

Primary Care Referral Pathways to Rheumatology Services at RNHRD

Suspected Spondyloarthritis

Key message: Early referral and treatment prevents joint damage

Any person with suspected spondyloarthritis should be referred for a specialist opinion

Symptoms of inflammatory back pain include:

Age at onset <40
Insidious onset
Improvement with exercise
No improvement with rest
Pain at night (with improvement on getting up)

The diagnosis of a spondyloarthritis should also be considered in the following patients presenting with back pain:

History of iritis
History of psoriasis
History of inflammatory bowel disease

Suggested Investigations prior to referral:

FBC
PV
CRP
U&E, Creat, LFTs
HLA B27 (optional)
Xrays SI joints (optional)
MRI whole spine and SI joints (please request '*Inflammatory Spinal Protocol*' at RUH)(optional)

DO NOT DELAY REFERRAL if blood tests / xrays are normal

>5% of patients with SpA are HLAB27 negative

CRP /PV can be normal

Xrays take an average of 8-10 years to show changes consistent with a spondyloarthritis

Details to be included in referral letter:

Please mark referral **SUSPECTED INFLAMMATORY ARTHRITIS**

- Duration of symptoms
- Pattern of joint involvement / spinal symptoms
- Presence / duration of Early Morning stiffness esp if >30 mins
- Psoriasis / FH of psoriasis/AS / IBD / iritis if present
- Systemic symptoms eg weight loss, fevers, SOB
- Examination findings
- Investigations requested / results