



Medicine for Managers

Dr Paul Lambden BSc MB BS BDS FDSRCS MRCS LRCP DRCOG MHSM

Rheumatic Disorders

Rheumatic diseases affect joints, muscles and connective tissue, which cause pain, inflammation and other symptoms. More than 200 conditions are classed as rheumatic diseases. They cause considerable morbidity and most people over the age of sixty have some stigmata of joint or muscle disorders. For many, pain is persistent, often poorly controlled and a constant testament to inability to undertake normal activities.

What is arthritis and rheumatism?

Arthritis is a group of diseases affecting joints.

Rheumatism is a non-specific older term for generalised joint and muscle aches, not generally used nowadays.

Rheumatic Disease is an umbrella term for diseases of joints, muscles and connective tissues.

For some people, rheumatic diseases are crippling, at worst preventing sufferers from undertaking the most basic of bodily functions. Many face progressive incapacity with fortitude whilst, for others, it is an unremitting burden.

The symptoms are very variable; acute or chronic, insidious or aggressive, localised or generalised, persistent or remitting and relapsing.

GP surgeries are peppered with patients with pain or disability and the diseases can affect anyone to any degree at any age and of any

race. For the clinician presented with a patient with joint or muscular aching, the first challenge is to try to establish the nature of the condition. Joint pain may be the result of inflammation or through changes consistent with wear and tear.

The most common sorts of rheumatic disease include:

- Osteoarthritis
- Rheumatoid arthritis
- Ankylosing spondylitis
- Psoriatic arthritis
- Gout
- Scleroderma
- Polymyalgia Rheumatica
-

But there are many more.

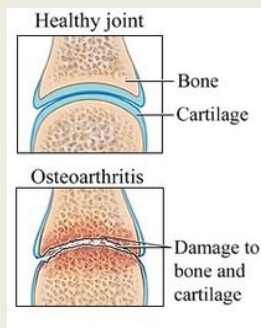
Osteoarthritis is very common, affecting about one adult in 10 in the UK, with the knee the most common site.

Three-quarters of patients developing the

disease are over 55.

Rheumatoid arthritis is the most common inflammatory rheumatic arthritis occurring in about 1% of the population, with a peak age of 30-50.

For **osteoarthritis**, the cause is damage to the cartilage, the protective layer on the ends of bones, which damages joints as it wears down causing pain and difficulty in movement.



Most **rheumatic diseases** involve the immune system and result in it attacking the body's own tissue. Risk factors for rheumatic include:

- Genetic mutations which increase risk
- Sex: rheumatoid arthritis is more common in women, ankylosing spondylitis in men
- Weight: aggravated by obesity
- Smoking increases risk
- Toxins and pollutants make rheumatoid arthritis more likely.

Common Symptoms of Rheumatic Diseases

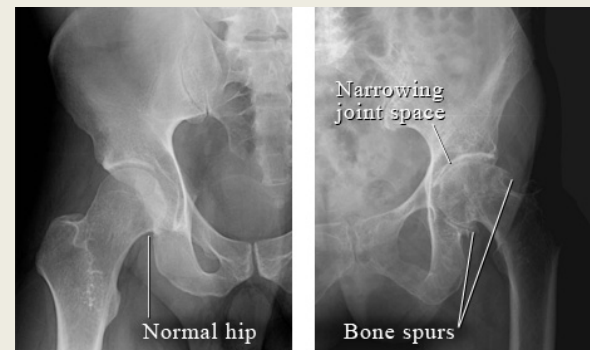
- Joint pain, soreness and tenderness
- Inflammation, swelling, redness and warmth in an affected joint
- Joint stiffness and movement limitation
- Feeling tired and lacking energy

If the symptoms of joint pain and stiffness worsen during the day and principally affect large joints like the hip and knee, it is likely to be osteoarthritis.

If the joints are painful and stiff at the start of the day and ease with use, if they are symmetrical and principally the small joints in the hands and feet, and if they are red and hot, the diagnosis is more likely to be rheumatoid (inflammatory) arthritis.

Diagnosis of Rheumatic Disorders

Osteoarthritis is usually diagnosed following a detailed medical history and examination. X-rays of affected joints will often show narrowing of the joint space and presence of bone spurs.



The hip radiographs compare a normal with an osteoarthritic hip.

Rheumatoid Arthritis normally affects small joints such as the hands and ankles and is commonly symmetrical. Joints are most stiff in the mornings and rheumatoid nodules may be present.



The photograph shows a severe RA with nodules over the knuckles.

Ankylosing Spondylitis usually starts as lower back pain in the sacro-iliac joints, spreading up the back and neck resulting in spine stiffness. Bending becomes very difficult. Diagnosis is assisted by examination and a blood test for a protein called HLA-B27.

Psoriatic Arthritis is an autoimmune disorder often linked to skin psoriasis. It has a variety of types and may present, not only with the skin



changes but with painful swollen joints, stiffness, swollen fingers (sometimes called

sausage fingers), fatigue, eye inflammation and displaying flares-up.

Diagnosis is by arthritic changes above, presence of skin lesions and X-rays and blood tests to exclude other arthritic diseases.

Gout occurs with build-up of uric acid crystals in a joint, most commonly the big toe. It may be intensely painful, and episodes commonly last 10-15 days. Normally only one or two joints are affected and may be pain free between attacks. Diagnosis is normally by finding accumulation of uric acid in fluid drawn from a swollen joint or raised in a blood test.



Scleroderma (literally 'hard skin') affects children and adults resulting in hardening of skin, fat, connective tissue, muscle and bone. It may present as tender, warm joints, dyspepsia, dry mouth and eyes, heart or lung disorders, and dilated skin blood vessels. It is diagnosed by history, examination and blood tests.

Polymyalgia Rheumatica mostly affects older adults. It may start slowly or rapidly with morning stiffness, worse after sitting or lying, poor appetite, fever, weight loss and pain and stiffness in two or more of the hips, neck, thighs, upper arms and shoulders.

Diagnosis may be difficult but is normally by examination, X-rays and a range of blood tests to eliminate other forms of arthritic disorder.

There are around 200 identified forms of rheumatic disease. Many are difficult to identify. There are now a wide range of disease-modifying anti-rheumatic drugs which have various actions to:

- Control long-term pain
- Reduce inflammation in joints
- Induce remission in the inflammatory process
- Act on nerves and neuro-transmitter sites in the brain and spinal cord to modify pain signals
- Treat depression associated with chronic symptoms

Other treatments may include local anaesthetic or alcohol nerve blocks or epidural injections to relieve pain.

Rheumatological treatments have improved considerably over recent years and new, effective treatments are emerging. **The British Society of Rheumatology** is at the forefront of such progress. paullambden@compuserve.com