ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Elective placement in Rheumatology at Homerton University Hospital

I spent two weeks at Homerton University Hospital in May 2015. I had undertaken a musculoskeletal placement in fourth year and thoroughly enjoyed the learning as well as the prospective career opportunities that this specialty had to offer. The rheumatology department at Homerton Hospital offers services to diagnose acute and chronic inflammatory conditions of the joints and connective tissue. Referrals to the service can be done directly through primary care or via the locomotor service of the city of Hackney1.

Most management of rheumatological conditions are done through outpatient clinics, where a holistic approach of care is considered and patients are encouraged to utilise other coping strategies available including exercise and alternative therapies1.

According to Arthritis Research UK, the prevalence of rheumatoid arthritis is 400,000, with approximately 20,000 new cases yearly. Rheumatoid arthritis is the most common inflammatory condition in the UK. In contrast, 286,000 people consult their GP about out yearly, upto 50,000 people have lupus and more than 30,000 people visit their GP for ankylosing spondylitis2.

Describe the prevalent rheumatological diseases seen in East London. How does this differ to the rest of the UK?

During this placement, I sat in on a variety of rheumatology clinics. As a result, I was able to meet patients and take histories from individuals with Rheumatoid arthritis, Lupus, Sjogren's and Scleroderma to name a few. Due to the ethnic diversity of the population in London and within the borough of Hackney, I was able to see such a plethora of rheumatological diseases. I imagine this would differ outside of London, where certain conditions would be more prevalent.

Discuss how a rheumatological disease is managed according to guidelines.

By far, the most common condition I have seen within my short time in outpatients has been rheumatoid arthritis (RA). As the condition has a 1% incidence within the population, it is a very common occurrence in primary care, and the chronic nature of the disease means that GPs will care for many RA patients. There is a risk for the disease to run a debilitating clinical course if not diagnosed and managed early. Previously the drug management of RA was relatively cheap but since the development of newer and more effective biological therapies, the economic burden posed by RA has grown3.

There are two key documents that are instrumental in the management of rheumatoid arthritis; produced by the National Institute for Health and Clinical Excellence (NICE)4 and the British Society for Rheumatology and British Health Professionals in Rheumatology (BSR/BHPR)5. Both guidelines advocate an early diagnostic approach with a referral to specialist secondary care as well as intensive treatment of active disease3. The guidelines highlight the importance of recognising persistent joint swelling and stiffness; especially in the small joints of the hands and feet, warranting further investigation3.

Once an individual has been diagnosed, it is recommended that they start a combination of medications with a view of acting quickly and aggressively to reduce long term damage to the joint. Both guidelines suggest the introduction of disease modifying anti-rheumatic drugs (DMARDs) as soon as possible, with NICE advising commencement within 3 months of the onset of symptoms3. Alongside the medications, a disease monitoring score such as the DAS28 is used to monitor response to therapy6. This scoring system takes into account various factors including the number of joints involved and patients' perception of pain. This assessment can influence the management plan with a view of achieving remission of the disease.

The successful management of this chronic disease involves a strong trusting relationship between the doctor and patient, where the doctor is empathetic to the patient's symptoms and is an active listener. I have noticed that good communication skills are essential in patient compliance and attendance at appointments, with better long term outcomes.

Reflect on an interesting case seen in Rheumatology

I met Mrs A, a female patient in her 30s who came into clinic with her son for follow up of her Takayasu's arteritis, which was diagnosed in 2010. The diagnosis was a long process involving multiple visits to the hospital with multiple admissions. She complained of generalised joint pains, fatigue and weight loss and difficulty conceiving. The admitting doctor investigated her quite extensively including an autoantibody and septic screen. During her stay in hospital she was given antibiotics and a cause was still not found, the only abnormalities in her blood results being persistently raised. Eventually, a CT scan was ordered and showed signs of large vessel vasculitis and a PET scan was diagnostic. Once this diagnosis was made, she was started on high dose steroids and the improvement in her condition was impressive. Within the last 5 years, she has been very well and her management involves prednisolone, azathioprine and a management of her cardiovascular risk (with aspirin and blood pressure therapy). Mrs A also explained her delight and ease of conceiving her 3 children once she started treatment.

My conversation with Mrs A and the rheumatologist highlighted the importance of good rapport between the doctor and patient because it is easy to lose faith in your doctor when a diagnosis cannot be found. Similarly, I learnt about the frustration and motivation that drove the medical team to get to the bottom of the mystery that Mrs A posed. I admire the determination of the team to find the cause when it seemed like no cause could be found. Mrs A told me that she owed her kids to the doctors and nurses that looked after her. Despite the lifelong adjustments that Mrs A has to make until her vasculitis is in remission, she was so grateful to the rheumatology team.

I felt almost proud to experience something like this. This case also made me appreciate the exciting, investigative nature of some rheumatological presentations. Speaking to the rheumatologist who made the diagnosis, it seemed like they were like a detective solving a case, one small piece at a time. I also realised from observing consultations over the past 2 weeks that there is an incredible amount of job satisfaction and the ability to follow patients through for years.

Before starting this placement, I knew that I enjoyed rheumatology but I was unsure about a prospective career. However, I have enjoyed the rotation so much that I would definitely consider the specialty as a future career. I liked the outpatient nature of the specialty as well as the options of medical education or general medicine. Rheumatology provides a good mix of hospital medicine and outpatient medicine as well as a long term follow up of patients.

References:

1. Homerton Hospital Rheumatology. Available: URL http://www.homerton.nhs.uk/our-services/services-a-z/r/rheumatology/ [Accessed 24/5/15].

2. Arthritis key facts. Arthritis Research UK. Available: URL http://www.arthritisresearchuk.org/arthritis-information/data-and-statistics.aspx [Accessed 24/5/15].

3. The NICE and BSR guidelines on the management of rheumatoid arthritis. Arthritis Research UK. Available: URL http://www.arthritisresearchuk.org/health-professionals-and-students/reports/hands-on/hands-on-autumn-2009.aspx [Accessed 26/5/15].

4. National Institute for Health and Clinical Excellence (2009) Clinical Guideline 79. Rheumatoid arthritis. Available: URL http://www.nice.org.uk/guidance/CG79 [Accessed 26/5/15].

5. Luqmani R et al (2006); BSR and BHPR Standards, Guidelines and Audit Working Group. British Society for Rheumatology and British Health Professionals in Rheumatology guideline for the management of rheumatoid arthritis (the first 2 years). Available: URL http://rheumatology.oxfordjournals.org/content/suppl/2006/09/26/kel215a.DC1/kel215b.pdf [Accessed 27/5/15].

6. The DAS 28 score. National Rheumatoid Arthritis Society. Available: URL http://www.nras.org.uk/the-das28-score [Accessed 27/5/15].