

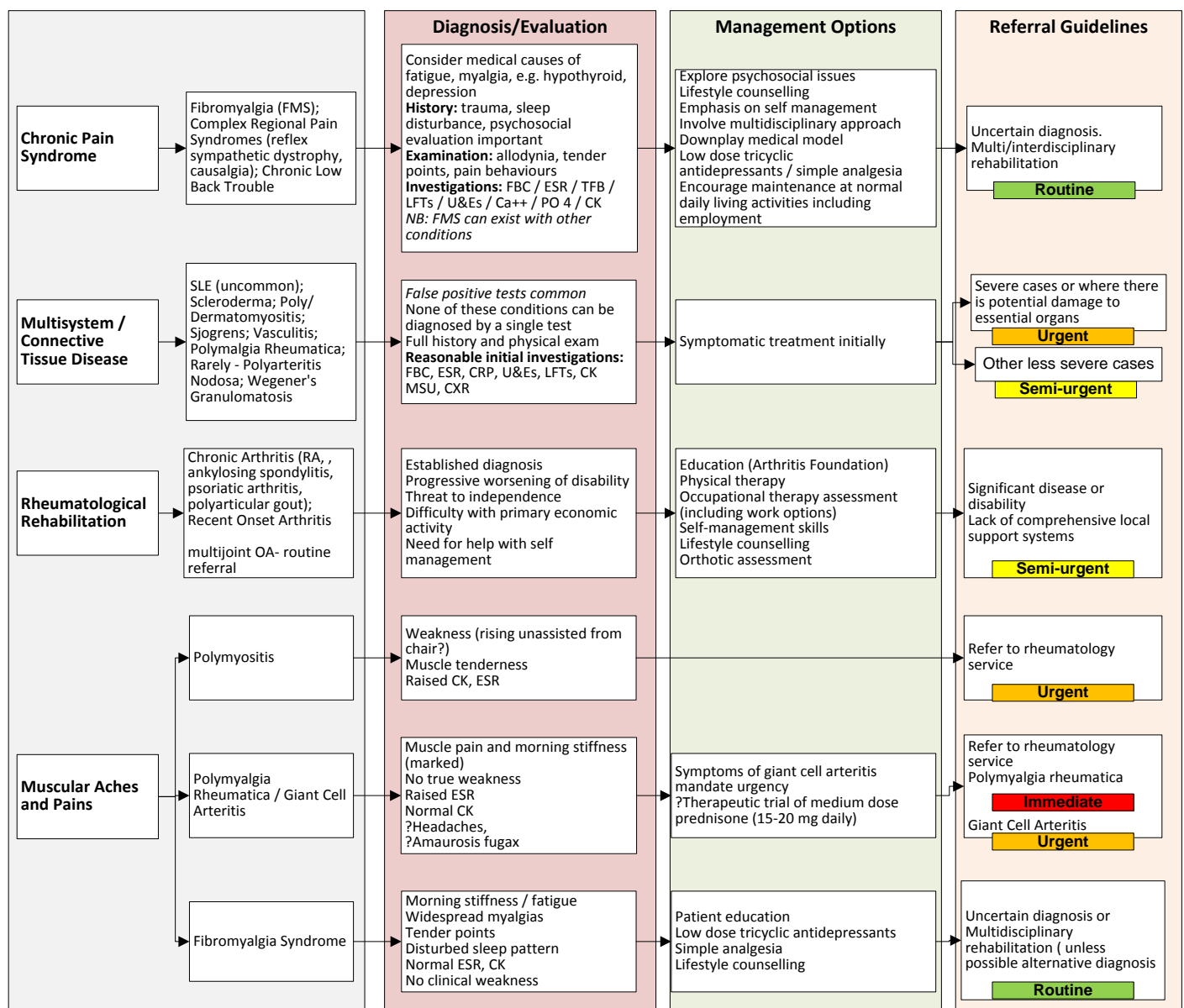
Rheumatology Referral Guidelines¹

Diagnosis

- Patients referred to rheumatologists would normally have musculoskeletal complaints. This might include patients with inflammatory joint disease, connective tissue diseases, vasculitis and multisystem disorders, crystal arthropathies, degenerative joint disease, metabolic bone disease, soft tissue rheumatism and generalised painful disorders such as polymyalgia, rheumatica, fibromyalgia

Referral Guidelines

- Priority should be given to early referral of patients with inflammatory, destructive joint disease. Evidence increasingly shows that early intervention with disease-modifying agents is required in order to get good outcomes. Patients with systemic inflammatory conditions and severe pain and dysfunction will also be given priority.
- Referrals should note the presence of inflammation or swelling in which joints, and raised rheumatoid factor and inflammatory markers.
- Laboratory tests done prior to referral should include Rheumatoid Factor and Anti-CCP for suspected RA. This provides a useful benchmark against tests at time of the FSA. Any additional tests not in the guidelines below will be done with the specialist appointment - this will not delay treatment.



¹ Based on MOH Referral Guidelines

