# RHEUMATOLOGY

## NALHN Outpatient Service Information, Triage & Referral Guidelines

### Description of Service:

Modbury Hospital provides NALHN's only Rheumatology Service for the region.

### Conditions Seen Include: Inflammatory Diseases

- Systemic Lupus Erythematosus
- Polymyositis
- Polymyalgia Rheumatica
- Arthritis
  - MonoArthritis
  - Polyarthritis
  - SubAcute Onset single/several joint arthritis
    - Rheumatoid/Psoriatic Arthritis
  - Osteoarthritis where the diagnosis is unclear/complicated
- Multisystem/Connective Tissue Disorders/ Vasculitis
  - Ankylosing Spondylitis
- Crystal Arthropathies
- Metabolic Musculoskeletal Conditions.
- Complex Soft Tissue Rheumatism

### Exclusions:

- Non-Inflammatory Back Pain
- Pain Syndromes (i.e. Fibromyalgia)
- Paediatrics.
- Osteoporosis
- Osteoarthritis – late stage or requiring surgical intervention
- Fibromyalgia – refer to NALHN Pain Unit
- Immunology Conditions
- Chronic Pain

*Alternative Pathways for Musculoskeletal Conditions and management can be found in the Northern Health Network Chronic Disease Referral Pathways.*

*http://www.northernhealth.net/*

### Referral Criteria:

- Please include copies of all reports and results
- Patients are seen based on the urgency, as judged from the referral, so referring doctors are urged to give a full and detailed referral to ensure that this is equitably managed.

**NALHN prefers all referrals to be named to a clinician providing the service (see list below)**

Acknowledgement: Content for this document was primarily sourced through the SALHN Specialty Outpatient Guidelines 2014/15

| Version | Date from | Date to | Amendment |
|---|---|---|---|
| 1.0 | July 2015 | July 2016 | Original |
| 2.0 | May 2016 | | New Template |
| 3.0 | May 2019 | | Amended, New template |

Government of South Australia
SA Health

# RHEUMATOLOGY

## NALHN Outpatient Service Information, Triage & Referral Guidelines

| URGENT<br>Target < 1month | SEMI-URGENT<br>Target <3months | NON-URGENT/ROUTINE |
|---|---|---|
| ***** Inflammatory conditions with major organ involvement call Rheumatology Registrar during business hours*****<br>➢ Joint stiffness & swelling > 6wks with elevated CRP,ESR<br>➢ Acute presentation of connective tissue disorder without major organ involvement<br>➢ Complicated acute gout preventing use of standard therapy<br>➢ Inflammatory myopathy without major organ involvement or dysfunction<br>➢ Specified rheumatic condition requiring Prednisone>25mg/d | ➢ Suspected inflammatory arthritis<br>➢ Inflammatory back pain >12wks<br>➢ Complicated polymyalgia rheumatic preventing the use of standard therapy<br>➢ Suspected connective tissue disorder<br>➢ Complicated chronic gout preventing use of standard therapy | > Monitoring of stable established rheumatological disease<br>> Soft tissue rheumatism |

Acknowledgement: Content for this document was primarily sourced through the SALHN Specialty Outpatient Guidelines 2014/15

## Consultants

- Associate Professor J McNeil
- Dr J Ninan
- Dr R Kwiatek
- Dr Joanna Tieu

## For More Information or to Make a Referral

Location: MH OPD Area 2&3 – Ground Floor MH
Referral Fax Number: 8161 2591
Phone Number: via MH Switchboard 8161 2000

For more information about NALHN Outpatient services - www.sahealth.sa.gov.au/NALHNoutpatients

Acknowledgement: Content for this document was primarily sourced through the SALHN Specialty Outpatient Guidelines 2014/15

| Version | Date from | Date to | Amendment |
|---|---|---|---|
| 1.0 | July 2015 | July 2016 | Original |
| 2.0 | May 2016 | | New Template |
| 3.0 | May 2019 | | Amended, New template |

Government of South Australia
SA Health

# RHEUMATOLOGY

NALHN Outpatient Service Information, Triage & Referral Guidelines

## Condition

**Acute Onset Monoarthritis**

- **Definition:** Recent acute onset (over hours-days) of swelling and pain in a single joint.

- **Differential diagnoses include**: Acute gout or calcium pyrophosphate deposition disease, haemarthrosis, septic arthritis, inflammatory oligoarthritis (such as a spondyloarthropathy eg. reactive arthritis, psoriatic arthritis, ankylosing spondylitis), tumour (rare)

### Information Required

- Duration of symptoms, joint involved, history of trauma
- Associated symptoms: fever, preceding infective illness, urethritis
- Functional Impairment

### Investigations Required

- Joint aspiration and synovial fluid analysis is required.
- CRP, ESR, Urate
- ECaLFTs, CBP, blood cultures if sepsis suspected

**Red Flags/Warning Signs**

- Red Flags/Warning Signs for septic arthritis: Joint redness, fever, patient is unwell, portal of entry for infection or risk from haematogenous spread
- Risk of joint sepsis is increased by presence of joint prosthesis or foreign body, pre-existing joint damage, recent joint injection, patient is elderly or immunosuppressed

## Suggested GP Management

- **Suspected septic arthritis**, requires an urgent joint aspiration via the NALHN Rheumatology Registrar via the Modbury Hospital Switchboard (ph 8161 2000), or send the patient immediately to ED. An infected prosthetic joint must be referred immediately to orthopaedics.
- Suspected septic joints should be aspirated prior to starting antibiotics.
- **Suspected acute gout**, consider colchicine (1mg immediately, followed by 500mcg 1 hour later and a further 500mcg 12 hours later), NSAIDs or prednisolone can be initiated unless contraindicated. If possible, joint aspiration and dissection of crystals should be performed before starting treatment. Continue allopurinol if a patient is already on it. Do not start allopurinol in acute gout.

Acknowledgement: Content for this document was primarily sourced through the SALHN Specialty Outpatient Guidelines 2014/15

| Version | Date from | Date to | Amendment |
|---|---|---|---|
| 1.0 | July 2015 | July 2016 | Original |
| 2.0 | May 2016 | | New Template |
| 3.0 | May 2019 | | Amended, New template |

Government of South Australia
SA Health

# RHEUMATOLOGY

## NALHN Outpatient Service Information, Triage & Referral Guidelines

## Condition

### Acute Onset Polyarthritis

- **Definition:** Recent acute onset (over days) joint pain and swelling with early morning stiffness and dysfunction, involving multiple small peripheral joints (hands and feet), with or without large joint involvement.
- **Differential diagnoses** to consider:
  Rheumatoid arthritis, psoriatic arthritis, connective tissue disorder, viral arthritis, crystal arthropathy
- **Urgent:**
  Contact with the NALHN Rheumatology Registrar via the Modbury Hospital Switchboard (ph. 8161 2000) if warning sign/red flag features are present. If unavailable, contact the medical registrar on call.

## Information Required

- Duration of symptoms: <6 weeks, >6 weeks, >12 months, >2 years
- Distribution of joints involved
- Associated symptoms: constitutional symptoms, photosensitivity, rash, Raynauds, mucositis, respiratory symptoms
- Functional Impairment
- Treatments used/opinions sought thus far

## Investigations Required

- Rheumatoid factor and anti CCP antibody titres
- ANA (titre and pattern must be included), ENA, dsDNA
- ESR, CRP, complement levels
- U&E's, LFT's, urate, CBP
- Ross River virus, parvovirus B19, Barmah Forest virus, Hepatitis C serologies
- Urinalysis

## Red Flags

- Evidence of systemic or major organ involvement

## Suggested GP Management

- Symptomatic treatment with NSAIDs unless contraindicated
- Contact Rheumatology Registrar /Rheumatologist on call before starting steroids wherever possible
- In cases with dysfunction, oral prednisolone could be considered, doses >10mg not often required, dose <7.5mg daily preferred if to be used beyond 2 weeks

Acknowledgement: Content for this document was primarily sourced through the SALHN Specialty Outpatient Guidelines 2014/15

| Version | Date from | Date to | Amendment |
|---|---|---|---|
| 1.0 | July 2015 | July 2016 | Original |
| 2.0 | May 2016 | | New Template |
| 3.0 | May 2019 | | Amended, New template |

Government of South Australia
SA Health

# RHEUMATOLOGY

NALHN Outpatient Service Information, Triage & Referral Guidelines

## Condition

**Multisystem/ Connective Tissue Disorder (CTD) / Vasculitis**

- **Definition:** multisystem inflammatory condition which may include rash, polyarthralgia, mucositis, headache and constitutional symptoms, dyspnoea or haemoptysis, active urine sediment, muscle pain and weakness
- **Differential diagnoses to consider** (all are uncommon): SLE, Sjogren's syndrome, small vessel vasculitis, large vessel vasculitis eg. giant cell arteritis, poly/dermatomyositis

### *Information Required*

- *Specific clinical features, presence or absence of major organ involvement*
- *Constitutional symptoms including fever, weight loss*
- *Duration of symptoms*
- *Functional Impairment*
- *Previous treatment trialled/ opinions sought*

### *Investigations Required*

- *ANA (titre and pattern must be included), ENA, dsDNA, ANCA*
- *CRP, ESR, complement levels (C3, C4)*
- *Rheumatoid factor, anti CCP antibody*
- *CBP, U&E's, LFT's, CK, TSH*
- *Urinalysis*

### *Warning Signs/Red Flags*

- *Evidence of major organ involvement eg. progressive dyspnoea, cough or haemoptysis, active urine sediment, progressive muscle weakness*
- *Fever, constitutionally unwell*
- *Critical Raynauds phenomenon*
- *Suspected vasculitis, including suspected Giant Cell Arteritis with headache and/or visual disturbance*
- *Unremitting headache with other clinical features of CTD*

## *Suggested GP Management*

- *Contact Rheumatology Registrar/ Rheumatologist via the Modbury Hospital Switchboard (ph. 8161 2000) if Warning Signs/Red Flags* are present, or before starting corticosteroids wherever possible
- If Giant Cell Arteritis suspected, it may be appropriate to start high dose corticosteroids (approx. 1mg/kg, usually between 50-75mg). A temporal artery biopsy should be arranged in all cases (unless inappropriate), despite the starting of corticosteroids
- NSAIDs may be useful for symptom management

Acknowledgement: Content for this document was primarily sourced through the SALHN Specialty Outpatient Guidelines 2014/15

| Version | Date from | Date to | Amendment |
|---|---|---|---|
| 1.0 | July 2015 | July 2016 | Original |
| 2.0 | May 2016 | | New Template |
| 3.0 | May 2019 | | Amended, New template |

Government of South Australia
SA Health

# RHEUMATOLOGY

NALHN Outpatient Service Information, Triage & Referral Guidelines

## Condition

**Soft Tissue Rheumatism (STR) / Complex Regional Pain Syndrome (CRPS)**

**Definition:**

- **STR** (very common) - regional soft tissue pain not responsive to simple analgesia and physiotherapy

- **CRPS** (very rare): formerly known as reflex sympathetic dystrophy, causalgia or Sudecks atrophy, this is a rare syndrome of limb pain, often precipitated by minor trauma. Pain is out of proportion to inciting event and may have burning/throbbing qualities. There is associated swelling, sensitivity to touch, diffuse temperature change and often an inability to move the joint. Later features include skin trophic changes like hair loss and muscle atrophy.

**Differential diagnoses to consider:**

- **STR:** Rotator cuff inflammation/trauma, subacromial bursitis (shoulder), trochanteric bursitis (hip), medial or lateral epicondylitis (elbow), anserine bursitis (knee), plantar fasciitis (foot), polymyalgia rheumatica, septic arthritis.

### Information Required

- Specific indication for referral at this time
- Presence of Red Flags/Warning Signs
- Duration of symptoms, aggravators, history of trauma
- Functional impairment
- Treatments trialled/ opinions sought to this point

### Investigations Required

- Ultrasound imaging if clinically relevant
- CRP, CBP, ECaLFTs, X-ray of localized area if symptoms have failed to improve

**Red Flags/Warning Signs**

- Fever, red hot swollen joint, source of infection

## Suggested GP Management

- Short term NSAID – oral (unless contraindicated) or topical
- Physiotherapy
- Localised corticosteroid injection if appropriate (could be performed under ultrasound guidance if required)
- CRPS – early referral to acute pain unit

Acknowledgement: Content for this document was primarily sourced through the SALHN Specialty Outpatient Guidelines 2014/15

| Version | Date from | Date to | Amendment |
|---|---|---|---|
| 1.0 | July 2015 | July 2016 | Original |
| 2.0 | May 2016 | | New Template |
| 3.0 | May 2019 | | Amended, New template |

Government of South Australia
SA Health

# RHEUMATOLOGY

NALHN Outpatient Service Information, Triage & Referral Guidelines

## Condition

**Subacute single or several joint arthritis**

**Definition:** Recent onset over days to weeks of joint swelling and pain or stiffness in one or several joints (<4 joints = oligoarthritis), often asymmetrical

**Differential diagnoses include:** Reactive arthritis or other spondyloarthropathy, early rheumatoid arthritis, chronic gout, osteoarthritis, tumours (rare)

### Information Required

- Duration of symptoms:
  - <6 weeks, >6 weeks, <12 months, >2 years
- Distribution of joints involved
- Associated symptoms: recent infective illness eg. urethritis, ocular inflammation, inflammatory back pain, diarrhoea and weight loss
- Functional Impairment
- History of recent travel, TB exposure
- Family history of rheumatological disease, psoriasis, inflammatory bowel disease, or other autoimmune disease
- Weight and BP
- Treatments used/opinions sought thus far

### Investigations Required

- Urethral swab for gonorrhea, urine PCR for chlamydia
- Rheumatoid factor and anti CCP antibody titres
- ANA (titre and pattern must be included), HLA B27
- ESR, CRP
- U&E's, LFT's, urate, CBP
- X-ray if OA suspected

## Suggested GP Management

- Symptomatic treatment with NSAIDs unless contraindicated
- Contact NALHN Rheumatology registrar via Modbury Hospital switchboard (ph. 8161 2000) if urgent referral/advice required.
- If a crystal arthropathy is suspected, joint aspiration should be performed. This could be arranged via a local radiology service if required. Synovial fluid analysis request should include microscopy for crystals and organisms, cell count, culture and sensitivity
- **For additional support and guidance please refer to the RACGP clinical guidelines.**

Acknowledgement: Content for this document was primarily sourced through the SALHN Specialty Outpatient Guidelines 2014/15

| Version | Date from | Date to | Amendment |
|---|---|---|---|
| 1.0 | July 2015 | July 2016 | Original |
| 2.0 | May 2016 | | New Template |
| 3.0 | May 2019 | | Amended, New template |

Government of South Australia
SA Health