

Is this inflammatory arthritis?

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Meet the speakers



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Learning objectives

After completing this session, you will be able to:

- Recognise the early symptoms & signs of new inflammatory arthritis
- Understand why early referral & treatment is important in management
- Initiate appropriate investigation prior to referral
- Understand key changes to recent NICE guidelines

Learning objectives cont...

- What is early inflammatory arthritis?
- Why are we bothered?
- How do we do it?
- How can GPs help?

**What is early
arthritis?**

What is early inflammatory arthritis?

- Autoimmune inflammatory joint disease
- Rheumatoid
- Psoriatic
- Seronegative
- Reactive

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What is early inflammatory arthritis?

It's not:

- Gout
- Septic Arthritis
- OA
- Duration greater than 3 weeks

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**How do I recognise
inflammatory
arthritis?**

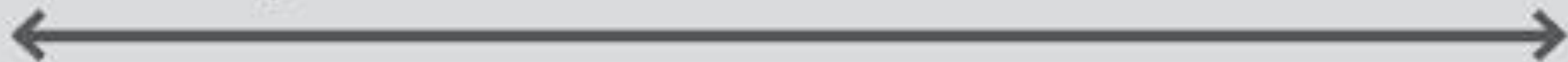
Recognising inflammatory arthritis

- 12% all GP consultations MSK
- New inflammatory arthritis isn't common
 - RA/PsA/AS overall prevalence approx 1%



BOX 1. Features of inflammatory cf. degenerative symptoms.

Inflammatory disease is



Less likely

More likely

Pain after use/at end of day
Morning stiffness for <30 minutes
No night-time pain
No systemic symptoms
Chronic symptoms

Pain worse after rest/in morning
Morning stiffness for >30 minutes
Night-time pain troublesome*
Systemic symptoms present*
Acute/subacute presentation

* Bear in mind that night pain and systemic symptoms can be indicative of other serious pathology including cancer, infections etc.

(a)



(b)



**Early arthritis – why
are we bothered?**

“Window of opportunity”



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What would you do?

- 58 year old HGV driver
- 3 months hand & occasionally foot pain
- Stiff & achey
- Struggling at work – TATT
- 10/day smoker
- PMHx hypertension & raised hba1c
- Infrequent attender
- On examination – his hands look swollen
- MCP squeeze painful
- Examination otherwise NAD

Question: What would you do?

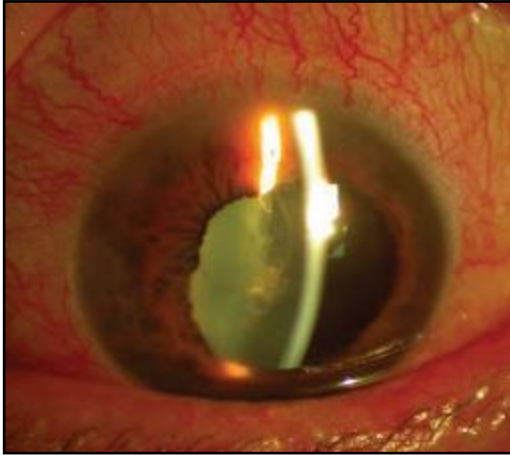
- A. Refer urgently to rheumatology
- B. Refer routinely to rheumatology
- C. Check some blood tests & review
- D. Analgesia, watch & wait

What the ** is
spondyloarthritis?**

What is axial Spa?

- Chronic inflammatory condition affecting spine and sacroiliac joints
 - Characterised by chronic back pain & stiffness
- Enthesitis
- Peripheral joints
- Extra-articular disease
- Often a family history

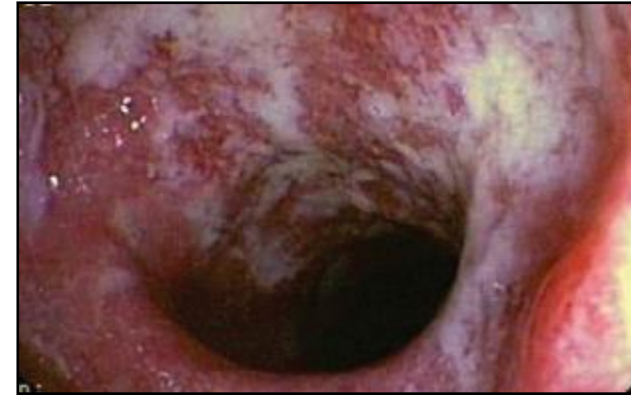
Extra-articular manifestations of axial SPA



Anterior uveitis



Psoriasis



Inflammatory bowel disease



Enthesitis right heel



Peripheral Arthritis

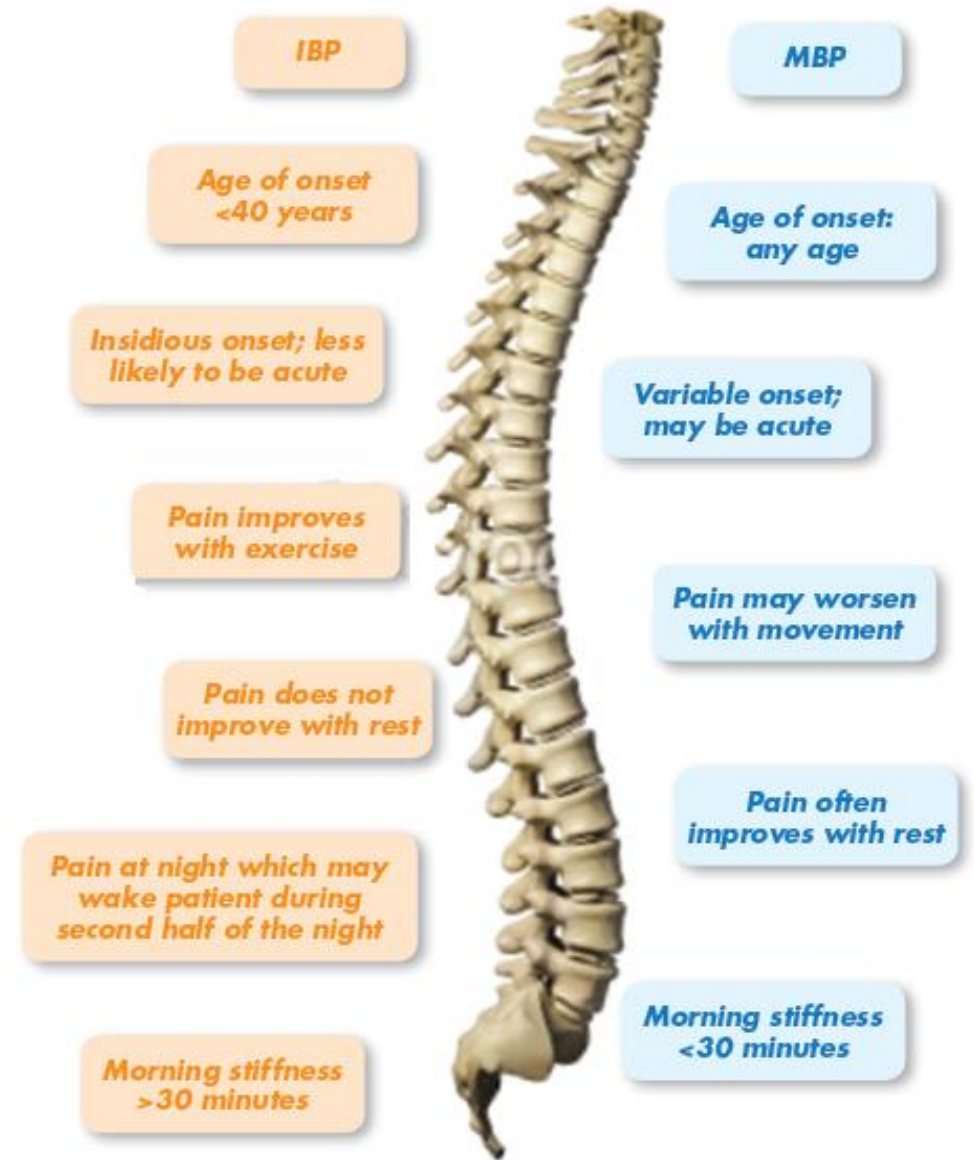


Dactylitis

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Comparison of inflammatory and mechanical back pain

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Asas inflammatory back pain criteria

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ONE	Did your back pain start when you were aged younger than 40?
<ul style="list-style-type: none">Inflammatory back pain usually begins in the third decade of life and is unlikely to have an onset after 45 years.⁷<i>It is important to ascertain¹ the patient's age at the onset of the back pain as opposed to only recording their current age as they may have been experiencing back pain for several years.</i>	
TWO	Did your back pain develop gradually?
<ul style="list-style-type: none">Unlike inflammatory back pain, mechanical back pain, such as disc herniation, is frequently of a more sudden onset. IBP has an insidious onset and patients are likely to have been experiencing back pain for >3 months.⁷ ¹	
THREE	Does your back pain improve with movement?
<ul style="list-style-type: none">Symptoms of musculoskeletal inflammation are often improved with movement and exercise.⁷ ¹	
FOUR	Do you find there is no improvement in your back pain when you rest?
<ul style="list-style-type: none">Similar to the above, no improvement of the pain with rest is a classic feature of inflammatory back pain.	
FIVE	Do you suffer from back pain at night which improves upon getting up?
<ul style="list-style-type: none">Patients with inflammatory back pain often experience a worsening of symptoms when resting at night, and waking during the second half of the night due to pain and discomfort is a key feature of inflammatory back pain.⁷	

Inflammatory back pain requiring further investigation is usually indicated if the answer is 'yes' to 4 or more of these parameters

What would you do?

26 year old man with low back pain;
it has been present for 2 years ; he
feels tired. What questions would
you ask him?

What to ask'

1. Is there any morning stiffness?
2. Can he touch his toes?
3. Any swollen fingers or toes? (dactylitis)
4. Any episodes of tendon swelling? (enthesitis)
5. Any episodes of red eyes? (iritis)
6. Any bowel upset? (inflammatory bowel disease)
7. Personal or family history of psoriasis?

Question: What would you do next?

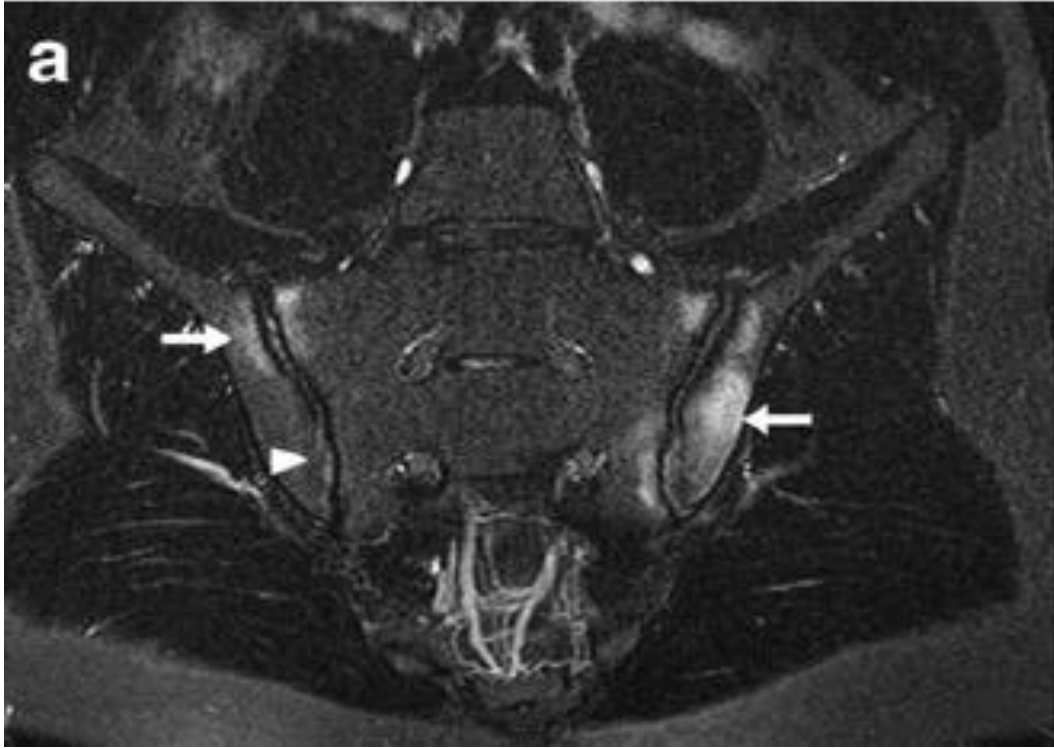
- A. Order a spinal MRI scan?
- B. Refer to a rheumatology unit?
- C. Prescribe an NSAID?

Order a spinal mri?

1. A standard spinal protocol MRI does not always detect signs of SpA.
2. An SpA protocol MRI is required with STIR
3. The **STIR** sequence, designed to suppress signal from fat, also enhances the signal from tissue with long **T1** and **T2** relaxation times, such as neoplastic and inflammatory tissue
4. Images of the SI joints are included
5. Probably not available from Primary Care

STIR image of SI joints in SpA

A



B



Prescribe an NSAID?

- NSAIDs help with inflammatory back pain
- But still need a diagnosis and therefore refer to Rheumatology

Refer to a rheumatology unit?

- Correct answer
- SpA protocol MRI can be done
- Spinal measurements
- BASDAI (disease activity)



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Summary



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Core skills Workshops

Remaining workshop dates for 2019:

Wednesday 23 October – Leeds

Tuesday 26 November – London

Tuesday 10 December – Glasgow

To book your place visit: www.coreskillsinmsk.co.uk

For local workshops in your areas please contact

Versus Arthritis on stand **K92**

For *free* educational resources join the Versus Arthritis professional network:

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Thank you...

Questions?

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