Whole-istic rheumatology

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What am I talking about?

- Holisitic = body, mind, spirit and emotional wellbeing
- Joints, systems, CVS risk factors, bone health
- Rheumatoid arthritis is a systemic disease!

Complications

- Just to remind you…
- Joint pain, swelling, stiffness, deformity, erosions, nodules
- Sicca symptoms, episcleritis, corneal melt
- Pleural nodules, pulmonary fibrosis, ILD
- Pericardial effusion, tamponade
- Vasculitis – systemic, resistant leg ulcers
- Premature death

NT

- Nov 2015
  - 38 yr old man
  - Joint symptoms for 4mths – hands first, then feet, wrists, hips and knees last 2 mths
  - EMS 4hrs
  - Tender MCPS and PIPs
  - CRP raised at 13
  - Positive RhF and CCP/CPA

NT

- Probable sero-positive RA

- BMI 33
- Hypertensive 167/107mmHg
- Ex-smoker

- IM depomedrone 120mg
- HCQ and MTX to start

May 2016

- AM clinic (6mth f/u)
- Hands better and improved on meds

- ALT over 100
- MTX temporarily stopped with plan to re-start after bloods normalised
- ALT settled – meds restarted

Oct 2016

- Not doing well
- Biologic screen fine

- Started etanercept Dec 2016

March 2017

- Admitted with SOB and left sided pleural effusion requiring chest drain
- Medications stopped (MTX/TNF)
- Short term po steroids for joint symptoms

- RA or infection – respiratory thought RA

- Restarted meds March 2017

Dec 2017

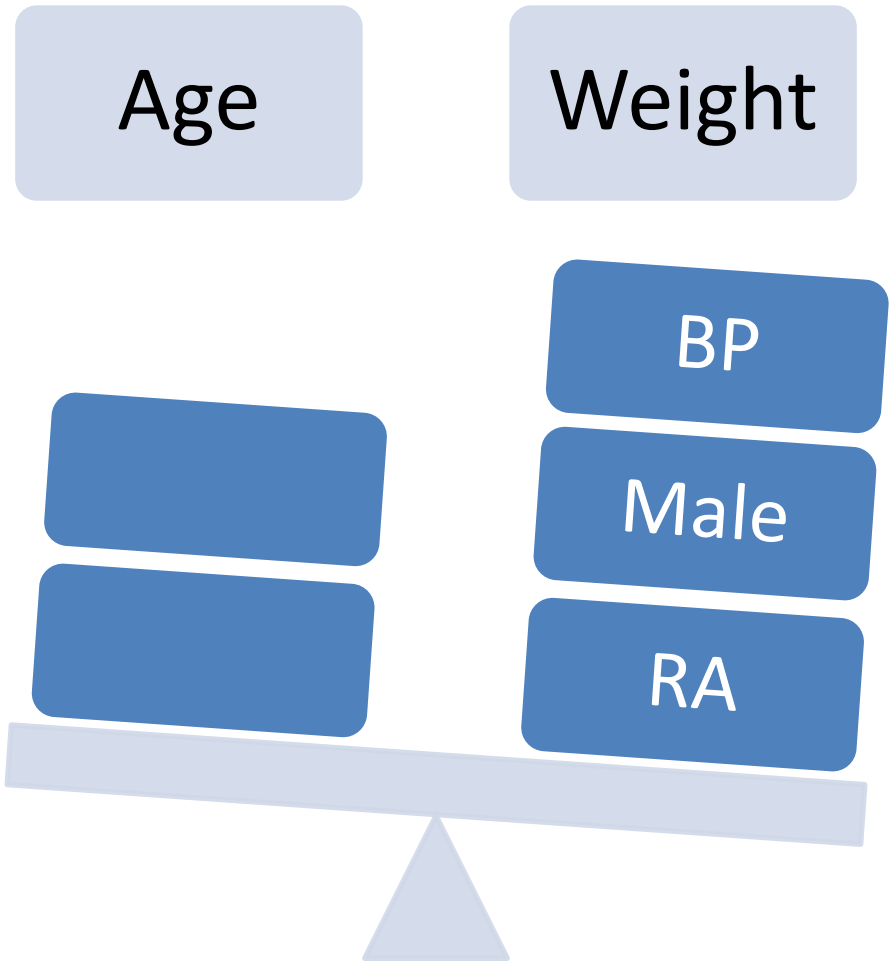
- Joints not good (SJC 10 TJC 24)
- SOBOE (one flight of stairs)

- Still has a pleural effusion (re-accumilated on CXR)

- Short course po prednisolone
- Switch biologics

Jan 2018

- Cardiac arrest at home – wife started CPR
- Blue-lighted in to A and E advance call on red phone
- ROSCR – STEMI – Hull for PCI
- RIP 28/01/2018 aged 40yrs and 9mths


Age
Weight
BP
Male
RA

Traditional CVS risk factors

- Hypertension
- High cholesterol
- Age
- Male sex
- Smoking
- Diabetes
- Family history
- Stress

RA is a major risk factor for CVD

- EULAR recommends screening and managing hyperlipidaemia in all patients with RA (once in LDA or remission)
- Tight control of RA and addressing traditional CVS risk factors is important
- ESC and ACC/AHA guidelines suggest lifestyle modifications and statin if high 10yr risk of CVS event (statins are remarkably effective)

How do we do?

- A: 5%
- B: 20%
- C: 40%
- D: 60%
- E: 80%

Badly!

- < 40%
- DM is < 80%

CVS risk in RA

- Various studies have shown that methotrexate reduces the incidence of CVS disease in patients with RA (e.g. QUEST-RA in Arth Res Ther 2008;10:R30)
- Methotrexate has a significant effect on reduction of TNF, CRP, IL-6 and other cytokines that are involved in the development of atherosclerosis

Pain problems

- 800 pts interviewed for The Telegraph
- 76% patients with RA reported that pain prevented them living life to the full
- 51% women felt like a nuisance talking about their RA pain
- 33% pts do not feel their HCPs take their joint pain seriously

Pain management – stepped-care approach

- Education
- Physical therapy and exercise
- Orthotics
- Psychological or social interventions
- Weight management
- Sleep interventions

Driving with the blinkers on?

- ‘The combination of both narrow policy setting and document scoping along with the focus of guidelines on therapeutics have resulted in the diminution of the value of holistic assessment for patients with arthritis’

- How well do we really know our patients?

Holistic assessment

- Biological, psychological and social factors

- Central neurophysiological processing
- Resilience and vulnerabilities (emotions, cognitions, behaviour, lifestyle)
- Social factors (work, support, facilities, economic)

- Sleep quality
- Obesity
- Smoking/alcohol
- Fatigue
- Low mood

Food for thought