NICE National Institute for Health and Care Excellence

NICE Pathways

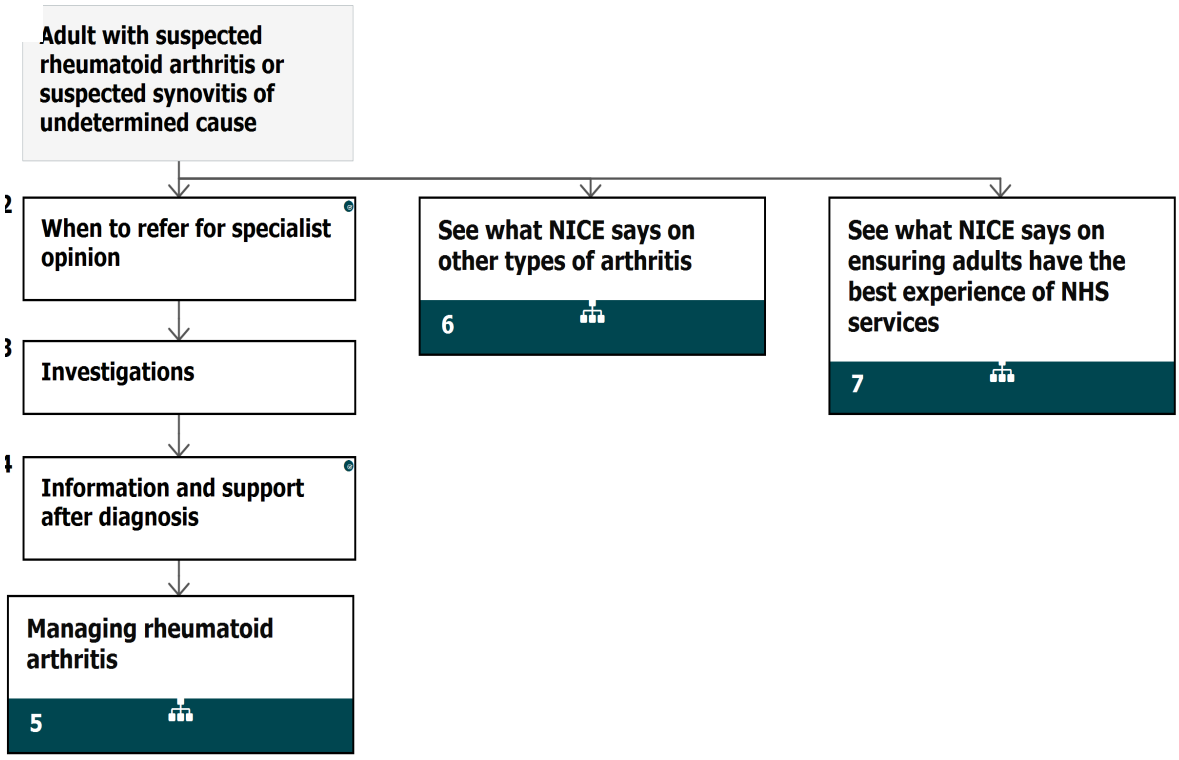
Rheumatoid arthritis overview

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/rheumatoid-arthritis
NICE Pathway last updated: 10 July 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Adult with suspected rheumatoid arthritis or suspected synovitis of undetermined cause

No additional information

2 When to refer for specialist opinion

Refer for specialist opinion any adult with suspected persistent synovitis of undetermined cause. Refer urgently (even with a normal acute-phase response, negative anti-CCP antibodies or rheumatoid factor) if any of the following apply:

- the small joints of the hands or feet are affected
- more than one joint is affected
- there has been a delay of 3 months or longer between onset of symptoms and seeking medical advice.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

1. Referral

2. Assessment

3 Investigations

If the following investigations are ordered in primary care, they should not delay referral for specialist opinion (see when to refer for specialist opinion [See page 3]).

Investigations for diagnosis

Offer to carry out a blood test for rheumatoid factor in adults with suspected rheumatoid arthritis who are found to have synovitis on clinical examination.

Consider measuring anti-CCP antibodies in adults with suspected rheumatoid arthritis if they are negative for rheumatoid factor.

X-ray the hands and feet in adults with suspected rheumatoid arthritis and persistent synovitis.

Investigations following diagnosis

As soon as possible after establishing a diagnosis of rheumatoid arthritis:

- measure anti-CCP antibodies, unless already measured to inform diagnosis
- X-ray the hands and feet to establish whether erosions are present, unless X-rays were performed to inform diagnosis
- measure functional ability using, for example, the HAQ, to provide a baseline for assessing the functional response to treatment.

If anti-CCP antibodies are present or there are erosions on X-ray:

- advise the person that they have an increased risk of radiological progression but not necessarily an increased risk of poor function, **and**
- emphasise the importance of monitoring their condition, and seeking rapid access to specialist care if disease worsens or they have a flare.

See why we made the recommendations on investigations following diagnosis and how they might affect practice [See page 6].

4 Information and support after diagnosis

Explain the risks and benefits of treatment options to adults with rheumatoid arthritis in ways that can be easily understood. Throughout the course of their disease, offer them the opportunity to talk about and agree all aspects of their care, and respect the decisions they make.

Offer verbal and written information to adults with rheumatoid arthritis to:

- improve their understanding of the condition and its management, **and**
- counter any misconceptions they may have.

Adults with rheumatoid arthritis who wish to know more about their disease and its management should be offered the opportunity to take part in existing educational activities, including self-management programmes.

NICE has written information for the public on rheumatoid arthritis in adults.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

4. Education and self-management

5 Managing rheumatoid arthritis

See Rheumatoid arthritis / Managing rheumatoid arthritis

6 See what NICE says on other types of arthritis

See musculoskeletal conditions/arthritis

7 See what NICE says on ensuring adults have the best experience of NHS services

See patient experience in adult NHS services

Rationale and impact: investigations following diagnosis

Rationale

Evidence showed that anti-CCP antibodies and radiographic damage at baseline were both important prognostic factors for subsequent radiographic progression. Anti-CCP antibodies are usually measured and X-rays often taken as part of diagnosis. When this has not been done, the committee agreed that the tests should be performed as soon as possible. The results will inform discussions with the patient about how their rheumatoid arthritis might progress and reinforce the importance of active monitoring and rapidly seeking specialist care if the disease worsens.

There was limited evidence on poor function, as measured by the HAQ, as a prognostic factor. However, the committee agreed that functional ability (measured, for example, by HAQ) should be determined at diagnosis to provide a baseline for assessing response to treatment at the annual review.

Evidence suggests that all people with RA should be offered the same management strategy; however, in the committee's experience some people may respond less well and have more progressive radiographic damage and impaired function. Because the evidence was limited as to whether people with poor prognostic markers should follow a different management strategy to improve radiographic and functional (HAQ) outcomes, the committee agreed to make a research recommendation.

Impact

Anti-CCP antibodies are usually measured so there should be no change in current practice. X-raying the hands and feet and measuring functional ability at baseline reflects current best practice, but not everyone with rheumatoid arthritis currently has these investigations. There may be an increase in the number of X-rays, especially in units without early inflammatory arthritis clinics, but this is unlikely to have a substantial resource impact.

Measuring functional ability at baseline will involve a change of practice for some providers, but the cost is low and so this is not expected to have a substantial resource impact.

Full details of the evidence and the committee's discussion are in evidence review B: Risk factors.

Glossary

bridging treatment

glucocorticoids used for a short period of time when a person is starting a new DMARD, intended to improve symptoms while waiting for the new DMARD to take effect (which can take 2 to 3 months)

CCP

cyclic citrullinated peptide

cDMARD

conventional disease-modifying anti-rheumatic drug: synthetic drugs that modify disease rather than just alleviating symptoms; they include methotrexate, sulfasalazine, leflunomide and hydroxychloroquine, but do not include biological DMARDs and targeted synthetic DMARDs

DAS28

disease activity score

DMARD

disease-modifying anti-rheumatic drug

DMARDs

disease-modifying anti-rheumatic drugs

HAQ

Health Assessment Questionnaire

NSAIDs

non-steroidal anti-inflammatory drugs

palindromic

inflammatory arthritis that causes attacks of joint pain and swelling similar to rheumatoid arthritis; between attacks the joints return to normal

PPI

proton pump inhibitor

step-down strategy

during treatment with 2 or more DMARDs, tapering and stopping at least 1 drug once disease is adequately controlled

step-up strategy

additional DMARDs are added to DMARD monotherapy when disease is not adequately controlled

synovitis

soft tissue joint swelling

TENS

transcutaneous electrical nerve stimulators

TNF

tumour necrosis factor

treat-to-target

a strategy that defines a treatment target (such as remission or low disease activity) and applies tight control (for example, monthly visits and respective treatment adjustment) to reach this target. The treatment strategy often follows a protocol for treatment adaptations depending on the disease activity level and degree of response to treatment.

Sources

Rheumatoid arthritis in adults: management (2018) NICE guideline NG100

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and

their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.