

Shared care protocol for the management of patients with Rheumatoid Arthritis treated with disease modifying antirheumatic drugs (DMARDs)

Version 1.0

Version: 1.0
Authorised by: Joint Medicines Management Committee
Date authorised: April 2013
Next review date: April 2015
(Review date extended to Dec 2016)

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SHARED CARE GUIDELINE

Management of RA patients treated with disease modifying antirheumatic drugs (DMARDs)

Rheumatoid Arthritis (RA) is a chronic, progressive inflammatory disease of the synovial lining of peripheral joints. The goals of management of RA are to relieve pain and inflammation, to prevent joint destruction and to preserve or improve a patient's function. Rheumatoid arthritis is the commonest type of inflammatory arthritis but similar drug treatments are used in other forms such as psoriatic arthritis.

Early introduction of disease-modifying anti-rheumatic drugs (DMARDs) is now recognised as being vital in order to minimise the risk of irreversible joint damage. General practitioners are becoming more involved in active management of the condition with the recognition that patients should be referred early for specialist advice and the initiation of disease modifying drugs.

There is a place for the monitoring of patients on *widely used and accepted drugs* within a general practice setting. Patients on these drugs need regular but infrequent consultant follow up but frequent monitoring of side effects, which may be more appropriately carried out in primary care. This guideline does NOT cover the group of drugs known as Biologics or Red drugs such as Mycophenolate mofetil.

The drugs covered by this shared care guideline are:-

Azathioprine
Methotrexate (oral administration)
Leflunomide
Hydroxychloroquine
IM Gold
Ciclosporin
Sulphasalazine

Appendix 1 contains a summary of the individual monitoring requirements for each drug according to British Society for Rheumatology guidelines (BSR). This document is intended to set out the actions required and responsibilities of each party for successful shared care monitoring of a DMARD.

Shared care may be appropriate in the following situation:

- Patients with rheumatological conditions who have been referred to secondary care for assessment and recommendation of a treatment regimen.

- Patients receiving *conventional* disease modifying therapy, as in the attached information sheets.
- DMARDs recommended by the secondary care clinician and a treatment outline defined for that particular patient, communicated to the GP and kept under regular review. A treatment recommendation may be made by the consultant or another team member on the advice of the consultant. The Rheumatology specialist nurse may also make a recommendation as an Independent prescriber.

DMARD prescribing will be initiated by the GP, on consultant advice, unless there are specific reasons for prescribing to be initiated in Secondary Care. This should be the exception rather than the rule.

Aspects of care for which the consultant is responsible

- The consultant will confirm the patient's diagnosis and carry out any baseline tests necessary.
- The consultant will ensure that the patient is educated and provided with written information about their treatment and the importance of attending monitoring appointments.
- **The consultant will determine whether shared care is an option for the patient's condition and will write to the General Practitioner (GP) detailing the diagnosis and treatment details, requesting that shared care procedures, including prescribing, commence at a mutually agreed time .**
- A shared care booklet for recording of blood tests etc will be given to the patient.
- The clinic letter will clearly state the name of the medication and dose to be prescribed. It will be accompanied by a monitoring advice sheet.
- Follow-up appointments will be arranged at appropriate intervals with the consultant team. GP will be informed of any patient who does not attend appointments so that appropriate arrangements can be made.
- The consultant or another member of the team will be available to the GP for advice and urgent review if clinically necessary.

Aspects of care for which the GP is responsible

- Ensuring that he/she has sufficient information and knowledge to understand the therapeutic issues relating to the patient's clinical condition.

- Agreeing to the principles & responsibilities of this shared care agreement. Agreeing that in his/her opinion a particular patient should receive shared care for the diagnosed condition unless good reasons exist for the management to remain within secondary care.
- Producing all prescriptions in an accurate, legible form according to the guidance in the current BNF. It is important to stress that the individual signing a prescription carries the legal liability for the consequences of prescribing the drug.
- Prescribing treatment on the recommendation of the consultant and continuing therapy in accordance with advice from the supervising consultant.
- The GP will ensure that the patient is monitored according to the British Society of Rheumatology guidelines and will take the advice of the supervising consultant if there are any amendments to the suggested monitoring schedule.
- Keeping the patient held shared care booklet up to date with the results of investigations, changes in dose and alterations in management.
- Reporting any adverse effects in the treatment of the patient to the consultant.
- It is the GP's responsibility, after discussion with the consultant, to decide whether to continue treatment in a patient who does not attend appointments required for follow up and monitoring, but in general, the prescription should not be issued if blood monitoring is not being done. A system should be in place to ensure detection of non-attenders.

Aspects of care for which the patient or carer is responsible

- Taking medicines as prescribed or informing doctors if they have not been taken.
- Making appointments for monitoring at the advised intervals.
- Attending for monitoring and follow up as required and rearranging appointments if unable to attend for whatever reason.
- Making their shared-care booklet available to be updated.
- Reporting of any side effects to their GP.
- Informing their GP and consultant of any other medication they may be taking including products purchased "over the counter" and herbal medicines.
- Ensuring they have a clear understanding of their treatment.

Contact details for GPs:-

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