



# **Accordant Clinical Practice Guidelines**

## **Rheumatoid Arthritis**

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# **Rheumatoid Arthritis (RA):**

## **Accordant Clinical Practice Guidelines\***

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\*Please refer to benefit description for the complete details of the terms, limitations and exclusions of the healthcare coverage. For coverage information and questions, please contact Provider Services at the health plan.

## **Accordant Clinical Practice Guidelines: Rheumatoid Arthritis (RA)**

### Assess and Monitor Disease

- Evaluate extent of disease progression
- Evaluate indications for use of disease-modifying antirheumatic drugs (DMARDs)
- Monitor for disease activity

### Multidisciplinary Care for Patients with RA:

The American College of Rheumatology (ACR) has several publications surrounding the responsibility of care of RA patients. Accordant Health Services does not prescribe appropriateness of primary or principal care responsibilities to our members' healthcare providers. Position statements and articles are available from the ACR Web site: <http://www.rheumatology.org/index.asp?aud=mem>.

The role of the Primary Care Physician (PCP), such as a family practice physician, internist or pediatrician, is to recognize and diagnose RA at onset and to ensure timely treatment before damage occurs. Further responsibilities may be delegated to a Rheumatologist depending on the PCP's level of training and experience. The rheumatologist provides support and consultation to the patient and PCP in the diagnosis and treatment of RA. The responsibility for diagnosis and monitoring of disease activity and/or drug toxicity may be assigned to the rheumatologist. Furthermore, the majority of an RA patient's care can be by a single physician, either by a PCP or by a rheumatologist having the dual role of PCP/specialist, or there can be a shared responsibility for care. In the setting of shared responsibility, there should be an explicit plan for monitoring disease activity and drug toxicity. Patient choice may be the most important factor in deciding which physician(s) assumes responsibility of care.

### Diagnostics

Symptoms of RA usually develop insidiously over a period of several weeks or months. Isolated, less severe attacks of synovitis may occur with periods of complete remission before evolving into classic, persistent RA. These attacks usually last from 3 to 5 days. Diagnosis is based on recognizing the pattern of joint involvement and usually is accompanied by the presence of rheumatoid factor. Destructive erosion of cartilage and bone may not appear on X-ray for several months to over one year.

### Laboratory tests:

- There is no lab test, histologic or X-ray finding that indicates a definite diagnosis of RA. Rheumatoid factor is found in 85 percent of patients with RA. Serial titers of rheumatoid factor are of no value in following the disease process; a small percentage of patients initially testing negative will become positive as the disease progresses.
- Anti-cyclic citrullinated peptide (anti-CCP) antibodies are found in 60-70% of patients with RA and are typically positive at the onset of disease.
- Erythrocyte Sedimentation Rate (ESR) varies according to the degree of inflammation. Rarely patients with RA will have normal ESR values. ESR is useful in quantifying the level of inflammatory activity.
- C-Reactive Protein (CRP) is one of the acute phase reactants and may also be used to monitor level of inflammation.
- Other lab abnormalities observed in RA include:
  - Hypergammaglobulinemia
  - Anemia

- Occasional hypocomplementemia
- Thrombocytosis
- Eosinophilia

X-ray:

X-ray of affected joints as indicated by clinical presentation.

Synovial fluid analysis:

May be helpful when there is a solitary inflamed joint.

### Disease Classification

American College of Rheumatology - classification of functional status in rheumatoid arthritis:

Class I	Completely able to perform usual activities of daily living (self-care, vocational and avocational)
Class II	Able to perform usual self-care and vocational activities, but limited in avocational activities
Class III	Able to perform usual self-care activities, but limited in vocational and avocational activities
Class IV	Limited in ability to perform usual self-care, vocational and avocational activities

### Clinical Features

#### Manage Symptoms

- Joint pain
- Stiffness
- Fatigue
- Dry eyes and mouth (keratoconjunctivitis sicca)

#### Recognition of Signs

- Joint inflammation, swelling and deformity
- Ligamentous laxity
- Rheumatoid nodules
- Vasculitic lesions
- Palpable purpura
- Peripheral neuropathy
- Digital tip infarcts
- Petechiae
- Peripheral neuropathy
- Felty's syndrome: RA plus hypersplenism, leukopenia, leg ulcers, large granular lymphocyte syndrome

#### Complications

- Irreversible joint and cartilage damage brought on by synovitis
- Severe ligament damage due to synovitis and pannus formation
- Tendon dysfunction from inflammation of the tendon sheath lining
- Interstitial renal disease usually related to Sjögren's syndrome
- Renal disease as a side effect of NSAIDs

- Gastritis or peptic ulcers as a side effect of NSAIDs
- Ecchymosis due to excessive steroid use
- Petechiae may be due to thrombocytopenia secondary to Felty's syndrome, gold, penicillamine or sulfasalazine
- Scleromalacia perforans with associated damage and visual loss
- CVD: Asymptomatic pericardial effusions; constrictive pericarditis that restricts filling of the heart chambers. Rheumatoid nodules of the conduction system
- CVD: RA patients are at higher risk for ischemic heart disease, congestive heart failure and stroke
- Keratoconjunctivitis sicca (dry eyes) xerostomia (dry mouth), parotid gland swelling or lymphadenopathy, scleritis, scleromalacia perforans, endonitis of superior oblique muscles
- Interstitial fibrosis, bronchiolitis obliterans, nodules (occasionally rupture causing bronchopleural fistula which can progress to pneumothorax or empyema), pleurisy, pleural effusions
- Septic joint
- Hypochromic, microcytic anemia with low iron and low or normal iron binding capacity (normal range total iron binding capacity 330 +/- 30 ug/dL) due to active inflammation and/or gastro-intestinal (GI) blood loss due to NSAIDs
- Pancytopenia either as a result of marrow suppression from immunosuppressives or cytotoxic therapy, or related to an autoimmune process with gold, penicillamine or sulfasalazine or Felty's syndrome

#### Supportive Treatments and Medications

Supportive treatments and medications are not prescriptive. Appropriateness of specific therapy for an individual patient must be determined by the treating physician.

#### Nutritional support

Vitamin supplements may be needed, including calcium and vitamin D. Always use folic acid supplementation for patients on methotrexate.

#### Septic Joint

Consider antibiotics, with the treatment regimen depending on causative organism. Staphylococcal infections may require longer therapy. All cases require joint aspiration; some cases could require surgical intervention such arthroscopic lavage or arthrotomy.

#### Osteoporosis

Consider treatment for osteoporosis such as calcium supplements, multivitamin with vitamin D, and/or bisphosphonate therapy. Consider estrogen and estrogen combination treatments.

#### Sjögren's Syndrome (Sicca Syndrome)

Typically treatment is aimed at symptomatic relief, i.e., artificial tears, sugar-free candy or gum, vaginal lubricant, good dental hygiene and use of humidifiers; may consider treatment with punctal plug (tear duct blockage). Dry mouth may be treated with pilocarpine or cevimeline. Dry eyes may be treated with cyclosporine drops.

#### Episcleritis

Consider topical steroid or use of artificial tears for dry eyes.

#### Scleritis

Treatment considerations include oral steroids, methotrexate, cyclosporine and TNF antagonists.

#### Myelopathies related to cervical spinal instability

Bilateral sensory paresthesias of hands, weakness, pathologic reflexes (Babinski's or Hoffman), hyperactive deep tendon reflexes (DTR) and neck pain are examples. Consider prescribing a soft collar for reminder and comfort; consider neurosurgical evaluation of incapacitating pain, progressive or fixed sensorimotor signs referable to myelopathy.

#### Entrapment Neuropathy/Carpal Tunnel

Treatment of disease may include DMARDs and NSAIDs, splinting, soft tissue steroid injections and/or surgical release.

#### Mononeuritis Multiplex (Ischemic Neuropathies)

Typically treated with steroids but may consider Cytoxan or methotrexate.

#### Anemia

Treatment depends on type of anemia present. For anemia of chronic disease, consider disease state and assess needs for better management. For iron deficiency anemia, consider discontinuation of NSAIDs and/or supplement iron and treat stomach ulcers (if present).

#### Felty's Syndrome

Consider prescribing DMARDs; consider splenectomy if appropriate.

#### Vasculitis

For hypersensitivity vasculitis, consider discontinuing suspected drug causing hypersensitivity and increase steroids. Polyarteritis nodosa (PAN) type vasculitis may be treated with high-dose steroids, with or without increased immunosuppressive therapy.

#### Joint damage

Joint replacements may be warranted for damaged joints.

#### Psychosocial issues

Psychosocial problems may require referral to a psychotherapist, psychiatrist, or other therapist, and/or medications for depression, anxiety or panic attacks.

#### Provide Preventive Care, Education and Support

- Educate regarding increased risk for cardiovascular disease
- Educate regarding proper skin care
- Educate regarding nutrition/diet
- Educate regarding signs, symptoms, and prevention of exacerbation
- Educate regarding signs, symptoms and prevention of common complications
- Educate regarding medications, correct dosages, indications, potential side effects and interactions. Monitor medication adherence.
- Provide pregnancy counseling for women of childbearing age
- Screen for depression and provide appropriate treatment and/or referrals
- Provide information regarding national and community-based arthritis foundations and resources
- Consider flu vaccination, unless contraindicated

- Live vaccines (ie, FluMist) should be avoided

### Rheumatoid Arthritis: Key Components of Care

Please see the manufacturing guidelines for complete information on a specific drug.

Goals	Cooperative Interventions
Self-Management of Condition	<ul style="list-style-type: none"> <li>• Accordant nurse is available for incoming calls all day, every day; after-hours calls are taken by an on-call nurse.</li> <li>• Provide information of national and community-based arthritis foundations and resources.</li> <li>• Provide an approved list of educational materials and Web site listings with assessments and on an as-needed basis.</li> </ul>
Stabilize Disease and Prevent Exacerbations	<ul style="list-style-type: none"> <li>• Identify patients with symptoms but not using DMARDs and encourage the patient to speak with the physician regarding the appropriate use of DMARDs.</li> <li>• Identify barriers to appropriate use of DMARDs.</li> <li>• Monitor for compliance with physician treatment regimen.</li> <li>• Teach guidelines for safe use of NSAIDs to decrease possible GI bleeds.</li> <li>• Assess compliance with pain medications and educate patients to report any concerns with pain to physician immediately.</li> <li>• Educate patients to report any difficulties with respiratory function to physician as soon as possible.</li> <li>• Monitor and enhance compliance with prescribed immunotherapeutic agents.</li> <li>• Educate patients on stress control and triggers for flares.</li> <li>• For acute exacerbations, ensure coordination of corticosteroid treatment and compliance with the prescribed therapy.</li> </ul>
Prevent Infections	<ul style="list-style-type: none"> <li>• Educate patients about the risks, signs and symptoms of common infections to which patients with RA are prone and for which they require rapid diagnosis and treatment in order to:             <ul style="list-style-type: none"> <li>• prevent a functional deterioration related to febrile illness, and</li> <li>• minimize emergency room (ER) visits and inpatient stays.</li> </ul> </li> <li>• Monitor for infections when taking immune-modulating medications.</li> <li>• Notify physician of any patients with symptoms indicative of systemic infection as soon as possible.</li> <li>• Educate patients on the signs and symptoms related to infected rheumatoid nodules and septic joint, and to notify the physician.</li> </ul>
Prevent Falls with Fractures	<ul style="list-style-type: none"> <li>• Assess patients for risk of falls using Health Assessment Questionnaire (HAQ) score and scripted inquiries.</li> <li>• Reduce falls by facilitating pre-emptive home safety evaluations, physical therapy (PT), or durable medical equipment (DME) for high-risk patients.</li> <li>• Educate about the importance of osteoporosis and compliance with osteoporosis medications.</li> </ul>

	<ul style="list-style-type: none"> <li>• Encourage the use of calcium and vitamin D with physician approval.</li> </ul>
Promote Medication Safety Behavior	<ul style="list-style-type: none"> <li>• Educate patients about their medication, its dosing, potential side effects, interactions, etc.</li> <li>• Inform physician of any patient medication errors or unreported side effects.</li> <li>• Encourage patients to carry all prescription and over-the-counter (OTC) medications to physician visits.</li> <li>• Monitor compliance with follow-up lab work as needed for medications.</li> <li>• Educate patients on contraindicated medications and drug-to-drug interactions and advise to have discussion with physician about any concerns.</li> </ul>
Promote Coping with Condition	<ul style="list-style-type: none"> <li>• Evaluate adequacy of support systems and work with physician, the patient, caregiver, family, and health plan to correct deficiencies.</li> <li>• Assist physician in detecting mood disturbances using a telephonic depression screening tool. Obtain the patient's consent to notify and provide his/her physician with screening results. Facilitate corrective plan as approved by the patient and physician.</li> <li>• Enhance the patient access to support groups and encourage communication with physician.</li> <li>• Address any financial or social barriers to office access.</li> </ul>
Promote Healthy Behaviors	<ul style="list-style-type: none"> <li>• Provide educational resources that promote proper nutrition and exercise programs that prevent obesity and co-morbid conditions such as heart attack/stroke.</li> <li>• Encourage non-smoking and provide information and education on resources that help patients to stop smoking.</li> <li>• Encourage high-risk patients to talk to their physician about flu vaccination/pneumococcal vaccine, polyvalent (Pneumovax), unless contraindicated.</li> </ul>

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Opportunities for Physician Communication and Guidance	Outcomes
<ul style="list-style-type: none"> <li>• Encourage the patient to work with Accordant for education, information, and self-care needs.</li> <li>• Inform Accordant nurse of patient's unique educational needs or barriers to care so that we can supplement your activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Access to the right information and educational resources at the right time may improve the self-management skills of the patient.</li> </ul>
<ul style="list-style-type: none"> <li>• Communicate to Accordant the physician-driven treatment plan or referral needs so that we can optimally support your activities.</li> <li>• Apprise Accordant of any issues that require monitoring or follow-up with your patient so that we</li> </ul>	<ul style="list-style-type: none"> <li>• Ensuring compliance with disease-modifying medications and treatment plan may improve exacerbation rate, decrease disease progression, and reduce hospital stays for exacerbations</li> </ul>



may effectively communicate the specifics of the physician treatment plan.	of disease.
<ul style="list-style-type: none"> <li>• Communicate with Accordant relevant treatment regimens so that Accordant may reinforce your plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Early identification of infectious processes may prevent more serious infections that can lead to hospitalizations.</li> </ul>
<ul style="list-style-type: none"> <li>• Communicate to Accordant any treatment strategies already in place focused on preventing falls so that we can support the physician treatment plan.</li> <li>• Work with Accordant to facilitate pre-emptive home safety evaluations, PT or DME for high-risk patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Early identification of high risk for falls and osteoporosis may improve quality of life and decrease hospital stays for fractures of the hip and spine.</li> </ul>
<ul style="list-style-type: none"> <li>• Inform Accordant of medications prescribed to the patient that require monitoring by laboratory evaluations so that we can maximize compliance with the necessary testing.</li> </ul>	<ul style="list-style-type: none"> <li>• Promoting drug safety may result in less polypharmacy and reduced medication errors that lead to ER visits and hospital stays.</li> </ul>
<ul style="list-style-type: none"> <li>• Communicate to your patient's Accordant nurse those activities that we can facilitate: social worker evaluation, adult daycare services, transportation needs, assistance with obtaining drugs and supplies when financial resources and benefits are limited.</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement in the support systems may help to break down barriers to quality care and health outcomes.</li> </ul>
<ul style="list-style-type: none"> <li>• Consider annual vaccination for influenza in those patients at risk for secondary pneumonia, unless contraindicated.</li> </ul>	<ul style="list-style-type: none"> <li>• Promoting healthy behaviors may lead to better disease-specific outcomes and prevent cardiovascular and pulmonary co-morbidity.</li> <li>• Influenza vaccination, unless contraindicated, can prevent secondary pneumonia and hospitalization.</li> </ul>

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