

**Primary Care Referral Pathways to Rheumatology Services at RNHRD**

**Suspected Connective tissue disease**

Key message: Refer early for specialist multidisciplinary management

**All patients with a suspected CTD  
eg SLE, Sjogrens, Systemic sclerosis, Myositis, Vasculitis, Behcets  
should be referred to a Specialist Rheumatology Team**

**Clinical information to ask and provide details in referral letter:**

Rashes, photosensitivity  
Mouth ulcers  
Hair loss  
Raynauds  
Joint pain +/- swelling  
Fatigue  
Dry eyes and mouth  
Migraines  
Systemic symptoms eg weight loss, fever, sweats, SOB, cough, GI symptoms  
Muscle pain / weakness  
Skin tightening  
History of thrombosis

**Suggested Investigations prior to referral (to be included in referral letter)**

FBC  
PV  
CRP  
U&E, Creat, LFTs, TSH, Calcium  
CPK  
RF  
Hep-2 ANA  
C3, C4  
Immunoglobulins  
Dipstick Urine  
CXR (if appropriate)

**DO NOT DELAY REFERRAL IF INVESTIGATIONS  
ARE NEGATIVE as some patients have normal  
blood tests**



Confirmation of diagnosis by Specialist Rheumatology CTD  
Team, further investigations as needed

Management following RNHRD CTD pathways