Effective Management of Arthritis

Cath Thwaites
Lecturer/Practitioner in Rheumatology Nursing,
School of Nursing & Midwifery, Keele University.
Speaker information

- No declarations of interest
- Main employer Keele University SONaM
- Hon contracts with MPFT and UHNJM Trusts
Aims of the session

- Recognise different types of arthritis
- Consider factors that influence pain and pain management
- Provide tips on managing a ‘flare up’ of arthritis
The Nation’s Joint Problem: Facts and figures

• Over 10 million adults affected by arthritis in UK
• 1:6 people have either OA or RA the two most common types of arthritis
• Estimated that over 25 million sick days lost per year due to OA or RA
• In 2015 over 200,000 knee replacement operations performed
• Cost to the NHS estimated as 8.25% of the 2017 NHS budget
• 1:5 people consult their GP about arthritis every year
• 76% of people felt their family and social life was compromised due to arthritis

Arthritis Research UK (2017a)
The State of Musculoskeletal Health: Facts and figures

• 8.75 million people aged over 45yrs have sought treatment for OA
• Over 400,000 people in the UK have RA
• 12,000 children in the UK have JIA
• 1.5 million people have gout
• Over 200,000 people in the UK have spondyloarthropathy
• Around 10 million people in England and Scotland have persistent back pain

Arthritis Research UK (2017b)
What is arthritis?

- Pain and stiffness in a joint
- +/- heat
- +/- swelling
Anatomy of a healthy synovial joint

http://www.arthritisresearchuk.org/arthritis-information/conditions/rheumatoid-arthritis/what-is-rheumatoid-arthritis.aspx
## Inflammatory or non inflammatory arthritis?

<table>
<thead>
<tr>
<th>IA</th>
<th>Non IA</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Many types of inflammatory arthritis</td>
<td>- Usually refers to Osteoarthritis</td>
</tr>
<tr>
<td>- Distribution of joints involved varies</td>
<td>- Primary - unknown aetiology</td>
</tr>
<tr>
<td>- Can affect any age</td>
<td>- Secondary- trauma, congenital or metabolic conditions</td>
</tr>
<tr>
<td>- Autoimmune in nature</td>
<td>- Affects over 45 years</td>
</tr>
<tr>
<td>- Often managed with immunosuppressant therapy and in secondary care</td>
<td>- Not a systemic condition</td>
</tr>
<tr>
<td></td>
<td>- Managed in primary care</td>
</tr>
</tbody>
</table>
## Arthritis: Inflammatory or non inflammatory?

<table>
<thead>
<tr>
<th>Inflammatory</th>
<th>Non inflammatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Rapid/insidious onset</td>
<td>• Insidious onset</td>
</tr>
<tr>
<td>• Distribution of joints involved may indicate type</td>
<td>• May be unilateral</td>
</tr>
<tr>
<td>• Pain, heat, swelling &amp; stiffness</td>
<td>• Often weight bearing joints affected</td>
</tr>
<tr>
<td>• joint stiffness &gt;60 mins</td>
<td>• Often involves 1st MTP and base of thumb</td>
</tr>
<tr>
<td>• Symptoms ease with activity</td>
<td>• Present with pain</td>
</tr>
<tr>
<td>• General feeling of being unwell/fatigue</td>
<td>• Symptoms worsen with activity</td>
</tr>
<tr>
<td>• Exacerbations or flare ups (unpredictable)</td>
<td>• ‘gelling’ after rest</td>
</tr>
<tr>
<td>• Family history</td>
<td>• Crepitus on movement</td>
</tr>
<tr>
<td>• Smoking</td>
<td>• Buckling or instability of joint</td>
</tr>
</tbody>
</table>
Inflammatory arthritis- how is it diagnosed?

- Patient history
  - PC, HPC, PMH, SH, DH, patient’s opinion of problem
- Clinical examination
- Investigations
  - Blood tests
    - FBC U&Es, LFTs, ESR, CRP, TFTs, auto antibodies
  - Imaging – USS, x-rays

N.B. May include specific Ix to exclude other differential diagnoses such as malignancy, PMR, gout, septic arthritis.
Extra articular manifestations

- Skin: vasculitic rash, ulcers, palmar erythema, nodules
- Eyes: scleritis, episcleritis, dry eye
- Lungs: pleural effusion, nodules, fibrosis
- Blood vessels: vasculitis
- Blood: anaemia
- Nerves: carpal tunnel syndrome, peripheral neuropathy, cervical myopathy, mononeuritis
- Kidney: amyloid
- Heart: pericarditis, pericardial effusion
- Spleen: Felty’s syndrome, splenomegaly, lymphadenopathy
- Bone: marrow suppression
Anatomy of joint affected by Rheumatoid Arthritis (RA)

www.arthritisresearchuk.org/arthritis-information/conditions/rheumatoid-arthritis/what-is-rheumatoid-arthritis.aspx
Inflammatory Arthritis: How is it managed?

- Early referral to secondary care
- Confirmation of diagnosis
- IA/IM/oral steroid ‘bridging’ therapy
- Initiation, escalation and monitoring of combination DMARD therapy
- Multidisciplinary team assessment
- Patient education/self management
- Continuing assessment of disease activity
- Ongoing support via telephone advice line

NICE CG 79 (2015)
Aim of management

• Control symptoms
• Minimise impact
• Minimise joint damage
• Maximise function
• Treat to Target – aims for remission
Inflammatory Arthritis: How is it managed?

Optimisation of medication
• May progress to biologic therapy

Annual review to assess for
• Disease Activity (DAS 28)
• Other co morbidities; CVD risk, Osteoporosis, mood state
• Surgical options
• MDT input
• Education/ Self management
• Work and employment

NICE QS 33 (2013)
Rheumatoid arthritis: fusiform swelling of the hand
Rheumatoid Arthritis:
Hand Xray, soft tissue swelling
Progressive metocarpophalangeal erosion
Consider other types of inflammatory arthritis

Psoriatic Arthritis
Ankylosing Spondylitis / Axial SpA
Reactive arthritis
Colitis related
Enthesitis related JIA
Undifferentiated spondyloarthropathy
Anatomy of joint affected by Osteoarthritis (OA)

www.arthritisresearchuk.org/arthritis-information/conditions/osteoarthritis/what-is-osteoarthritis.aspx
Non inflammatory arthritis: How is it diagnosed?

- Patient’s clinical history
- Clinical examination
- +/- USS /xray

- NB blood tests of little help in confirming the diagnosis
Osteoarthritis: Heberden’s and Bouchard’s nodes
Osteoarthritis: knees, medial and lateral cartilage degeneration
OA: How is it managed?

• Holistically managed in primary care
• Clarify patient’s expectations
• Address the following:
  • Pain management
  • Mood state
  • Weight loss
  • Exercise
  • Podiatry
  • Maintaining independence/work/hobbies
  • Surgery

NICE (2014, 2017)
Factors influencing pain

- Mood (Tang et al, 2008)
- Sleep
- Concurrent illness/infection
- Muscle tone/mechanics
- Impact on quality of life
- Impact on work, hobbies, independence
Pain management and factors that influence pain

- **Self management strategies**
  - Relaxation, diversional therapy, massage, heat, ice, exercise, TENS, acupuncture (?)

- **Medication**
  - Simple analgesia, NSAIDs
  - Glucocorticoid steroids ** IA,IM,IV, oral**
  - Topical preparations: eg capsaicin

- **Surgery**
Tips for managing a flare up

• Clarify duration, site and radiation of pain, exclude trauma/infection
• Identify what has already been tried
• What analgesia/NSAID used, dose and frequency
• Ascertain other comorbidities and whether there is a confirmed Dx of arthritis
• Identify patient’s opinion of the problem and solution
• Advise for regular simple analgesia initially
Patients’ perceptions of what Health Professionals should know

- 2 condition specific focus groups (8 RA, 5 OA)
- Explored their experiences and views on what knowledge and skills nurses and HPs require to manage their care needs
- Results revealed the need
  - To understand pain management and offer a range of interventions
  - To access help with self-management
  - To have a meaningful and empathetic consultation
  - To have experts in OA
  - To have the skills to provide psychological support (Ryan et al 2013)
Patients’ expectations and priorities

- 4 focus groups (16F, 9M) explored competencies needed for community-based non-specialized AHPs to be able to assess, care and manage arthritis.
- Discussed care received from community-based HP and the knowledge and skills expected from them.
- Results revealed the need to understand:
  - the difference between IA and OA.
  - the psychosocial impact of arthritis.
  - the drug therapy including immunosuppressant therapy.
  - pacing and pain management.
  - the unpredictability of flares.
  - that people with LTC are experts and want to be taken seriously.
  - Good communication skills.

(Erwin et al., 2017)
Raising awareness of arthritis

- Patients support groups ARMA, Arthritis Care, NRAS
- Research grants and projects- Arthritis Research UK
- Wear purple for JIA day Friday 8th June 2018
- RA awareness week ‘Reframe RA’ 18th-24th June 2018
- Have you got the ‘S’ Factor (NRAS, 2011)
  - Early morning joint stiffness >30mins
  - Persistent swelling of one or more joints
  - Squeezing a joint is painful in IA

- World Arthritis day Friday 12th October 2018
Summary

• The presentations of inflammatory and non-inflammatory arthritis explained
• The relevant management strategies and guidance documents discussed
• The factors that influence pain and pain management explored
• The management of a flare of symptoms highlighted
References

American College of Rheumatology (1972-2004) ACR Slide collection on the Rheumatic Diseases Arthritis. 3rd Edition

Arthritis Research UK (2017a) Arthritis: The Nation’s joint problem; State of the Nation report
www.arthritisresearchuk.org


Resources

Arthritis Care  www.arthritiscare.org.uk
Arthritis Research UK (2011) Clinical assessment of the musculoskeletal system
Musculoskeletal Alliance  www arma uk net
National Rheumatoid Arthritis Society (NRAS)  www nras org uk
Learning resources

Clinical assessment
- GALS
- Regional Examination
  - Hand and wrist
  - Elbow
  - Shoulder
  - Knee
  - Foot and ankle
  - Hip
  - Spine
- JointZone

Education for health
https://www.arthritisresearchuk.org/health-professionals-and-students/video-resources/remss.aspx