



**<sup>1</sup>Advice and Guidance request for:**  
Individual reporting any 2 of the following for >4/52  
1) Swelling of >1 joint  
2) Early morning stiffness lasting >30mins  
3) Positive MCP or MTP joint 'squeeze' test  
[Optimising referrals in rheumatology Best MSK 2022](#) (link)

**Information to include:**  
Onset & duration of symptoms  
O/E pattern of joint involvement (bilateral?)  
Joint swelling, tenderness, redness, warmth, stiffness  
Impact of condition  
Hx of psoriasis, inflammatory bowel disease  
Relevant family history (if available - do not delay referral if not)

**Appropriate Investigations:  
If Peripheral Joint Symptoms**  
ESR  
CRP  
Rh Factor  
CCP/ACPA  
Baseline X-rays hands & feet  
+/- chest x-ray  
+/- ultrasound (if indicated to confirm synovitis)

**If axial symptoms:**  
HLA B27  
Spine/SIJ X-ray  
MRI (AxSpA protocol) see also AxSpA pathway

**Ensure:**  
Shared Decision Making  
Personalisation of care  
Appropriate mechanism of follow-up (consider virtual, PIFU)  
Appropriate use of shared care  
Access to support to facilitate self management

**Outcome Measures**  
DAS28 +/- BASMI, BASFI, BASDA, MSK-HQ, BRAF MDQ, RAID, PHQ-9, GAD-7

Standardisation of DMARD monitoring across all relevant specialties, across ICS-linked to interoperable, electronic, monitoring system

**<sup>2</sup>PIFU**  
[NHS England Rheumatology PIFU Guidance](#) (link)

**Resources**  
NICE QS15  
NICE QS 33  
NICE QS170  
BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs  
The British Society for Rheumatology biologic DMARD safety guidelines in inflammatory arthritis  
<https://nras.org.uk/refer-a-patient/> (link)  
<https://nras.org.uk/smile/> (link)