

## Rheumatology Specialist Clinics at Western Health:

Western Health provides the Specialist Clinics for patients who require assessment and management of Rheumatology conditions. The Western Health Rheumatology Unit provides five clinics a fortnight. The focus of the clinics is to provide management and treatment for the conditions listed below:

- Giant cell arteritis.
- Vasculitis
- Systemic Lupus Erythematosus (SLE)
- Inflammatory Arthritis
- Ankylosing Spondylitis
- Refractory Gout
- Other Autoimmune Connective Tissue Diseases (Scleroderma, Myositis, Sjogren's, Mixed Connective Tissue Disease, Undifferentiated Connective Tissue Disease)

## Conditions not seen at Western Health:

**Patients with the following common Rheumatology conditions, in the absence of inflammatory symptoms, are unable to be accommodated at present in our Rheumatology clinics:**

- Osteoarthritis of the hand, hip and knees
  - Consider referral to Western Health Osteoarthritis Hip and Knee Service (OAHKS)
- Chronic pain syndromes
  - Including Fibromyalgia and Complex Regional Pain Syndrome
  - Consider referral to pain clinic
- Mechanical pain
  - Low back pain and neck pain
  - Shoulder pain
- Osteoporosis
  - Consider referral to metabolic bone clinic
- Ehlers Danlos Syndrome
  - Consider referral to genetics clinic
- Positive blood tests without clinical symptoms
  - Antinuclear antibody (ANA)
  - Rheumatoid factor (RF)
  - Clinical symptoms: mouth/nasal ulcerations, Alopecia, Raynaud's, Inflammatory Arthritis, Photosensitive rash, Proteinuria/Haematuria

### **Inflammatory symptoms:**

Early morning stiffness, joint swelling, improvement with activity

## Access & Referral Priority Rheumatology Specialist Clinics:

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.

| URGENT   | ROUTINE  |
|--|--|
| <p><b>Giant Cell Arteritis</b></p> <ul style="list-style-type: none"> <li>• Please contact 8345 6666 pager 252 to discuss evaluation, management and review</li> <li>• Alternatively, consider referral to the Emergency Department</li> </ul> <p><b>Vasculitis</b></p> <ul style="list-style-type: none"> <li>• Patient with central nervous system (CNS), renal, pulmonary or cardiac involvement</li> </ul> <p><b>SLE</b></p> <ul style="list-style-type: none"> <li>• Patient with CNS, renal, pulmonary or cardiac involvement</li> </ul> | <p><b>Inflammatory Arthritis</b></p> <ul style="list-style-type: none"> <li>• For further investigations and management</li> </ul> <p><b>Ankylosing Spondylitis</b></p> <ul style="list-style-type: none"> <li>• For further investigations and management</li> </ul> <p><b>Refractory Gout</b></p> <ul style="list-style-type: none"> <li>• For a guide on management</li> </ul> <p><b>Connective tissue diseases</b></p> <ul style="list-style-type: none"> <li>• For further investigations and management</li> <li>• Unless end organ involvement</li> </ul> |

## Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

| Condition:  | Key Information Points:   | Clinical Investigations:   |
|---|---|--|
| <p><b>Inflammatory arthritis of peripheral joints</b></p> | <ul style="list-style-type: none"> <li>• Inflammatory symptoms</li> <li>• Family history</li> <li>• Previous treatment</li> </ul> <p><i>(Inflammatory symptoms: early morning stiffness, joint swelling, improvement with activity)</i></p> | <p><b>Pathology:</b></p> <ul style="list-style-type: none"> <li>• Full Blood Examination (FBE)</li> <li>• Urea, Electrolytes, and Creatinine (UEC)</li> <li>• Liver function Test's (LFTs)</li> <li>• Inflammatory markers:                             <ul style="list-style-type: none"> <li>○ C-reactive Protein (CRP)</li> <li>○ Erythrocyte Sedimentation Rate (ESR)</li> </ul> </li> <li>• Rheumatoid factor (RF)</li> <li>• Anti-cyclic citrullinated peptide (Anti-CCP)</li> </ul> |
| <p><b>Refractory GOUT</b></p>                             | <ul style="list-style-type: none"> <li>• Current treatment</li> <li>• Previous treatment</li> </ul>   | <p><b>Pathology:</b></p> <ul style="list-style-type: none"> <li>• Full Blood Examination (FBE)</li> <li>• Urea, Electrolytes, and Creatinine (UEC)</li> <li>• Liver function Test's (LFTs)</li> <li>• Inflammatory markers:                             <ul style="list-style-type: none"> <li>○ C-reactive Protein (CRP)</li> <li>○ Erythrocyte Sedimentation Rate (ESR)</li> </ul> </li> <li>• Uric Acid level</li> </ul>  |

| Condition:                              | Key Information Points:  | Clinical Investigations:  |
|---|--|---|
| <p><b>Ankylosing Spondylitis</b></p>    | <ul style="list-style-type: none"> <li>• Past medical history. Particularly:               <ul style="list-style-type: none"> <li>○ Uveitis,</li> <li>○ Inflammatory Bowel Disease,</li> <li>○ Dactylitis,</li> <li>○ Psoriasis</li> </ul> </li> <li>• Family history of Ankylosing Spondylitis</li> </ul> | <p><b>Pathology:</b></p> <ul style="list-style-type: none"> <li>• Full Blood Examination (FBE)</li> <li>• Urea, Electrolytes, and Creatinine (UEC)</li> <li>• Liver function Test's (LFTs)</li> <li>• Inflammatory markers:               <ul style="list-style-type: none"> <li>○ C-reactive Protein (CRP)</li> <li>○ Erythrocyte Sedimentation Rate (ESR)</li> </ul> </li> <li>• HLA-B27</li> </ul> <p><b>Imaging:</b></p> <ul style="list-style-type: none"> <li>• X-RAYS Pelvis (or sacroiliac), Lumbar and/or Cervical</li> <li>• Any other imaging already performed, including MRI which includes the spine</li> </ul> |
| <p><b>Connective Tissue Disease</b></p> | <ul style="list-style-type: none"> <li>• Current symptoms</li> <li>• Previous treatment</li> </ul> <p>(Patients referred with elevated ANA should have other potential features of Systemic Lupus Erythematosus)</p>   | <p><b>Pathology:</b></p> <ul style="list-style-type: none"> <li>• Full Blood Examination (FBE)</li> <li>• Urea, Electrolytes, and Creatinine (UEC)</li> <li>• Liver function Test's (LFTs)</li> <li>• Inflammatory markers:               <ul style="list-style-type: none"> <li>○ C-reactive Protein (CRP)</li> <li>○ Erythrocyte Sedimentation Rate (ESR)</li> </ul> </li> <li>• Antinuclear antibody (ANA)</li> <li>• Extractable Nuclear Antigens (ENA)</li> <li>• dsDNA, C3, C4</li> <li>• Urine protein: Cr ratio</li> <li>• Urine microscopy</li> </ul>  |

# Western Health Specialist Clinics Access & Referral Guidelines

| Condition:        | Key Information Points:  | Clinical Investigations:  |
|-------------------|--|---|
| <b>Vasculitis</b> | <ul style="list-style-type: none"> <li>• Current symptoms</li> <li>• Previous treatment</li> </ul> | <b>Pathology:</b> <ul style="list-style-type: none"> <li>• Full Blood Examination (FBE)</li> <li>• Urea, Electrolytes, and Creatinine (UEC)</li> <li>• Liver function Test's (LFTs)</li> <li>• Inflammatory markers:               <ul style="list-style-type: none"> <li>○ C-reactive Protein (CRP)</li> <li>○ Erythrocyte Sedimentation Rate (ESR)</li> </ul> </li> <li>• Anti-neutrophil cytoplasmic antibody (ANCA)</li> <li>• Urine protein: Cr ratio</li> <li>• Urine microscopy</li> </ul> |
| <b>Myositis</b>   | <ul style="list-style-type: none"> <li>• Current symptoms</li> <li>• Previous treatment</li> </ul> | <b>Pathology:</b> <ul style="list-style-type: none"> <li>• Full Blood Examination (FBE)</li> <li>• Urea, Electrolytes, and Creatinine (UEC)</li> <li>• Liver function Test's (LFTs)</li> <li>• Inflammatory markers:               <ul style="list-style-type: none"> <li>○ C-reactive Protein (CRP)</li> <li>○ Erythrocyte Sedimentation Rate (ESR)</li> </ul> </li> <li>• Creatine Kinase (CK)</li> <li>• Antinuclear antibody (ANA)</li> <li>• Extractable Nuclear Antigens (ENA)</li> </ul>   |