General Information

Autoimmune condition causing synovitis of joints, tendon sheaths, and bursae

Symmetrical and affects multiple joints

3x more common in women

Associated with HLA DR4 and HLA DR1

70% of RA patients have +ve RF

Some patients will be anti-CCP +ve

Hand Signs

Boggy feeling in synovium

Z-shaped deformity to thumb

Swan neck deformity (hyperextended PIP, flexed DIP)

Boutonnieres deformity (hyperextended DIP, flexed PIP)

Ulnar deviation of MCP joints

Diagnostic Criteria

More than 4/7 = diagnosis:

Morning stiffness for >1hr for 6+ weeks

3+ joints affected for 6+ weeks

1+ joints in hand/wrist for 6+ weeks

Symmetrical involvement of 1+ joints

Presence of rheumatoid nodules

High serum RF

Consistent radiographic changes of hand or wrist

Worse Prognosis

Younger onset

Male

More joints + organs

RF + anti-CCP

Erosions on XR

Presentation

Key symptoms	Symmetrical distal polyarthropathy
	Pain, swelling, stiffness
	Improves with activity
	Morning stiffness >1hr
Systemic symptoms	Fatigue
	Weight loss
	Flu
	Myalgia

Extra-Articular Manifestations

Caplan's syndrome - pulmonary fibrosis, pulmonary nodules

Bronchiolitis obliterans

Felty's syndrome - RA, neutropenia, splenomegaly

Secondary Sjogren's syndrome - sicca syndrome

Anaemia of chronic disease

CVD

Episcleritis and scleritis

Rheumatoid nodules

Lymphadenopathy

Carpel tunnel syndrome

Amyloidosis

Important Side Effects

Methotrexate	Pulmonary fibrosis
Leflunomide	HTN Peripheral neuropathy
Sulfasalazine	Male infertility (reduced sperm count) Orange fluids
Hydroxychloroquine	Nightmares Reduced visual acuity
Anti-TNF medication	Reactivation of TB or Hep B
Rituximab	Night sweats Thrombocytopenia

Joint Involvement

PIP joints

MCP joints

Wrist + ankle

Cervical spine

Can involve large joints (knees, hips, shoulders)

Does not involve DIP joints

Palindromic Rheumatism

Self-limiting, short episodes of inflammatory arthritis

Presents with joint pain, stiffness and swelling

Episode lasts 1-2 days then completely resolves

A +ve RF and anti-CCP can indicate it will progress to RA

Investigations

RF

If -ve, check anti-CCP

CRP + ESR

XR of hands and feet

USS to confirm synovitis

XR Changes
Joint destruction and deformity
Soft tissue swelling
Periarticular osteopenia
Bony erosions

Management	
MDT	
Steroids	Short course initially + flare ups
NSAIDs (+PPI)	
DMARDs	1. Monotherapy with methotrexate/leflunomide/sulfasalazine Hydroxychloroquine if mild Take folic acid 5mg if on methotrexate
	2. Dual therapy with above
	3. Methotrexate + biological therapy (usually TNF inhibitor)
	4. Methotrexate + rituximab
	If pregnant - sulfasalazine or hydroxychloroquine
Surgery	

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