Primary Care Referral Pathways to Rheumatology Services at RNHRD

Temporal Arteritis

Key Message: ALL CASES OF SUSPECTED TEMPORAL ARTERITIS SHOULD BE REFERRED URGENTLY.
If the patient has new visual disturbance then speak to the on-call ophthalmologist IMMEDIATELY for advice, and do not refer via this pathway.

Please note:
Temporal arteritis is rare in patients <55 year of age.
Risk increases with age.
Typical symptoms include:
- New headache responding poorly to analgesia
- Raised inflammatory markers
- Systemic upset

To refer a patient please:
- Take urgent bloods: Plasma viscosity, CRP, FBC, U&E and LFT

- Initiate treatment: All suspected cases should receive treatment without delay. Guidelines recommend: 60mg prednisolone if complicated eg visual disturbance, jaw claudication or 40mg prednisolone if uncomplicated.

- Email a completed referral form along with a summary of the patients medication and comorbidities to ruh-tr.RNHRDRheumatologyReferrals@nhs.net

- If the patient is felt to be complex please contact the ward registrar via RUH switchboard to discuss.

This form can be downloaded here:
LINK TO ARDENS FORM HERE

If a patient is <55 years or with atypical symptoms, please discuss with rheumatology prior to referral. (Ward registrar or through Consultant Connect)

DO NOT DELAY TREATMENT OR REFERRAL IF BLOOD RESULTS NORMAL as some patients do not have abnormal bloods at diagnosis or when symptoms relapse

Polymyalgia Rheumatica

Key Message: Most cases of PMR can be managed in primary care.

Referral to RNHRD Rheumatology team for PMR should be considered if:

There is uncertainty regarding diagnosis

Difficulty reducing the prednisolone dose < 10mg

Symptoms resistant to prednisolone

Consideration of introduction of a steroid-sparing agent eg methotrexate

Presence of SWOLLEN joints / significant articular symptoms suggestive of an underlying inflammatory arthritis at presentation or on steroid reduction

Refer URGENTLY IF ANY SUSPICION OF TEMPORAL ARTERITIS eg visual symptoms, severe headache, jaw claudication (seek urgent telephone advice)

Suggested investigations prior to referral AND commencement of prednisolone

FBC
PV
CRP
U&E, Creat, LFT, Ca
Igs, Serum and urine electrophoresis
RF
AIP
CPK
Consider PSA in men

DO NOT DELAY TREATMENT IF CLINICALLY INDICATED PENDING REFERRAL

DO NOT DELAY TREATMENT OR REFERRAL IF BLOOD RESULTS NORMAL as some patients do not have abnormal bloods at diagnosis or when symptoms relapse