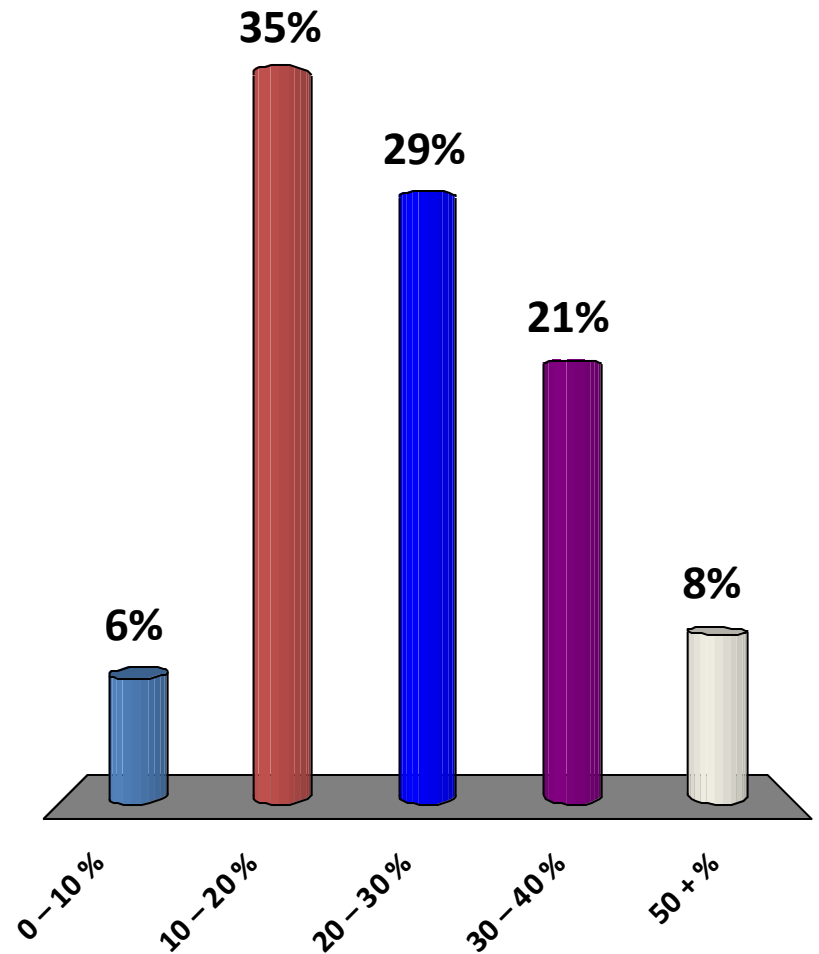
Specificity 81%

(AS n=101; non-AS back pain n=112)

Connective tissue Disease

What % of population aged 65 are ANA positive?

- A. 0 – 10 %
- B. 10 – 20 %
- C. 20 – 30 %
- D. 30 – 40 %
- E. 50 + %



Immunoglobulins

Allergy Screening

ANA

Includes Paraprotein & Electrophoresis

Total IgE

Double Stranded DNA (DNA & ANA)

Allergen Testing (Total IgE & RAST)

ENA Screen (Anti Ro, Anti La)

Protein & Albumin

ANCA, P-ANCA, ANCP

Bence Jones Protein (Urine)

Intrinsic Factor Abs

Intrinsic Renal Screen

Liver/Kidney/ Stomach Antibodies (LKS)

Rheumatoid Factor

Coeliac Screen (TTG)

Specific Proteins

C3 / C4 Complement

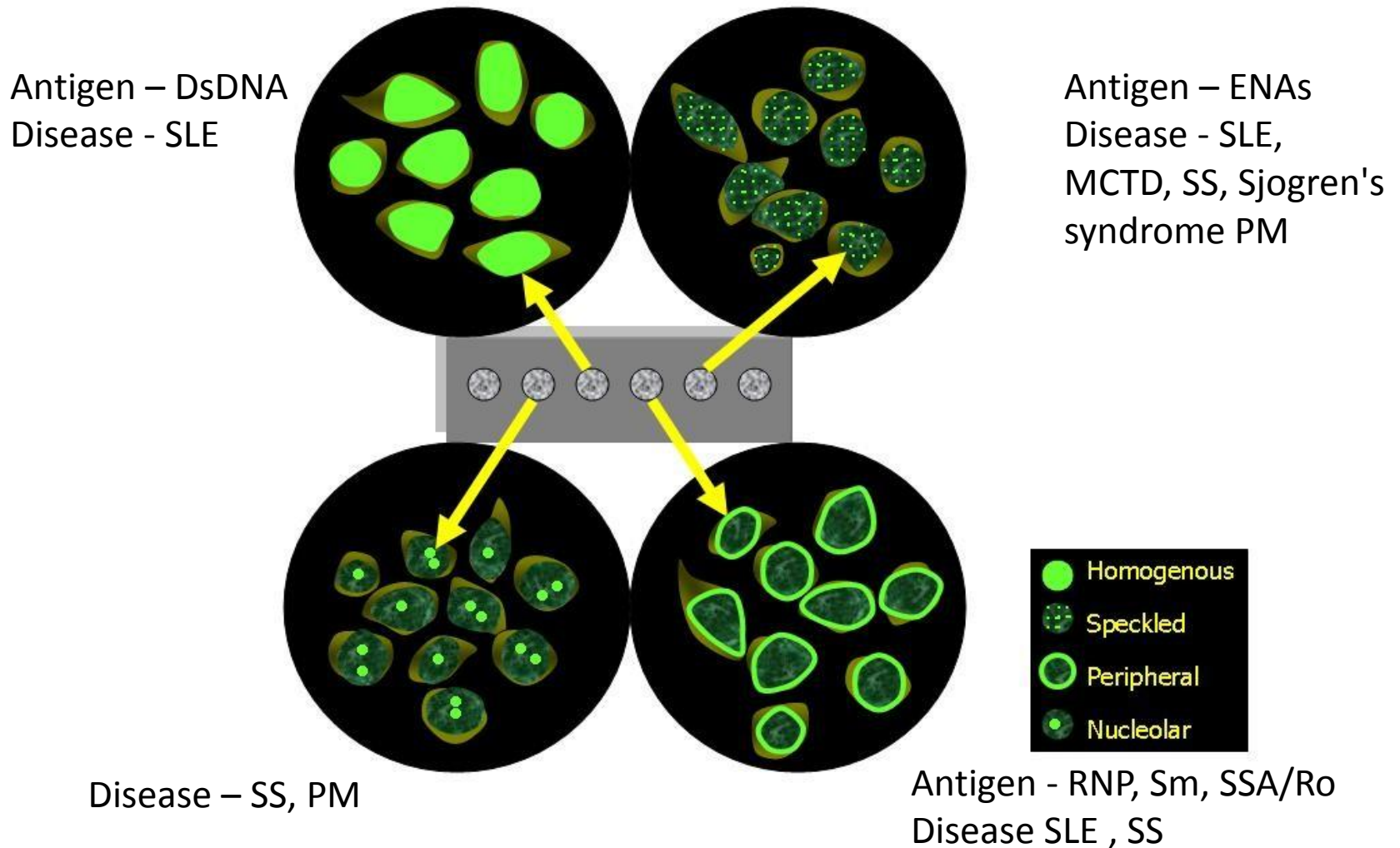
Alpha 1 Anti Trypsin

Transferrin

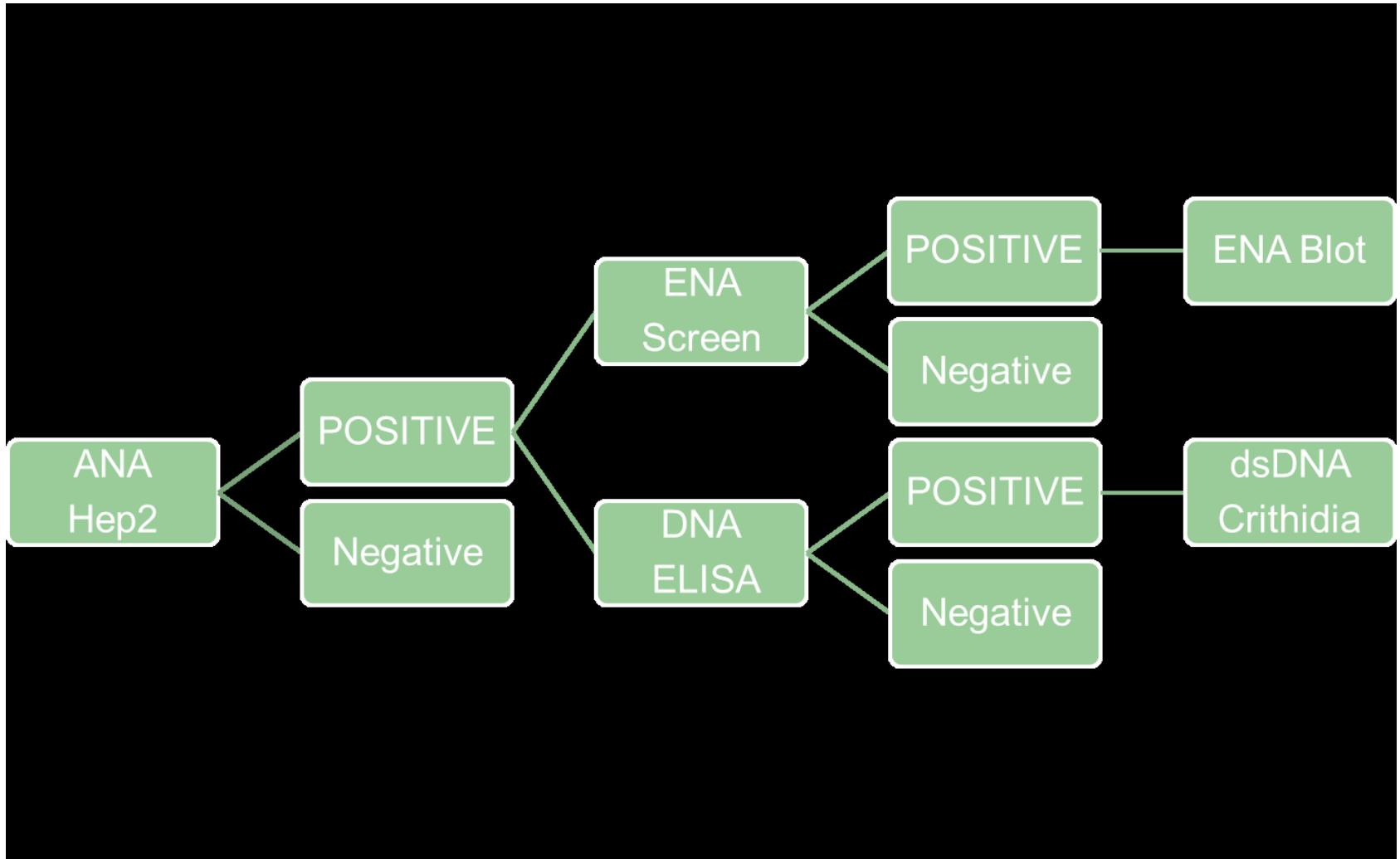
Beta Microglobulin (B2M)

CCP Antibodies

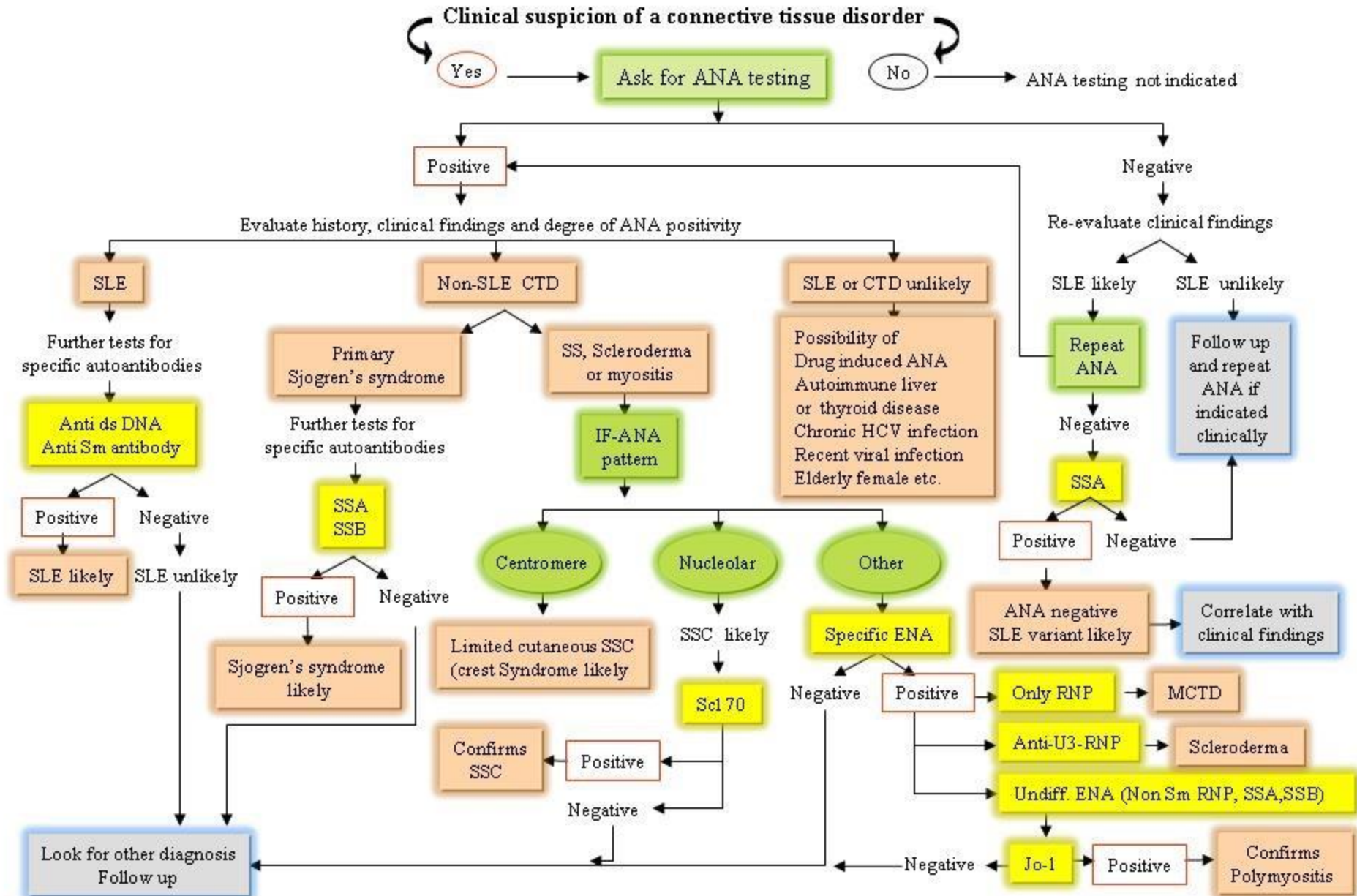
Anti Nuclear Antibodies (ANA)- Pattern and Titre



ANA Testing Flow Chart



Guidelines of ANA and specific autoantibody testing



Use of ANA Testing

- Positive ANA is important only in conjunction with clinical suspicion
- Positive ANA seen in healthy individuals, and in a wide range of diseases other than CTD
- ANA testing is not recommended to evaluate fatigue, back pain or other musculoskeletal pain unless accompanied by CTD features
- Positive ANA tests do not need to be repeated.
- Negative tests need to be repeated only if there is a strong suspicion of an evolving CTD or a change in the patient's illness suggesting the diagnosis should be revised.

Summary – Please Refer

- Inflammatory Arthritis
- CTD
- PMR / GCA / Vasculitis
- Raised inflammatory markers unknown cause

- OA / fibromyalgia/ soft tissue rheumatology
 - See, advise, discharge