Rheumatology iMSK Triage Pathway -
Rheumatology Appointments Only

Connective Tissue Disease and Vasculitis

Vaculitis

Heterogeneous group of multi-system disorders.

Unwell individual with systemic symptoms and polyarthritis; asthma; vasculitis rash; recurrent pneumonia with sinusitis/ENT disease; haematuria/proteinuria; new peripheral neurological symptoms.

Raynaud's phenomenon

10% of females have primary RP. Low risk if onset /history of RP/chilblains in teenage years.

Accept if severe symptoms interfering with ADLs

Accept if positive ANA

Accept if new onset in middle age (esp males)

Sjogren's

Suspect in middle age with dry eyes/mouth; arthralgia; fatigue; recurrent/persistent parotitis. Most will have a positive ANA and raised ESR.

SLE/scleroderma/myositis

Heterogeneous group of multi-system disorders.

Suspect in severe Raynaud's; arthralgia/arthritis; recurrent pleurisy; characteristic rash; proximal myopathy; cytopenias; haematuria/proteinuria; systemic symptoms.

Almost all will have positive ANA; ESR and CRP may be normal.

Investigations to review

FBC; U+E; LFT; ANA, ESR; CRP

Consider ENA, dsDNA Abs

Consider Routine Rheumatology Clinic.

CONSIDER AN EMERGENCY TO MEDICINE OR URGENT (<2W) REFERRAL IF;

Symptoms and signs of symptomatically severe, or potentially organ or limb threatening disease.

Polymyalgia Rheumatica (PMR)

Accept atypical features of PMR with no clear alternative cause for their symptoms including people who:

Are less than 60 years of age.

Have red flags suggestive of a serious underlying condition.

Have clinical features that are uncommon with PMR including people:

With normal inflammatory markers; or ESR of more than 100 mm/hour; or very high CRP.

With a chronic onset of their symptoms.

Accept if:

It is not possible to reduce corticosteroids at reasonable intervals without causing relapse.

Corticosteroids are required for more than 2 years.

Investigations to review: FBC; ESR; U+E; LFT; CRP

Osteoporosis Clinic

Consider Referral For:

Failure of oral treatment, or alendronate and/or risedronate contraindicated or intolerant.

If a parenteral therapy is considered

Premenopausal women and men < age 50 years with osteoporotic fracture.

Paget's/ Osteomalacia/Osteogenesis Imperfecta

Men:

Age >50 years and have had an osteoporotic fracture or with osteoporosis

Younger men in whom hypogonadism is suspected [or refer to endocrinology]

Investigations to review:

Vit D; U+Es; LFTs; TSH; serum urine and protein electrophoresis; bone profile; DEXA scan result