

Guidelines for Referral to Adult Rheumatology

For all the following indications we recommend that referral should be made to the rheumatology clinic in the first instance, and not to a musculoskeletal triage service:

1) Suspected inflammatory arthritis (including RA, seronegative arthritis, severe gout)

Specific symptoms and investigations suggestive of this diagnosis include one or more of:

- Recent onset visible joint swelling
- Prolonged early morning stiffness >30 mins
- Night pain
- Recent change in joint function (e.g. difficulty gripping)
- Elevated inflammatory markers in the context of the above symptoms
- Elevated titre of anti-CCP antibodies, elevated RF if inflammatory symptoms (only of value for patients suspected of having Rheumatoid arthritis)
- Hyperuricemia with clinical attacks suggestive of gout

2) Suspected multisystem inflammatory disease, including vasculitis and connective tissue disease

Specific symptoms and investigations suggestive of these diagnoses include:

- Recent onset arthralgia, myalgia, fatigue
- Recent onset Raynauds phenomenon
- Unexplained persistent rash, particularly if photosensitive or vasculitic
- Symptoms to suggest polymyalgia or temporal arteritis
- Strongly positive ANA, particularly if associated with abnormal ENA / DsDNA (request advice from virtual clinic if unsure)
- Unexplained elevation of ESR / CRP in the context of above symptoms (CRP may not be elevated in patients with SLE)

3) Unexplained severe musculoskeletal pain

Urgent referral should be considered for patients with severe worsening pain which includes one or more of the following features:

- Night pain /sweats
- Pain associated with recent onset neurological abnormalities
- Pain associated with progressive blood test abnormalities (anaemia, hypercalcaemia, marked elevation of inflammatory markers)

4) Suspected fibromyalgia / chronic pain

Symptoms suggestive of this diagnosis include:

- Chronic widespread musculoskeletal pain
- Poor disturbed sleep / fatigue
- Investigations should be normal including: ESR, CRP, TFT, FBC, U+E, LFT, CK

Consultant	Dr Fawthrop, Consultant Rheumatologist, RFT
GP Lead	Dr J Kitlowski, Clinical Commissioning Group, NHS Rotherham
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The following guidelines have been developed to provide a rationale for referral of patients to the adult rheumatology service in Rotherham. Paediatric rheumatology and the bone health service are not included within the scope of this document.

Adult rheumatologists are specifically trained to be highly skilled in:

- 1. Developing a differential diagnosis of rheumatic disorders and autoimmune diseases*
- 2. Efficient use of diagnostic evaluations in rheumatic disorders*
- 3. Selecting appropriate medical therapy for treatment of rheumatic disease given the patient's lifestyle and co-morbidities including the use of intra-articular injection*
- 4. Monitoring long term efficacy and side effects of multiple medications including anti-inflammatory and biologic agents used to treat rheumatic disease*
- 5. Improving quality of life and decreasing disability of patients suffering from rheumatic disease*