NICE National Institute for Health and Care Excellence

NICE Pathways

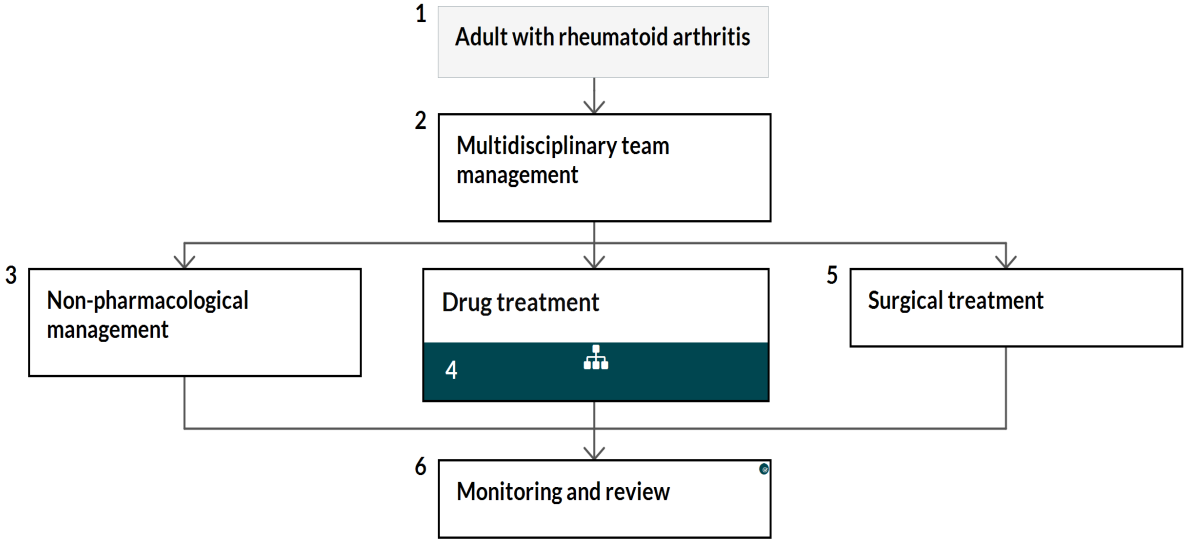
Managing rheumatoid arthritis

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/rheumatoid-arthritis
NICE Pathway last updated: June 2021

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Adult with rheumatoid arthritis

No additional information

2 Multidisciplinary team management

Adults with rheumatoid arthritis should have ongoing access to a multidisciplinary team. This should provide the opportunity for periodic assessments (see monitoring and review [See page 6]) of the effect of the disease on their lives (such as pain, fatigue, everyday activities, mobility, ability to work or take part in social or leisure activities, quality of life, mood, impact on sexual relationships) and help to manage the condition.

Adults with rheumatoid arthritis should have access to a named member of the multidisciplinary team (for example, the specialist nurse) who is responsible for coordinating their care.

3 Non-pharmacological management

Physiotherapy

Adults with rheumatoid arthritis should have access to specialist physiotherapy, with periodic review (see monitoring and review [See page 6]), to:

- improve general fitness and encourage regular exercise
- learn exercises for enhancing joint flexibility, muscle strength and managing other functional impairments
- learn about the short-term pain relief provided by methods such as TENS and wax baths.

Occupational therapy

Adults with rheumatoid arthritis should have access to specialist occupational therapy, with periodic review (see monitoring and review [See page 6]), if they have:

- difficulties with any of their everyday activities, **or**
- problems with hand function.

Hand exercise programmes

Consider a tailored strengthening and stretching hand exercise programme for adults with

rheumatoid arthritis with pain and dysfunction of the hands or wrists if:

- they are not on a drug regimen for rheumatoid arthritis, **or**
- they have been on a stable drug regimen for rheumatoid arthritis for at least 3 months.

The tailored hand exercise programme for adults with rheumatoid arthritis should be delivered by a practitioner with training and skills in this area.

Podiatry

All adults with rheumatoid arthritis and foot problems should have access to a podiatrist for assessment and periodic review of their foot health needs (see monitoring and review [See page 6]).

Functional insoles and therapeutic footwear should be available for all adults with rheumatoid arthritis if indicated.

Psychological interventions

Offer psychological interventions (for example, relaxation, stress management and cognitive coping skills, such as managing negative thinking) to help adults with rheumatoid arthritis adjust to living with their condition.

See the NICE Pathway on depression for adults with a chronic physical health problem.

Diet and complementary therapies

Inform adults with rheumatoid arthritis who wish to experiment with their diet that there is no strong evidence that their arthritis will benefit. However, they could be encouraged to follow the principles of a Mediterranean diet (more bread, fruit, vegetables and fish; less meat; and replace butter and cheese with products based on vegetable and plant oils).

Inform adults with rheumatoid arthritis who wish to try complementary therapies that although some may provide short-term symptomatic benefit, there is little or no evidence for their long-term efficacy.

If an adult with rheumatoid arthritis decides to try complementary therapies, advise them:

- these approaches should not replace conventional treatment
- this should not prejudice the attitudes of members of the multidisciplinary team, or affect the care offered.

4 Drug treatment

See Rheumatoid arthritis / Drug treatment for rheumatoid arthritis

5 Surgical treatment

Offer to refer adults with rheumatoid arthritis for an early specialist surgical opinion if any of the following do not respond to optimal non-surgical management:

- persistent pain due to joint damage or other identifiable soft tissue cause
- worsening joint function
- progressive deformity
- persistent localised synovitis.

Offer to refer adults with any of the following complications for a specialist surgical opinion before damage or deformity becomes irreversible:

- imminent or actual tendon rupture
- nerve compression (for example, carpal tunnel syndrome)
- stress fracture.

When surgery is offered to adults with rheumatoid arthritis, explain that the main expected benefits (cosmetic improvements should not be the dominant concern) are:

- pain relief
- improvement, or prevention of further deterioration, of joint function, **and**
- prevention of deformity.

Offer urgent combined medical and surgical management to adults with rheumatoid arthritis who have suspected or proven septic arthritis (especially in a prosthetic joint).

If an adult with rheumatoid arthritis develops any symptoms or signs that suggest cervical myelopathy (for example, paraesthesia, weakness, unsteadiness, reduced power, extensor plantars):

- request an urgent MRI scan, **and**
- refer for a specialist surgical opinion.

Do not let concerns about the long-term durability of prosthetic joints influence decisions to offer joint replacements to younger adults with rheumatoid arthritis.

For guidance on hip, knee and shoulder replacement and other types of joint replacement, see the NICE Pathway on joint replacement.

HemaClear

NICE has published a medtech innovation briefing on HemaClear for bloodless surgical field during limb surgery.

6 Monitoring and review

Ensure that all adults with rheumatoid arthritis have:

- rapid access to specialist care for flares
- information about when and how to access specialist care, and
- ongoing drug monitoring.

Consider a review appointment to take place 6 months after achieving treatment target (remission or low disease activity) to ensure that the target has been maintained.

Offer all adults with rheumatoid arthritis, including those who have achieved the treatment target, an annual review to:

- assess disease activity and damage, and measure functional ability (using, for example, the HAQ)
- check for the development of comorbidities, such as hypertension, ischaemic heart disease, osteoporosis and depression (for more information, see the NICE Pathways on hypertension, osteoporosis and depression).
- assess symptoms that suggest complications, such as vasculitis and disease of the cervical spine, lung or eyes
- organise appropriate cross referral within the multidisciplinary team
- assess the need for referral for surgery (see surgical treatment [See page 5])
- assess the effect the disease is having on a person's life.

Follow the recommendation on using DMARDs to achieve treatment targets if the target is not maintained.

For adults who have maintained the treatment target (remission or low disease activity) for at least 1 year without glucocorticoids, consider cautiously reducing drug doses or stopping drugs in a step-down strategy. Return promptly to the previous DMARD regimen if the treatment target is no longer met.

Do not use ultrasound for routine monitoring of disease activity in adults with rheumatoid arthritis.

See the NICE Pathway on multimorbidity.

Rationale and impact

See why we made the recommendations on monitoring and how they might affect practice [See page 9].

Therapeutic monitoring of TNF-alpha inhibitors

The following recommendations are from NICE diagnostics guidance on therapeutic monitoring of TNF-alpha inhibitors in rheumatoid arthritis.

Enzyme-linked immunosorbent assay (ELISA) tests for therapeutic monitoring of tumour necrosis factor (TNF)-alpha inhibitors (drug serum levels and antidrug antibodies) show promise but there is currently insufficient evidence to recommend their routine adoption in rheumatoid arthritis. The ELISA tests covered by this guidance are Promonitor, IDKmonitor, LISA-TRACKER, RIDASCREEN, MabTrack, and tests used by Sanquin Diagnostic Services.

Laboratories currently using ELISA tests for therapeutic monitoring of TNF-alpha inhibitors in rheumatoid arthritis should do so as part of research and further data collection (see section 5.22 of the guidance).

Further research is recommended on the clinical effectiveness of using ELISA tests for therapeutic monitoring of TNF-alpha inhibitors in rheumatoid arthritis (see sections 5.23, and 6.1 and 6.2 of the guidance).

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

4. Rapid access to specialist care

5. Annual review

Rationale and impact: monitoring

Rationale

Frequency of monitoring when treatment target has been achieved

No evidence was identified on monitoring frequency once the treatment target has been achieved. However, the committee agreed that once people with RA had achieved the treatment target, and this was sustained at a 6-month follow-up appointment, there was no need for additional routine appointments to be scheduled other than the annual reivew. All people with RA should have an annual review.

In people with established rheumatoid arthritis (rheumatoid arthritis for at least 2 years), the evidence suggested that patient-initiated rapid access and scheduled medical review every 3 to 6 months were similarly effective. The committee agreed that all adults with rheumatoid arthritis should have rapid access to specialist care for disease flares, and ongoing drug monitoring.

Ultrasound in monitoring

Randomised controlled evidence did not support using ultrasound for routine monitoring of rheumatoid arthritis. However, in the committee's experience ultrasound can be useful for monitoring when clinical examination is inconclusive or is inconsistent with other signs of disease activity (for example, pain or markers of inflammation). The committee decided to make a research recommendation to inform future guidance about using ultrasound in these situations.

Impact

The frequency of monitoring and review appointments for people who have reached the treatment target vary around the country, with some people being seen more often than needed and others not receiving adequate follow-up. The 2018 recommendations are likely to reduce unwarranted variation.

Most people with rheumatoid arthritis currently have rapid access to specialist care when they have a flare. The 2016 National Clinical Audit for Rheumatoid Arthritis and Early Inflammatory Arthritis reported that 92% of people had access to urgent advice, with 97% of providers running a telephone advice line. Therefore the recommendation will not affect current practice.

Use and availability of ultrasound varies widely across the country and even between healthcare professionals in the same department. Some healthcare professionals use it routinely whereas others use it on a case-by-case basis. The recommendation should reduce the overall use of ultrasound while still allowing its use for selected subgroups.

Full details of the evidence and the committee's discussion are in evidence review E: Frequency of monitoring.

Glossary

DMARD

disease-modifying anti-rheumatic drug

HAQ

Health Assessment Questionnaire

step-down strategy

(during treatment with 2 or more DMARDs, tapering and stopping at least 1 drug once disease is adequately controlled)

synovitis

(soft tissue joint swelling)

TENS

transcutaneous electrical nerve stimulators

Sources

Rheumatoid arthritis in adults: management (2018) NICE guideline NG100

Therapeutic monitoring of TNF-alpha inhibitors in rheumatoid arthritis (2019) NICE diagnostics guidance 36

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to

have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.