Rheumatology
Specialist Clinic Referral Guidelines

AlfredHealth

The impact of COVID-19 has resulted in high demand for specialist clinic consultations. If there is a concern about the delay of the appointment, or any deterioration in the patient's condition, please send an updated referral with additional information.

If the patient's care needs have become urgent, please call the unit registrar on call on 9076 2000.

Please fax your referral to The Alfred Specialist Clinics on 9076 6938. The Alfred Specialist Clinics Referral Form is available to print and fax. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

You will be notified when your referral is received. Your referral may be declined if it does not contain essential information required for triage, or if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at Alfred Health.

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

Referral to Victorian public hospitals is not appropriate for:

- Asymptomatic hyperuricaemia
- A single attack of gout
- Previously diagnosed gout that is adequately managed
- Previously diagnosed gout without prophylactic treatment
- Osteoporosis that has not been treated
- Age appropriate osteopenia without fracture(s)
- When the person's life expectancy is < 6 months

The following conditions are not routinely seen at Alfred Health:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age

Please refer to the Department of Health Statewide Referral Criteria for Specialist Clinics for further information when referring to Rheumatology specialist clinics in public hospitals.

Please include in your referral:

Demographic details: • Date of birth • Patient's contact details including mobile phone number • Referring GP details • Interpreter requirements • Medicare number	**Clinical information:** • Reason for referral • Duration of symptoms • Relevant pathology and imaging reports • Past medical history • Current medications

Some clinics offer an MBS-billed service. There is no out of pocket expense to the patient. MBS-billed services require a current referral to a named specialist – please provide your patient with a 12 month referral addressed to the specialist of your choice. Please note that your patient may be seen by another specialist in that clinic in order to expedite his or her treatment.
The times to assessment may vary depending on size and staffing of the hospital department.

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, or if you require an urgent specialist opinion, please contact the Rheumatology Registrar on call on 9076 2000.

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Arthritis

Inflammatory arthritis

DHHS Statewide Referral Criteria apply for this condition.

Direct to the Emergency Department:

- Patients with acutely painful, hot, swollen joint(s) especially if febrile
- Suspected sepsis in a patient with previously diagnosed rheumatoid arthritis
- Unexplained illness or fever in a patient being treated with biologic or immunosuppressant medicines.

Criteria for referral to public hospital specialist clinic services:

- Suspected or diagnosed inflammatory arthritis with active symptoms
- Previously diagnosed inflammatory arthritis for review of management monitoring or management of toxicity associated with treatment.

Information to be included in the referral.

Information that **must** be provided:

- Description of joints affected and onset, characteristics and duration of symptoms
- Details of previous medical management including the course of treatment and outcome of treatment
- Full blood examination
- Erythrocyte sedimentation rate (ESR)
- C-reactive protein (CRP)
- If the patient is pregnant or planning a pregnancy

Provide if available:

- Rheumatoid factor (RhF) levels
- Anti-cyclic citrullinated peptide (anti-CCP) antibody levels
- Relevant x-rays
- Liver function tests
- Urea and electrolyte results
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- How symptoms are impacting on daily activities (e.g. work, study, or carer role)
- Previous rheumatology assessments or opinions.

Additional comments:

Please include the essential demographic details and clinical information in the referral.
As inflammatory arthritis is chronic or progressive condition that requires ongoing specialist advice the referral should request partnership care between patient, their GP and The Alfred.
The referral should note if the request is for a second or subsequent opinion as requests for a second opinion will usually not be accepted.
Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Rheumatoid arthritis

Please contact the rheumatology registrar to arrange urgent rheumatology assessment for this condition.

Evaluation

Key Points:

- History:
  - Precipitating events
  - Family history
  - Functional impairment
  - Weight loss
- Examination:
  - Articular swelling
  - Non-articular involvement.

Investigations:

- FBE, ESR
- U&Es
- LFTs
- Anti-CCP, ANA, CRP
- XR affected joints
- Urinalysis

Management:

- If diagnosis of rheumatoid arthritis is established, periodic review by a rheumatologist is strongly advised.

Additional information:

Please include the essential demographic details and clinical information in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Ankylosing spondylitis

DHHS Statewide Referral Criteria apply for this condition.

Direct to the Emergency Department for:

- New neurological features in a patient with previously diagnosed ankylosing spondylitis
- Patients with acutely painful, hot, swollen joint(s) especially if febrile
- Suspected sepsis in a patient with previously diagnosed inflammatory back pain
- Unexplained illness or fever in a patient being treated with biologic or Immunosuppressant medicines.

Criteria for referral to public hospital specialist clinic services:

- Inflammatory back pain with onset of symptoms before 45 years, with more than 3 months of symptoms, with one or more of the following:
  - Heel pain (enthesitis)
  - Peripheral arthritis
  - Dactylitis
  - Iritis or anterior uveitis
  - Psoriasis
  - Inflammatory bowel disease
  - Positive family history of axial spondyloarthritis, reactive arthritis, psoriasis, inflammatory bowel disease or anterior uveitis
  - Previous good response to non-steroidal anti-inflammatory medicines
  - Raised acute phase reactants (erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) or both)
  - HLA-B27 positive
  - Sacroiliitis shown on x-ray or MRI.

Information to be included in the referral.

Information that **must** be provided:

- Description of joints affected and onset, characteristics and duration of symptoms
- Details of all sentinel findings
- Report on x-ray that includes the sacroiliac joint
- Details of previous medical management including the course of treatment and outcome of treatment
- Full blood examination results
- Erythrocyte sedimentation rate (ESR)
- C-reactive protein (CRP)
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- If the patient is pregnant or planning a pregnancy.

Ankylosing spondylitis (continued).

Provide if available:

- Relevant x-rays
- Liver function tests
- Urea and electrolyte results
- How symptoms are impacting on daily activities (e.g. work, study, or carer role)
- Previous rheumatology assessments or opinions.

Additional comments:

Please include the essential demographic details and clinical information in the referral.

As inflammatory back pain is chronic or progressive condition that requires ongoing specialist advice the referral should request partnership care between the patient, their general practitioner and the health service.

The referral should note if the request is for a second or subsequent opinion as requests for a second opinion will usually not be accepted.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Psoriatic arthritis

Direct to the Emergency Department for:

- Patients with acutely painful, hot, swollen joint(s) especially if febrile
- Suspected sepsis in a patient with previously diagnosed psoriatic arthritis
- Unexplained illness or fever in a patient being treated with biologic or immunosuppressant medicines.

Criteria for referral to public hospital specialist clinic services:

- Suspected psoriatic arthritis with one or more of the following:
  - Inflammatory back pain
  - Heel pain (enthesitis)
  - Uveitis
  - Dactylitis
  - Psoriasis
  - Inflammatory bowel disease
  - Positive family history of spondyloarthritis
  - HLA-B27 positive.

Information to be included in the referral.

Information that **must** be provided:

- Description of joints affected and onset, characteristics and duration of symptoms
- Details of skin conditions
- Details of sentinel findings
- Details of previous medical management including the course of treatment and outcome of treatment
- Full blood examination results
- Erythrocyte sedimentation rate (ESR)
- C-reactive protein (CRP)
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- If the patient is pregnant or planning pregnancy.

Psoriatic arthritis (continued).

Provide if available:

- Rheumatoid factor (RhF) levels
- Anti-cyclic citrullinated peptide (anti-CCP) antibody levels
- Relevant x-rays
- Liver function tests
- Urea and electrolyte results
- How symptoms are impacting on daily activities (e.g. work, study, or carer role)
- Previous rheumatology and dermatology assessments or opinions.

Additional comments:
Please include the essential demographic details and clinical information in the referral.

As psoriatic arthritis is chronic or progressive condition that requires ongoing specialist advice the referral should request partnership care between the patient, the GP and the Alfred.

The referral should note if the request is for a second or subsequent opinion as requests for a second opinion will usually not be accepted.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Osteoarthritis

Please contact the rheumatology registrar to arrange an urgent rheumatology assessment for patients with exceptional circumstances requiring assistance with self-management.

Evaluation

Key Points:

- History:
  - Functional impairment
- Investigations:
  - XR affected joints.

Management:

- If diagnosis is established, refer if:
  - Progressive worsening of disability
  - Acute on chronic symptoms
  - Threat to independence
  - Difficulty with employment

Additional information:
Please include the essential demographic details and clinical information in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Acute monoarthritis

Direct to the Emergency Department and/or contact the Rhuematology consultant or registrar on call for aspiration and diagnosis if sepsis is suspected or cannot be excluded in patients with this condition.

Evaluation

Key Points:

- History:
  - Hot, red, swollen joint
  - Presence of pyrexia.

Investigations:

- FBE, ESR
- U&Es
- LFTs
- Uric acid

Additional information:
Please include the essential demographic details and clinical information in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Reactive arthritis

Evaluation

Key Points:

- History:
  - Trauma
  - Multiple joint involvement
  - Genitourinary/GI infection
  - Family history
  - Back pain/stiffness

Refer for assessment - most cases should be assessed by a Rheumatologist.

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Gout

DHHS Statewide Referral Criteria apply for this condition.

Direct to the Emergency Department for:

- Patients with acutely painful, hot, swollen joint(s) especially if febrile
- Suspected sepsis in a patient with previously diagnosed gout.

Criteria for referral to public hospital specialist clinic services:

- Suspected gout in premenopausal women or men < 40 years
- Tophaceous gout with progressive joint damage, active symptoms or growing tophi despite medical management
- Gout that has previously been diagnosed with any of the following:
    - Allopurinol intolerance (e.g. rash, hepatitis)
    - Symptoms despite maximum tolerated allopurinol dosage
    - Progressive joint damage despite medical management
    - Compromised renal function: glomerular filtration rate (GFR) < 30 mL/min/1.73m2
    - Solid organ transplant
    - Complex comorbidities.

Information to be included in the referral.

Information that **must** be provided:

- Description of joints affected and onset, characteristics and duration of symptoms
- Frequency of episodes and number of attacks that have occurred within the last 12 months
- Inter-episode blood uric acid levels
- Details of previous medical management including the course of treatment and outcome of treatment
- Relevant medical history
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Glomerular filtration rate (GFR)

Gout (continued)

Provide if available:

- How symptoms are impacting on daily activities (e.g. work, study, or carer role)
- Full blood examination results
- Relevant x-rays
- Results of previous joint aspirations.

Additional comments:
Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for:

- Asymptomatic hyperuricaemia
- A single attack of gout
- Previously diagnosed gout that is adequately managed
- Previously diagnosed gout without prophylactic treatment.

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Pseudogout

Evaluation

Key Points:

- History:
  - Acute, single or few joints involved
  - Exclude infection (hot, red, swollen joint with pyrexia)
  - Consider joint aspiration; diagnosis of gout is made by examination of joint fluid by polarised light microscopy
  - Consider pseudogout.

Investigations:

- FBE, ESR
- U&Es
- LFTs
- Uric acid

Management:

- Routine referral appropriate for patients with recurrent gout which is chronic, polyarticular or if the diagnosis is uncertain.

Additional information:
Please include the essential demographic details and clinical information in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Haemarthrosis

Evaluation

Key Points:

- History:
  - Trauma
  - Exclude infection (hot, red, swollen joint, pyrexia)

Investigations:

- XR affected joint

Management:

- Routine referral to specialist appropriate for aspiration and/or injection for difficult anatomical sites or problems requiring particular expertise.

Additional information:

Please include the essential demographic details and clinical information in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Soft tissue rheumatism

Including rotator cuff, tennis elbow, trochanteric bursitis, carpal tunnel syndrome, plantar fasciitis.

Evaluation

Key Points:

- History:
  - Trauma
  - Occupation
  - Pain pattern
- Examination:
  - Normal passive ROM
  - Clinical diagnosis

Investigations:

- FBE, ESR
- X-ray if fails to settle.

Management:

- Routine referral appropriate for:
  - Uncertain diagnosis
  - Local injection
  - Failure to settle.

Additional information:

Please include the essential demographic details and clinical information in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Chronic pain syndromes (including fibromyalgia)

Evaluation

Key Points:

- History:
  - Trauma
  - Sleep disturbance
  - Morning stiffness/fatigue
  - Widespread myalgias
  - Psychosocial evaluation important
- Examination:
  - Tender joints
  - Pain behaviours
  - No clinical weakness.

Investigations:

- FBE, ESR
- U&Es
- LFTs
- Ca, PO42
- CK.

Management:

- Routine referral appropriate for:
  - Uncertain diagnosis
  - Multi/interdisciplinary rehabilitation
- NOTE: Fibromyalgia can exist with other conditions.

Additional information:
Please include the essential demographic details and clinical information in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Connective tissue disease

Including systemic lupus erythematosus (SLE), scleroderma, polymyositis, dermatomyositis, Sjogren's syndrome.

Please contact the rheumatology registrar to arrange urgent rheumatology assessment for most cases. Early discussion with a Rheumatologist will aid prioritisation, especially if the patient is unwell and may need to be seen urgently.

Evaluation

Key Points:

- History:
  - Trauma
  - Rash
  - Colitis/iritis
  - Genitourinary/GI infection
- Examination:
  - Rashes
  - Anatomical swelling (c.f. oedema)
  - Blood pressure.

Investigations:

- FBE, ESR
- RhF or anti-CCP
- ANA/DNA binding
- U&Es
- LFTs
- CRP
- CK (raised by Polymyositis)
- Urinalysis, MSU
- NOTE: False positive tests are common – none of these conditions can be diagnosed by a single test.

Additional information:

Please include the essential demographic details and clinical information in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Vasculitis

Including temporal arteritis, polymyalgia rheumatica, polyarteritis nodosa, wegener's granulomatosis.

Please contact the rheumatology registrar to arrange urgent rheumatology assessment for:

- Temporal arteritis
- Polymyalgia Rheumatica
- Polyarteritis nodosa
- Wegener's Granulomatosis.

Early discussion with Rheumatologist will aid prioritisation, especially if the patient is unwell and may need to be seen urgently.

Evaluation

Key Points:

- History:
  - Muscle pain
  - Marked morning stiffness
  - Headaches
  - Amaurosis fugax
- Examination:
  - No true weakness.

Investigations:

- FBE, ESR (raised), CRP
- U&Es
- LFTs
- CK
- Urinalysis for protein and dysmorphic red cells.

Additional information:

Please include the essential demographic details and clinical information in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Metabolic bone disorders

DHHS Statewide Referral Criteria apply for this condition.

Criteria for referral to public hospital specialist clinic services:

- Suspected metabolic bone disease that is not osteoporosis (for example: Paget's disease, fibrous dysplasia, osteomalacia, osteogenesis imperfecta)
- Persistent osteoporosis despite maximum treatment
- Osteoporosis in women < 50 years or men < 60 years
- Intolerance to, or contraindication for, maximum treatment
- Metabolic bone disease associated with:
    - Treatment with glucocorticoid medicines
    - Inflammatory disorders
    - Chronic kidney disease
    - Post-transplant
- Metabolic bone disease associated with complications associated with treatment:
    - Atypical femoral fracture
    - Osteonecrosis of the jaw
- Advice on, or review of, management plan in patients with stable metabolic bone disease after 5 years treatment.

Information to be included in referral.

Information that **must** be included:

- Details of all fractures, including location
- Details of previous medical management including the course of treatment and outcome of treatment
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Recent (in last 3 months):
    - Serum calcium results
    - Serum 25-hydroxy vitamin D (25(OH)D)
    - Phosphate blood test result
    - Creatinine and electrolyte results
    - Albumin blood test result
    - Alkaline phosphate (ALP) blood test result
- Relevant comorbidities.

Metabolic bone disorders (continued)

Provide if available:

- Current or previous bone densitometry results
- Current or previous radiological reports of any fractures
- Parathyroid (PTH) blood test result.

Additional information:
Please include the essential demographic details and clinical information in your referral.

Referrals to a rheumatology service are most appropriate for:

- Metabolic bone disease associated with:
  - Treatment with glucocorticoid medicines
  - Inflammatory disorders
- Metabolic bone disease associated with complications of treatment:
  - Atypical femoral fracture
  - Osteonecrosis of the jaw.

Other referrals are likely to be directed to an alternative specialist clinic or service.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for:

- Osteoporosis that has not been treated
- Age appropriate osteopenia without fracture(s)
- When the person's life expectancy is < 6 months.

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Reflex sympathetic dystrophy

Evaluation

Key Points:

- Consider medical causes of fatigue, myalgia e.g. hypothyroidism, depression.
- History:
    - Trauma
    - Sleep disturbance
    - Morning stiffness/fatigue
    - Widespread myalgias
    - Psychosocial evaluation important
- Examination:
    - Tender points
    - Pain behaviours
    - No clinical weakness.

Investigations:

- FBE, ESR
- U&Es
- LFTs
- Ca, PO42
- CK.

Management:

- Refer if:
    - Uncertain diagnoses
    - Multi/interdisciplinary rehabilitation.

Additional information:
Please include the essential demographic details and clinical information in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Avascular necrosis

Please contact the rheumatology registrar to arrange urgent rheumatology assessment for further management of this condition.

Evaluation

Key Points:

- Acutely painful joint
- Significant pain.

Investigations:

- XR affected joint
- Bone scan or MRI if diagnosis suspected.

Additional information:
Please include the essential demographic details and clinical information in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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