Assessing a Follow-Up Patient with Inflammatory Arthritis

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INTRODUCTION

Assessing a patient already being treated for an inflammatory arthritis can be overwhelming. Sometimes it is difficult for the trainee to know where to start. As a guide, rheumatologists are interested in knowing the following information:

1. What is the Current Status of the Arthritis?
2. Are there any New Features of the Arthritis?
3. What is the Status of the Current Medical Management?
4. Do the Findings on Physical Examination support the historical features?
5. Do Laboratory Features support the information gained from the History and Physical Examination?
6. Putting it All Together?

WHAT IS THE CURRENT STATUS OF THE ARTHRITIS

- ❑ **QUESTION: What joints are bothering you today?**
- ❑ **INFORMATION GATHERED**
    - This gives you some sort of general knowledge about current joint problems. Are there many joints which are bothersome or just a few specific ones?

- ❑ **QUESTION: What are your worst joints and why?**
- ❑ **INFORMATION GATHERED**
    - Have the patient name the most problematic joints one by one and tell you why they are the worst. For example my worst joints are my knees then my shoulders. Patients might rate their arthritis as very active because of a single knee that is impairing their mobility and having a great impact on their day to day function. This is important information as sometimes local treatment such as intra-articular corticosteroids can be very valuable in treating a single problematic area (i.e. injecting the knee).

- ❑ **QUESTION: How long are you stiff for in the morning or how long does it take you to feel the best you will feel for the day?**
- ❑ **INFORMATION GATHERED**
    - This gives you more important information on the duration of morning stiffness and the activity of the arthritis. Morning stiffness lasting hours may be a sign of uncontrolled disease or it might be a sign of accompanying fibromyalgia.

- ❑ **QUESTION: What is your current level of pain?**
- ❑ **INFORMATION GATHERED**
    - This is best determined with a 10 point VAS Scale.

- ❑ **QUESTION: What is your energy level?**
- ❑ **INFORMATION GATHERED**
    - Again, this is best determined on a 10 point VAS Scale

- ❑ **QUESTION: How are you sleeping?**
- ❑ **INFORMATION GATHERED**

- Again, a 10 point VAS for sleep is useful. Also ask why they aren't sleeping. A great number of older people don't sleep because of nocturia and not because of pain.

❑ **QUESTION: How are you currently functioning?**
❑ **INFORMATION GATHERED**

- Again, what really matters is that patients are able to function on a day to day basis. Review the Health Assessment Questionnaire or ask the following domains:
  - Basic Personal Care: Dressing, Bathing, Grooming.
  - Basic Home Care: Cooking; Cleaning; Shopping
  - Activities: Getting out of the house, exercise, other activities
  - Employment: Currently employed, days off work

❑ **QUESTION: How would you rate the current status of your arthritis?**
❑ **INFORMATION GATHERED**

- Look at the HAQ and how the patient has rated their status on a scale from 0 to 10. This is the patient global VAS.

After taking the above history you should have answered the following and be able to relay this USEFUL information:

Current Active Joints	The patient has a total of ____ bother some joints including …..
Most Problematic Joints	The most problematic joints are #1, #2, #3 because ….
Duration of Morning Stiffness	The patient is stiff in the morning for …..
Current Pain Level	Pain is/is not a problem rated at ___ on a 10 point VAS
Current Energy Level	Energy is/is not a problem rated at ___ on a 10 point VAS
Current Sleep Status	Sleep is/is not a problem rated at ___ on a 10 point VAS
Current Functional Status	Functionally the patient is/is not doing well. The HAQ score is ___ out of 3.
Overall Patient Assessment	Overall Patient Global VAS is rated at ____ out of 10 on a 10 point VAS.

ARE THERE ANY NEW FEATURES OF THE ARTHRITIS

This section is used to review the rheumatologic review of systems which should be specific for each type of arthritis. For example, with a patient with RA you would want to know if their rheumatoid factor is positive, are there any new nodules, do they have Sicca features, do they have Raynaud's phenomenon ….

WHAT IS THE CURRENT STATUS OF THE MEDICAL MANAGEMENT

In determining current medical management it is important to think about Non-Pharmacologic and Pharmacologic treatments as follows:

Non-Pharmacologic

- ❑ Education
    - How has the patient been educated?
    - Have they attended a rheumatology day program?
    - Have they been in touch with the Arthritis Society?
- ❑ Physiotherapy
- ❑ Occupational Therapy
- ❑ Social Work
- ❑ Vocational Rehabilitation

Pharmacologic

NSAIDs

- ❑ Is the Patient currently taking an NSAID?
- ❑ Is the NSAID working?
    - If YES – How much 10%, 50%, 90%
    - If NO – Why
        - Are they taking it properly?
- ❑ Is the Patient having any side-effects to the medication?
- ❑ Does the Patient have any reasons to think about discontinuing or modifying the NSAID such as:
    - Age – Traditional NSAIDs are probably best avoided in patients over 65 due to the increased risk of adverse events.
    - Hypertension?
    - Renal Failure?
    - Previous or current GI ulceration?
    - Congestive Heart Failure?
- ❑ How can we make the medication safer?
    - Change to a COXIB?
    - Add a PPI or misoprostol?
    - Discontinue the medication altogether?

Prednisone

- ❑ Is the patient currently taking prednisone, if yes, how much?
- ❑ How long has the patient been taking prednisone?
- ❑ Is the prednisone working?
    - If YES – how much 10%, 50%, 90%?
    - If NO – why
        - Recent dose reduction?
- ❑ Does the Patient have any reasons to think about discontinuing or modifying the prednisone such as:
    - Frequent Infections?
    - Hypertension?
    - Blood Sugar Control?
    - Osteoporosis?
    - Congestive Heart Failure?
- ❑ How can we make the medication safer?
    - Osteoprotection
        - Calcium & Vitamin D

        - Bisphosphonates
    - Use the lowest possible dose

DMARDs/Immunosuppressants/Biologics

- ❑ Is the patient currently taking a DMARD/Biologic?
- ❑ How long has the patient been taking the DMARD/Biologic?
- ❑ Is the DMARD/Biologic working?
    - If YES – how well
    - If NO – why
        - Is the patient taking the medication?
        - Is the patient taking the medication properly?
        - Is the dose of the medication high enough?
        - Has enough time gone by for the medication to take effect?
- ❑ Is the DMARD/Biologic being Appropriately Monitored?
    - Blood testing done as ordered?
    - Attending clinics appropriately?
    - Does the Patient have any reasons to think about discontinuing or modifying the medication?

DO THE FINDINGS ON PHYSICAL EXAMINATION SUPPORT THE FINDINGS ON HISTORY

- ❑ What is the number of tender joints?
- ❑ What is the number of swollen joints?
- ❑ Are any of the joints damaged?

DO LABORATORY FEATURES SUPPORT THE INFORMATION GAINED FROM THE HISTORY AND PHYSICAL EXAMINATION

With the laboratory investigations we are trying to add further information to help ascertain the activity of the patient's arthritis. Laboratory features of active arthritis may be as follows:

- ❑ **Hemoglobin:** Anemia of chronic inflammation (normocytic – microcytic) may be seen. If microcytic always think about iron deficiency anemia and then sources of blood loss.
- ❑ **WBC:** For the most part it should be normal. Prednisone can increase the WBC (through demargination) with counts up to about 15. Otherwise high WBC might suggest concomitant infection. Low WBC can be a manifestation of CTD or it can be due to medications.
- ❑ **Platelets:** Thrombocytosis may be a secondary phenomenon of inflammation
- ❑ **ESR:** Elevated ESR may be seen with active inflammation.
- ❑ **CRP:** Elevated CRP may be seen with active inflammation.

PUTTING IT ALL TOGETHER

You should now be able to determine the following:

1. **The Activity of the Arthritis:** Determined from the history, physical, and laboratory parameters as described. A useful tool in Rheumatoid Arthritis is the "DISEASE ACTIVITY SCORE or DAS". The DAS is a mathematical formula based on the number of swollen joints, number of tender joints, the ESR, and the patient's global health as rated on a 100 mm VAS scale. There should be a DAS calculator in the clinic.
2. **Medication Efficacy, Compliance, Tolerability, and Adverse Effects**

ADJUSTING TREATMENT

Non-Pharmacologic

- ❑ Does the patient need more education about their illness?
- ❑ Can a Non-Pharmacologic Modality be added to improve patient care?

Pharmacologic

- ❑ **NSAIDs**
  - Add an NSAID?
  - Change the NSAID?
  - Discontinue the NSAID?
- ❑ **Prednisone**
  - Give an oral pulse of prednisone?
  - Add prednisone in low-dose?
  - Change the dose of prednisone?
- ❑ **Intra-Articular Corticosteroids**
  - Should one or more joints be injected?
- ❑ **DMARDs/Biologics**
  - Change the dose of the current DMARD?
  - Change the route of administration of the DMARD (i.e. PO to SC)?
  - Add one or more new DMARD(s)?
  - Change from one DMARD to another?
  - Add in or change to a Biologic?