



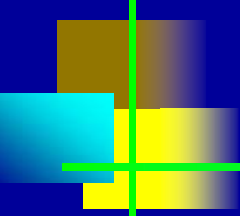
Arthritis Care: Optimizing Functional Outcomes

The Medical Perspective
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CASE

- Ms. HD
- 36 year old woman, an engineer
- 8 year history of Rheumatoid Arthritis
- Joint involvement has included MCPs, PIPs, wrists, ankles, knees and MTPs
- Current therapies:
 - Diclofenac SR 75mg bid
 - Methotrexate 25mg sc weekly
 - Hydroxychloroquine 200 mg bid
 - Folic Acid 1 mg/daily

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- Presents to clinic with a painful and swollen left ankle
 - On exam:
 - soft tissue swelling in area of left lateral malleolus
 - Tenderness to palpation
 - No redness, no warmth
 - True ankle joint (tibiotalar) – normal on exam
 - No subtalar or midfoot abnormalities on exam



Other joints

- Active joint count
 - 3 other MCPs actively swollen
 - No damage from RA
 - No extra-articular features
- Bloodwork
 - ESR = 26
 - CRP = 9



What are the issues?

- Active synovitis – in the form of arthritis and tenosynoviits
 - Active RA
 - Tendonitis likely due to active RA
- Difficulty with walking – takes transit to work
- Can't wear the shoes she would like due to pain



Ultrasound Left Ankle

- Severe synovitis within peroneal tendon sheath with markedly hyperemic synovium on doppler imaging
- longitudinal tear of peroneus brevis tendon
- Peroneus longus tendinosis



Management

- Control her rheumatoid disease
 - Add Arava
 - Goal to add a biologic medication if fails Arava
 - Cannot inject due to presence of a tear
- Referral to orthopedic surgery
 - Re: opinion about surgical repair
- Referral to physiotherapy
 - Ultrasound for tendonitis



Further care

- Seen by surgery – no OR offered
- Seen by PT -
 - ? Benefit from topical NSAID + PT
 - Patient was prescribed Pennsaid
 - After 6 weeks of PT
 - Moderate improvement
- Sent to footcare clinic
 - Orthotics to prevent/correct mechanical issues



Where are we now?

- Rheumatoid disease
 - Better but imperfect control on combination therapy (MTX, Arava, Hydroxychloroquine)
 - Still plan to go on to use biologic therapies if able to obtain access
- Ankle pain and swelling
 - Moderate improvement
 - Patient still wearing flat shoes



This case illustrates

- Feedback loop
 - Importance of communication
- Individualized skills of members of the team
 - Common goal allows all to work together
 - Each member can focus on what they do best



Inter-professional care

- Physiotherapy
 - An enormous resource for rheumatologist
 - Inflammatory, non-inflammatory, back pain, regional pain syndromes
 - Access is an issue
 - Use TAS
- Orthopedic Surgery
- Orthotics at Footcare clinic
- Occupational Therapy
- Social work



Interprofessional Care

- Don't need to be in a dedicated interprofessional clinic to provide this care
- Applicable to all disease states
- More challenging
- Keys to success:
 - Communication
 - Accessibility
 - Interest
 - Get to know what others do
 - Get to know what others can do for you



Ultimate Goal

- Optimizing patient care