Management of Rheumatology in the Community

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Management of Rheumatology in Community: Why is it important?

- It is common!!!
- Degenerative joint diseases ↑ because of aging population
- Across different age groups
  - Adolescent: growing pain / mechanical
  - Young adult: mechanical / specific rheumatic ds
  - Older person: degenerative joint ds / osteoporosis
Prevalence of chronic illnesses in older person >60

<table>
<thead>
<tr>
<th>Illness</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatism</td>
<td>504</td>
<td>34.2%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>474</td>
<td>32.3%</td>
</tr>
<tr>
<td>Fracture</td>
<td>205</td>
<td>17.1%</td>
</tr>
<tr>
<td>Peptic ulcer</td>
<td>198</td>
<td>13.5%</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>158</td>
<td>10.7%</td>
</tr>
<tr>
<td>Chronic bronchitis</td>
<td>120</td>
<td>8.2%</td>
</tr>
</tbody>
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A cross-sectional study in active elderly in 1994 (N = 1480)
The Health of the Elderly in Hong Kong
A survey on the Health and Health Care Needs of Elderly People living in Central and Western District

Conducted in 1997

296 elderly studied

48% had western medicine daily

- Analgesic for musculoskeletal pain and anti-rheumatic drug treatment accounting for 5.8% & 3.4% respectively (ranking 6th & 7th)

Symptomatology – back pain – 37.2%
Management of Rheumatology in Community: Stages of Disease

- Preclinical stage
- Early undiff. symptom
- Diagnosis established
- Longstanding disease

Stage I
Stage II
Stage III
Stage IV
### Stage IV: Longstanding Disease

<table>
<thead>
<tr>
<th></th>
<th>OA</th>
<th>RA</th>
<th>SLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced disease</td>
<td>Grossly deformed unstable &amp; painful knee</td>
<td>Deformed hand joint</td>
<td>Nephritis with renal failure</td>
</tr>
<tr>
<td>Complication</td>
<td>Septic arthritis</td>
<td>Septic arthritis C1-2 subluxation</td>
<td>Major organs involvement</td>
</tr>
<tr>
<td>Complication from Rx given</td>
<td>NSAID induced gastropathy Constipation</td>
<td>NSAID induced gastropathy Infection</td>
<td>Osteoporosis Cardiovascular ds Infection DM</td>
</tr>
</tbody>
</table>
Concerns in Different Stages

- **Stage III**
  - ‘New’ medications – concerns and discomfort
  - Dyspepsia, GI upset (traditional NSAID, DMARDs etc)

- **Stage II**
  - Anxiety during the observation period – doctor shopping (beware of psychological elements)
  - Appearance of new symptoms – don’t know what to do

- **Stage I**
  - Anxiety again!
Management of Rheumatology in Community:

- **Stage I (Preclinical stage)**
  - Asymptomatic Individual with Positive Ab: e.g. RF / ANA
  - Relatives of index patient
  - Incidental finding of auto-antibodies

- **Stage II (Early undiff. symptom)**
  - Symptomatic control while monitoring for more specific s/-
  - Specific s/- Requiring specialist Consultation
  - Palindromic Rheumatism

- **Stage III (Diagnosis established)**
  - Uncomplicated common diseases (e.g. OA / gout / soft tissue ds) remain in community
  - Early referral for Definitive inflammatory Arthritis or connective Tissue disease
  - Shared care for stable Disease

- **Stage IV (Longstanding disease)**
  - Holistic patient care
  - In community setting
  - To minimize complication Due to ds or treatment
  - Alert to alternative dx & Complication
Osteoporosis clinic

Inpatient → Recruitment of patient → outpatients

Initial assessment clinic (Nurse, Physiotherapist, Dietitian, MO)

Second FU clinic → Physiotherapy class

Regular FU clinic

Discharge

Biannual reassessment or yearly reassessment

Referral
- Eye
- OT
- GDH
- F.P.

Share care

Share care
Arthritis Share Care

Suspect RA / AS etc

Arthritis Clinic 1st & 2nd visit / assessment
- clarify diagnosis

Probable inflammatory arthritis
Definitive inflammatory arthritis

Arthritis clinic – follow up
- implement Rx plan
- patient education
- monitoring

Alternative dx

Share care with Community Family physician

Share care assessment clinic

Stable disease

Discharge to appropriate care
Arthritis Share Care

- Inflammatory arthritis
  - Rheumatoid arthritis
  - Ankylosing spondylitis
  - Psoriatic arthritis
- Undifferentiated arthritis / connective tissue disease
  - Palindromic rheumatism
  - Raynaud’s disease
  - UCTD
- Fibromyalgia
Preliminary program (I)

- Clinical approaches
  - Monoarthritis / oligoarthritis / polyarthritis
  - Regional pain including back and neck pain
  - Physical examination (?hand-on)
- Update on different rheumatic diseases
  - Soft tissue rheumatism
  - Inflammatory arthritis
  - Connective tissue disease
Preliminary program (II)

- Management
  - Controversies and advances in drug management
    - Analgesic – NSAID and COX-II
    - Osteoporosis – advances in drug management
    - Inflammatory arthritis – anti-TNF and other biologics
    - Connective tissue disease
  - Patient education / information
  - Physical therapy – simple and practical tips (allied health professional)
Delivery: Let us have your view

? Topic of interest
? Program arrangement
  ○ Timing – weekdays or weekend; duration
  ○ Format – small group / lecture
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