Rheumatoid arthritis overview

NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

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 pathway see:

http://pathways.nice.org.uk/pathways/rheumatoid-arthritis
Pathway last updated: 25 January 2016

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

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1 Person with suspected rheumatoid arthritis or suspected persistent synovitis

No additional information

2 Referral for specialist opinion

Refer for specialist opinion any person with suspected persistent synovitis of undetermined cause. Refer urgently 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.

Do not avoid referring urgently any person with suspected persistent synovitis of undetermined cause whose blood tests show a normal acute-phase response or negative rheumatoid factor.

Quality standards

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

1. Referral
2. Assessment

3 Investigations

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

Consider measuring anti-cyclic citrullinated peptide antibodies in people with suspected rheumatoid arthritis if:

- they are negative for rheumatoid factor, and
- there is a need to inform decision-making about starting combination therapy. For information about combination therapy, see initial treatment in this pathway.
X-ray the hands and feet early in the course of the disease in people with persistent synovitis in these joints.

### 4 Communication and education after diagnosis

Explain the risks and benefits of treatment options to people 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 people with rheumatoid arthritis to:

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

People 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 explaining the guidance on rheumatoid arthritis.

### Quality standards

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

4. Education and self-management

#### 5 Managing rheumatoid arthritis

See Rheumatoid arthritis / Managing rheumatoid arthritis

#### 6 Monitoring and review

All people with rheumatoid arthritis

Offer annual review to:

- assess disease activity and damage, and measure functional ability (using, for example, the Health Assessment Questionnaire [HAQ])
• check for comorbidities such as hypertension, ischaemic heart disease, osteoporosis and depression (for more information see the NICE pathways on hypertension, osteoporosis and depression)

• check for complications such as vasculitis and disease of the cervical spine, lung or eyes

• organise cross-referral within the multidisciplinary team

• assess the need for referral for surgery (see information on surgical treatment in this pathway)

• assess the effect rheumatoid arthritis is having on the person's life.

Measure C-reactive protein and key components of disease activity (using a composite score such as DAS28) regularly to inform decision-making about increasing or decreasing treatment.

Recent-onset active rheumatoid arthritis

Measure C-reactive protein and key components of disease activity (using a composite score such as DAS28) monthly until disease is controlled to an agreed level.

Controlled established rheumatoid arthritis

Offer review appointments at a frequency and location suitable to people's needs.

Make sure people:

• have access to additional visits for flares

• know when and how to access specialist care rapidly

• have ongoing drug monitoring.

Quality standards

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

5. Disease control

6. Rapid access

7. Annual review

7 NICE pathway on musculoskeletal conditions

See musculoskeletal conditions
NICE pathway on patient experience in adult NHS services

See patient experience in adult NHS services
Glossary

Recent-onset
disease duration of up to 2 years

Established rheumatoid arthritis
disease duration of longer than 2 years

DMARDs
disease-modifying anti-rheumatic drugs

TNF
tumour necrosis factor

DAS28
disease activity score

NSAIDs
non-steroidal anti-inflammatory drugs

COX-2
cyclo-oxygenase 2

MoM
metal on metal

Sources

Rheumatoid arthritis (2009 updated 2015) NICE guideline CG79
Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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