Croydon NHS
Primary Care Trust
Clinical Assessment Service

Rheumatoid Arthritis

Management

Primary Care management includes

Applies to patients over 16 years:

- Paracetamol (with codeine where needed) and nonsteroidal anti-inflammatory drugs (NSAIDs) provide partial relief of pain and stiffness and are especially useful until a definitive diagnosis of rheumatoid arthritis (RA) has been made.
- RA should be treated as early as possible with disease-modifying antirheumatic drugs (DMARDs) to control symptoms and delay disease progression. As all DMARDs can have serious toxic effects clear guidelines should be agreed between the GP and the local rheumatology department before the GP agrees to accept any form of shared responsibility for monitoring.
- Complications of RA and its treatment should be detected early and managed promptly [SIGN, 2000].
- Cardiovascular disease and its risk factors, if present, should be actively managed, as it is a leading contributor to mortality in RA See the PRODIGY guidance on Coronary heart disease risk - identification and management.
- Multidisciplinary team involvement is essential, to include assessment & management of mobility, function, mood, and pain.
- Offer smoking cessation advice to smokers
- Education about the condition and psychological support are considered important. Self-management courses may reduce health-service utilization, improve health status (i.e. pain, fatigue, anxiety, depression), and improve health behaviours (exercise, cognitive symptom management, diet, and relaxation) Courses are provided by: Expert Patients (Local PCT) and Arthritis Care www.arthritiscare.org.uk
- Multidisciplinary team involvement is essential, to include assessment & management of mobility, function, mood, and pain.
- Vaccinations: many people with RA should be given influenza and pneumococcal vaccines.

Specialist management includes

- Surgery may have a role when the benefit of drug intervention is limited. Surgery aims to relieve pain and restore function (e.g. carpal tunnel release, extensor tendon repair, synovectomy, joint fusion, joint replacement, and cervical decompression).

When to refer

Refer to CAS

- Anyone with inflammatory joint disease lasting more than 6 weeks should be considered for rheumatology referral, and ideally should be seen within 12 weeks of the onset of symptoms

Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.