



Surrey Total Health
Your Health. Our Reputation.

MANAGING RHEUMATIC DISEASE

WHAT?

WHY?

WHEN?

Declaration of Interest

Consultant Rheumatologist

(Physician at 8 Olympic & Commonwealth Games)

Range: Inflammation

(not just articular)

- Connective Tissue Disorders
- Degenerative/Trauma
("Mechanical"/"MSK") e.g. Sports Injuries

(Bone Health)



WHY?

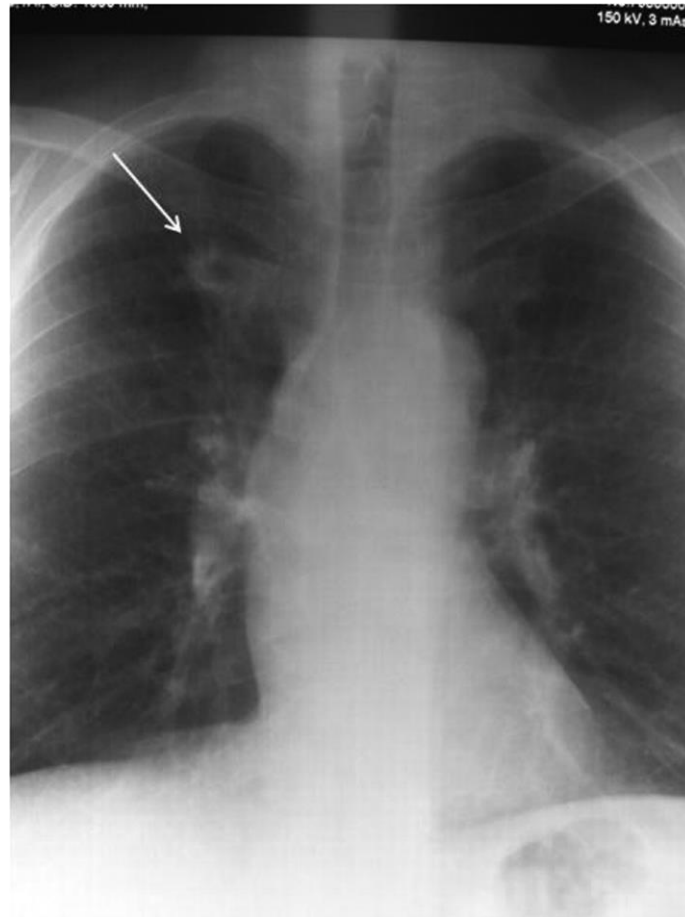
Diagnosis

Early Intervention

Disease patterns (lungs, kidneys, eyes, vessels, etc)



Cavitating Rheumatoid Nodule



Scleromalacia Perforans



CLASSIFICATION

RHEUMATOID FACTOR

Positive

- RhA
- SLE
- PSS
- Granulomatous vasculitis
(PMR/GCA, PAN, Takayasu)
- DM/PM

Negative

- OA
- RA (15-25%)
- HLA B27 +
(PsA, AS, IBD)
- Crystal arthropathies

Classification

Seropositive: Rh Factor (false positives!)

NOT

CCP-Ab (more specific)

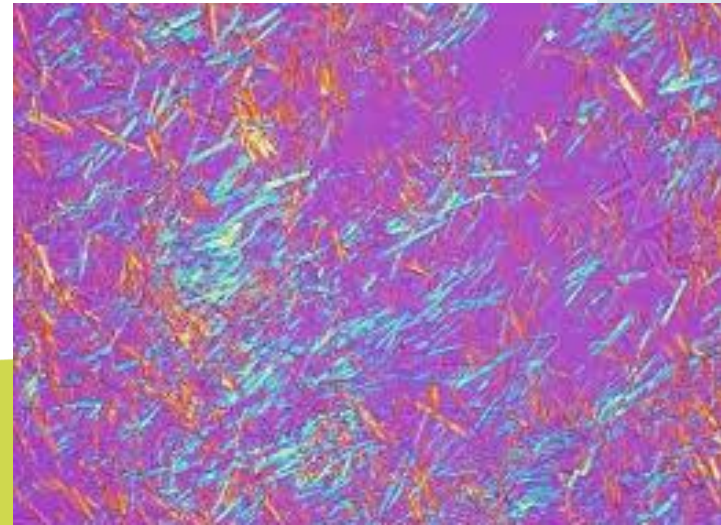
Crystal Arthropathies

Monosodium urate (MSU)

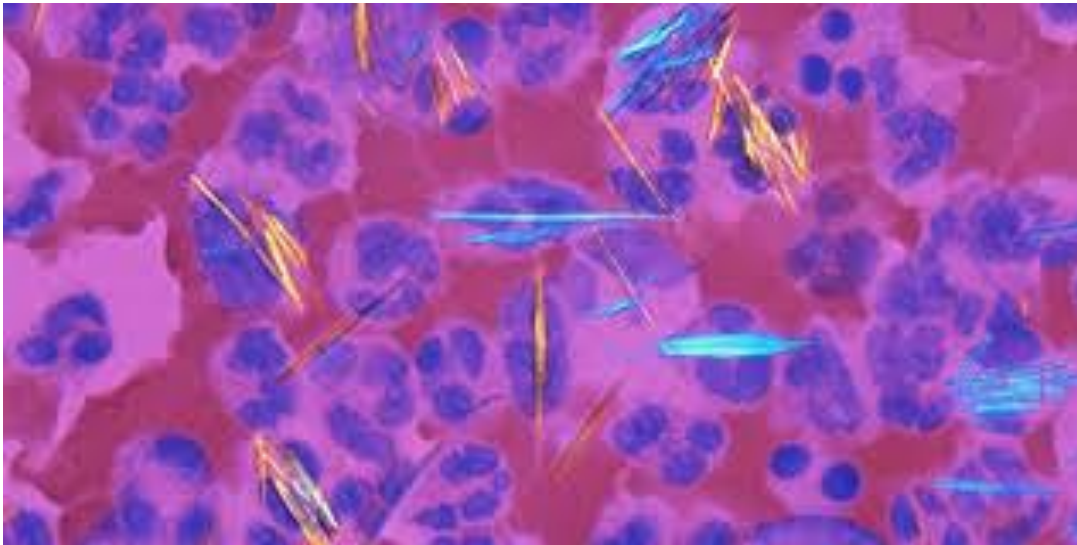
Pseudogout (calcium pyrophosphate)

Calcium hydroxyapatite

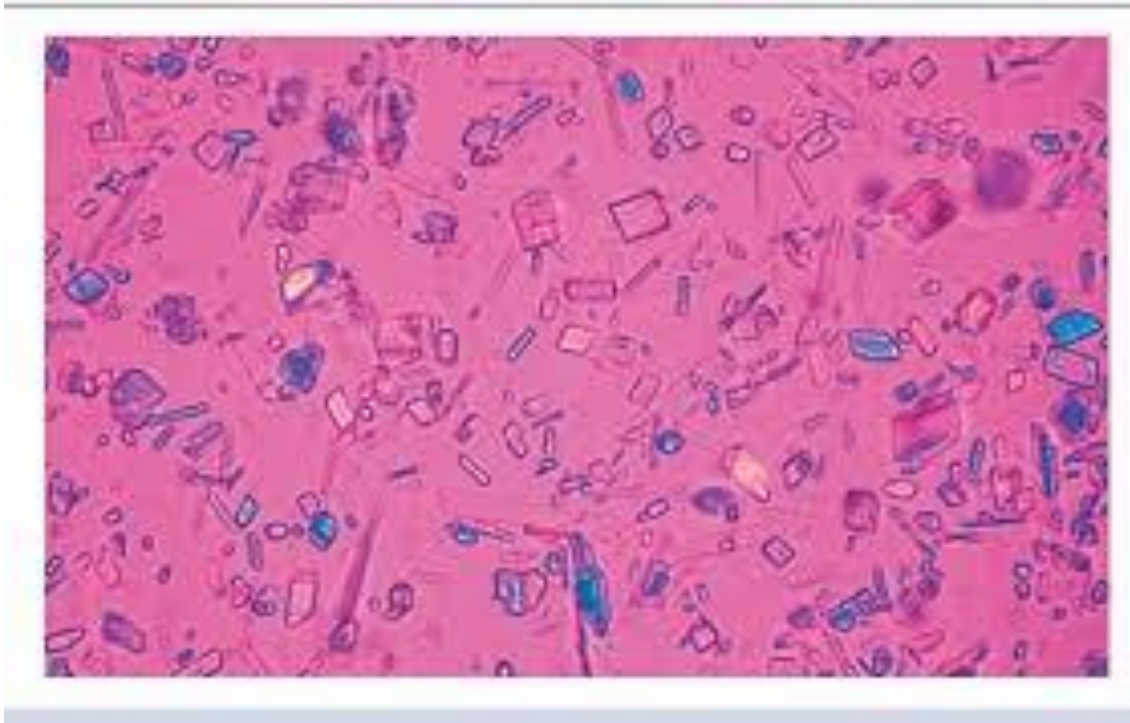
Haemachromatosis



Gouty Effusion



Pseudogout Effusion



Chondrocalcinosis



PARTNERSHIP

Patient + Clinician

Consultant & Primary Care

Supportive therapies: RhSpN, physio, OT, appliances,
podiatry, pharmacy!



CARE

Maintain Function:

Physio, OT, Pain relief – paracetamol (minor opiates!);

NSAIDs – Selection: Asthma

Organ compromise eg kidneys, liver

Testing (please!) v Monitoring

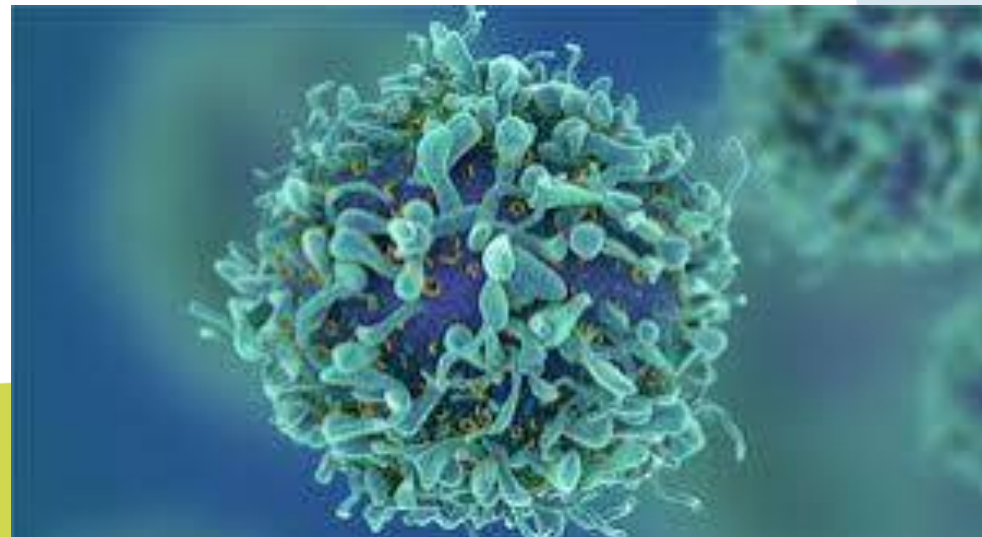
1° Care

2° Care

DMARDs

- Methotrexate
- Hydroxychloroquine
- Sulfasalazine

..... and then



BIOLOGICS!

- Various
- (Almost) disease specific
- “Lazarus agents”
- Expensive therefore Biosimilars
- CCG permission
- Screening
- Monitoring



BIOLOGICS

- Certolizumab (Cimzia)
- Etanercept
- Golimumab (Simponi)
- Adalimumab (Humira)
- Infliximab (Remicade)
- Tocilizumab (Actemral)
- Rituximab

WHENTO REFER?

ASAP

Thank you. Any Questions?