

# An Approach to Polyarthrititis

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# Learning objectives

## Overarching goal

- Make a clinical diagnosis in a patient with “multiple joint pains”
- Decide disposition: primary care vs. rheumatology referral

## Learning Objectives

- Distinguish inflammatory from non-inflammatory arthritis
- Understand the importance of pattern recognition
- Understand the importance of early referral and treatment for inflammatory arthritis



Making sense of “multiple joint pains”

# Approach to Polyarthrititis - History

- Is it really joint pain?
- Is it inflammatory?
- Is it acute or chronic?
- Which joints are involved?



# Is it really joint pain?

- Character of pain
- Location of pain, tenderness, swelling
- Movement
- Dynamic testing



# Is it inflammatory?

21 year old NS man with back pain for 6 -7 months. Neck and low back. Worse when hiking up a hill carrying a heavy backpack



# Is it inflammatory?

- Insidious onset
- Chronic
- Better with exercise / movement, worse with rest
- Early morning stiffness
- Constitutional symptoms
- Other systemic clues

# Is it inflammatory?

55 year old lady with multiple joint pains and deformities and morning stiffness for 3 years

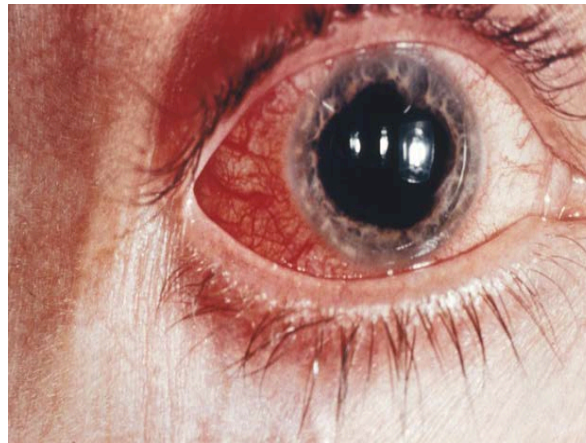
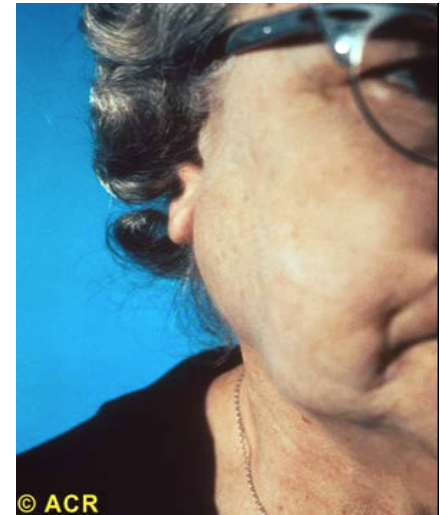


# Is it inflammatory?

- Better with exercise / movement, worse with rest
- Early morning stiffness
- Fluctuating swelling
- Constitutional symptoms
- Limitation of function
- Other systemic clues

# Extra-articular clues

- Rash, dandruff
- Eyes, mouth, hair, nails
- Enthesitis
- Bowel and urinary symptoms
- Other systemic review
- Recent URTI, diarrhoea
- Sexual / contact history



# Pattern recognition

Time course and predilection

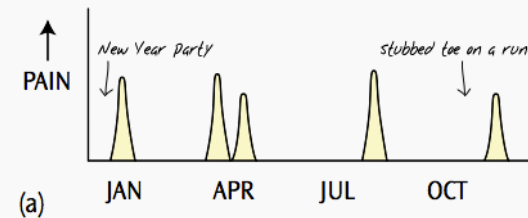
# Is it Acute or Chronic?

- Short duration = acute
- Long-standing pain = chronic

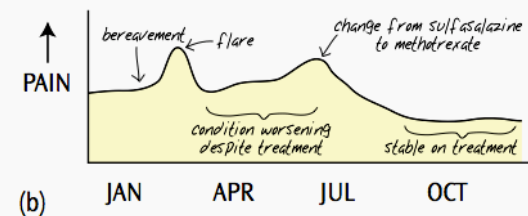
6 weeks

- Sudden vs. insidious
- Constant vs. intermittent
- “Are there periods in between when you are completely well”?

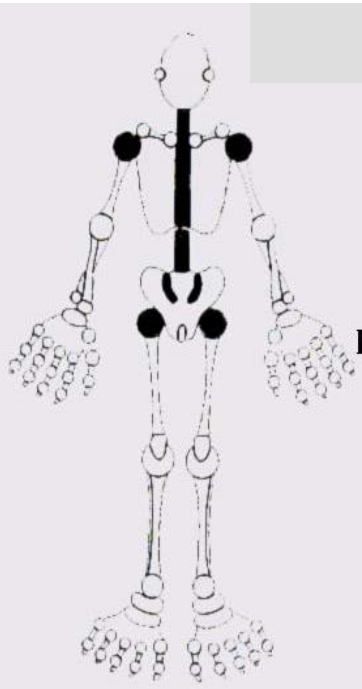
PATIENT A.H. - Acute gout



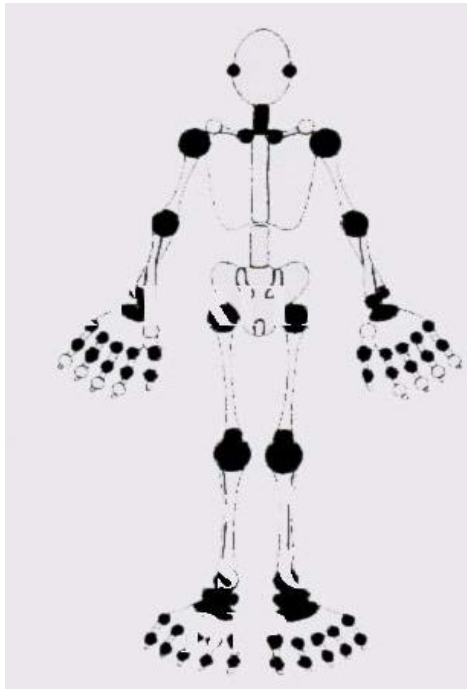
PATIENT J.R. - Inflammatory polyarthritis (RA)



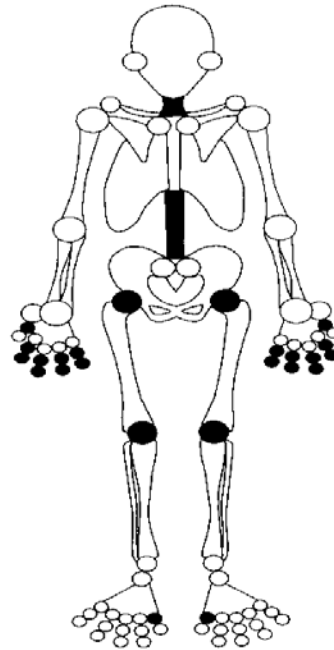
# Which Joints are Involved: Pattern Recognition



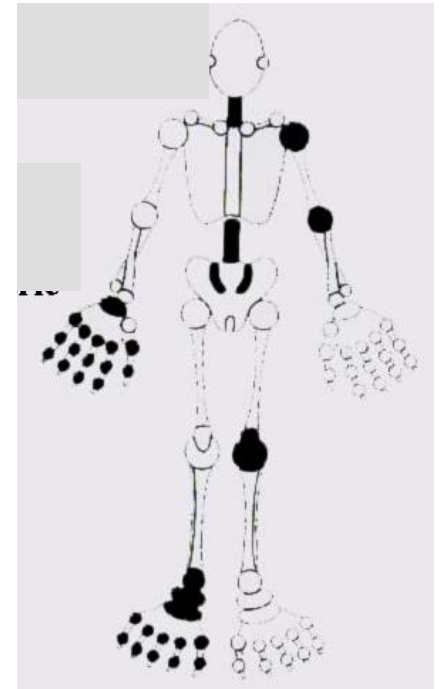
Ankylosing Spondylitis



Rheumatoid Arthritis

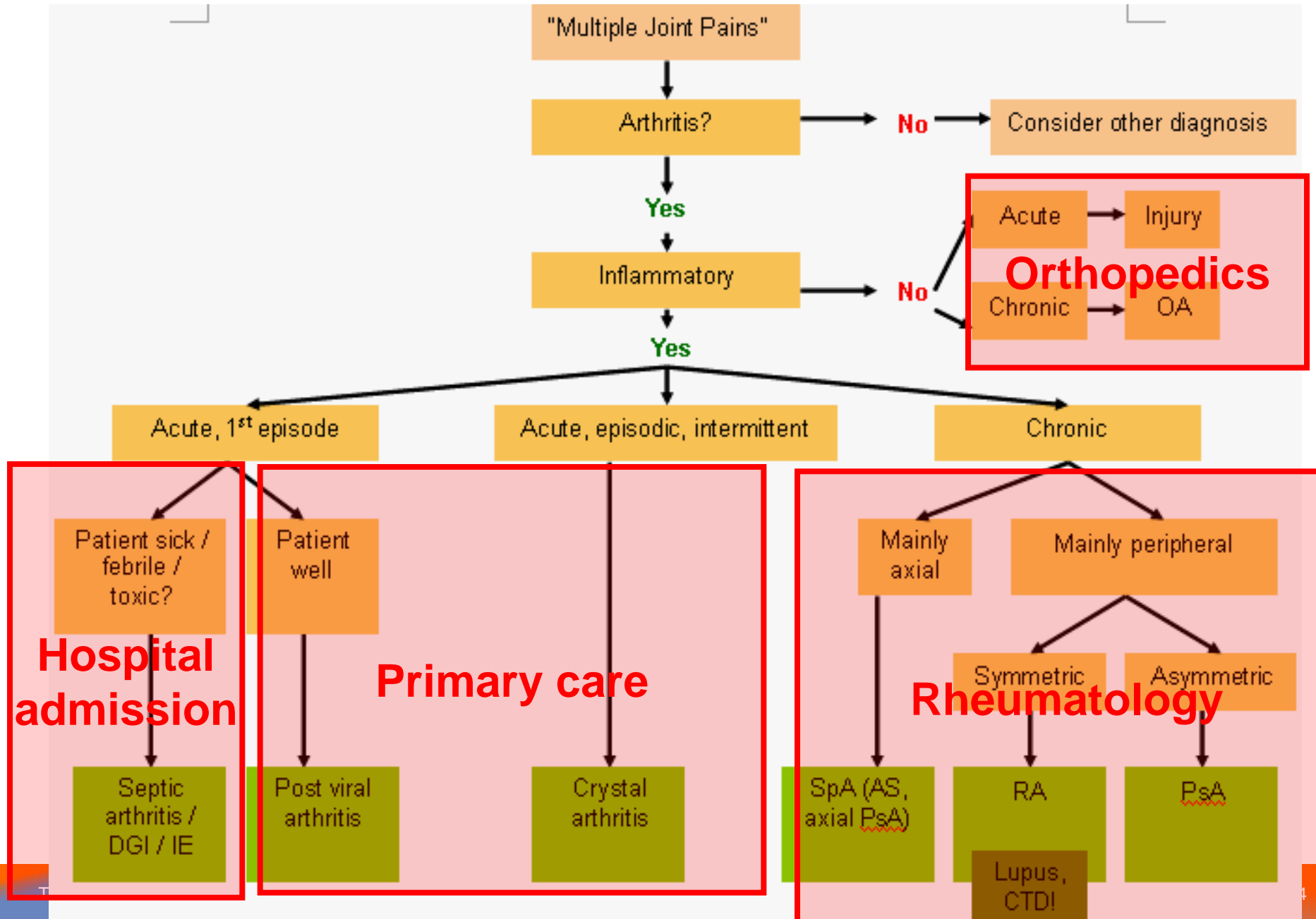


Osteoarthritis



Psoriatic Arthritis

# Putting it all together



# Recognising Early Arthritis

# Recognising early RA

## SSS (Swelling, Stiffness, Squeeze test) tool

- **Swelling** of joints (not caused by injury). Joints are soft and boggy as opposed to hard, bony swelling
- Early morning **stiffness**  $\geq$  30 minutes especially with progressive loss of function and tiredness
- Positive **squeeze** test

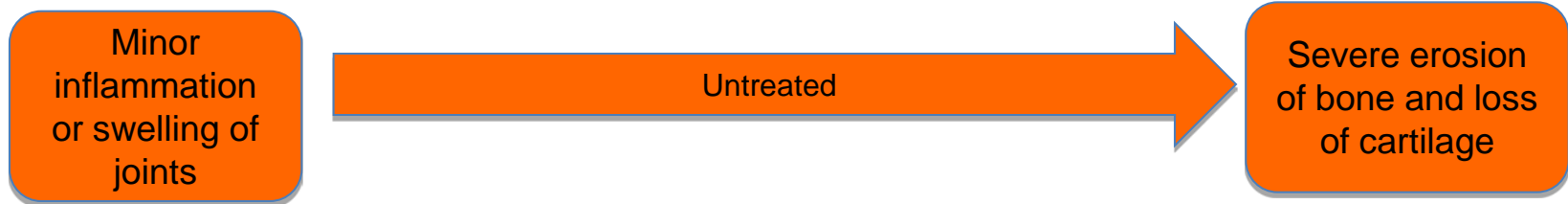
MCP Squeeze Test



# Why is it important?

Early diagnosis, referral and therapy

# Disease Progression



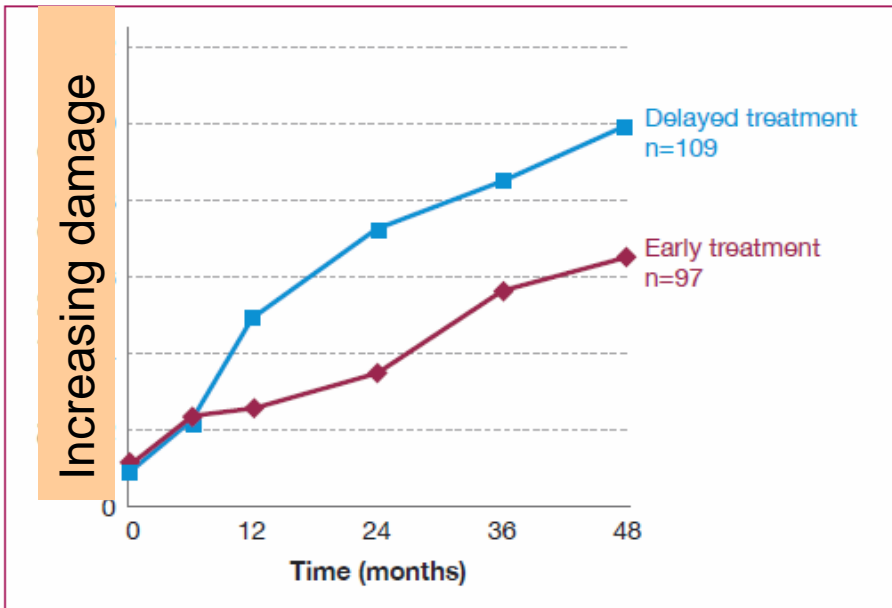
Reduced flexibility and mobility



Poor flexibility and mobility leading to disability

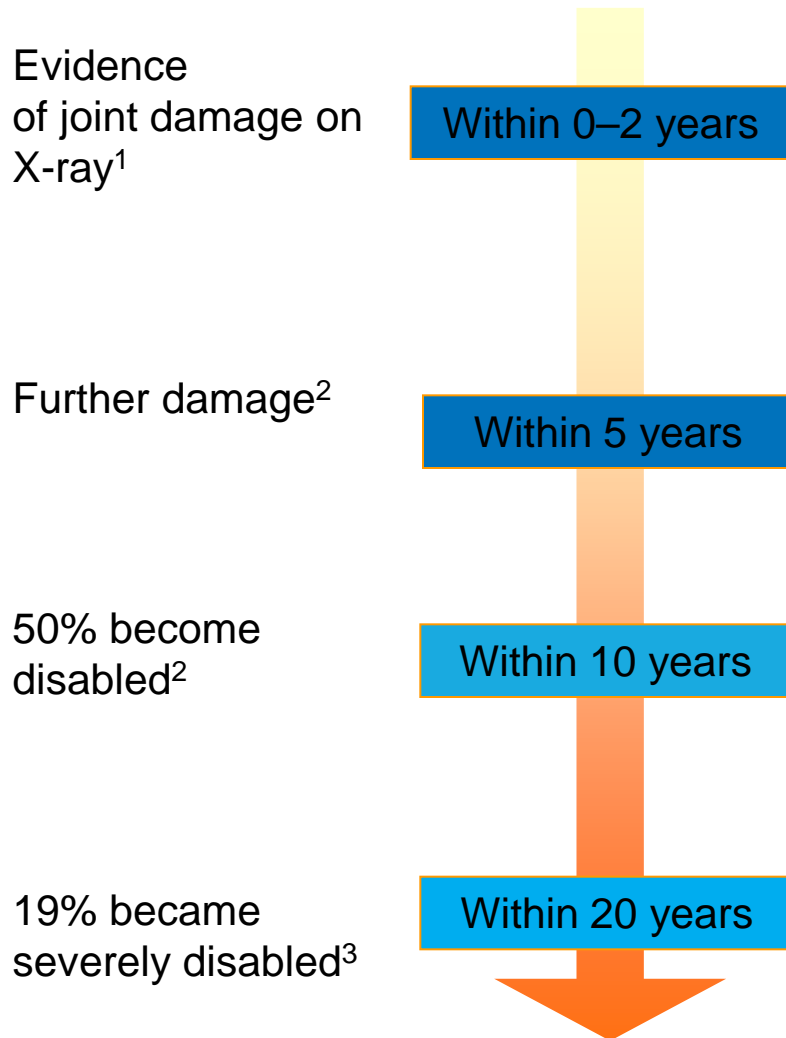
# Importance of Early Referral

“Window of opportunity”



Damage occurs early  
Early DMARD treatment = better response  
Remission is rare in established disease

# Socioeconomic impact of untreated RA



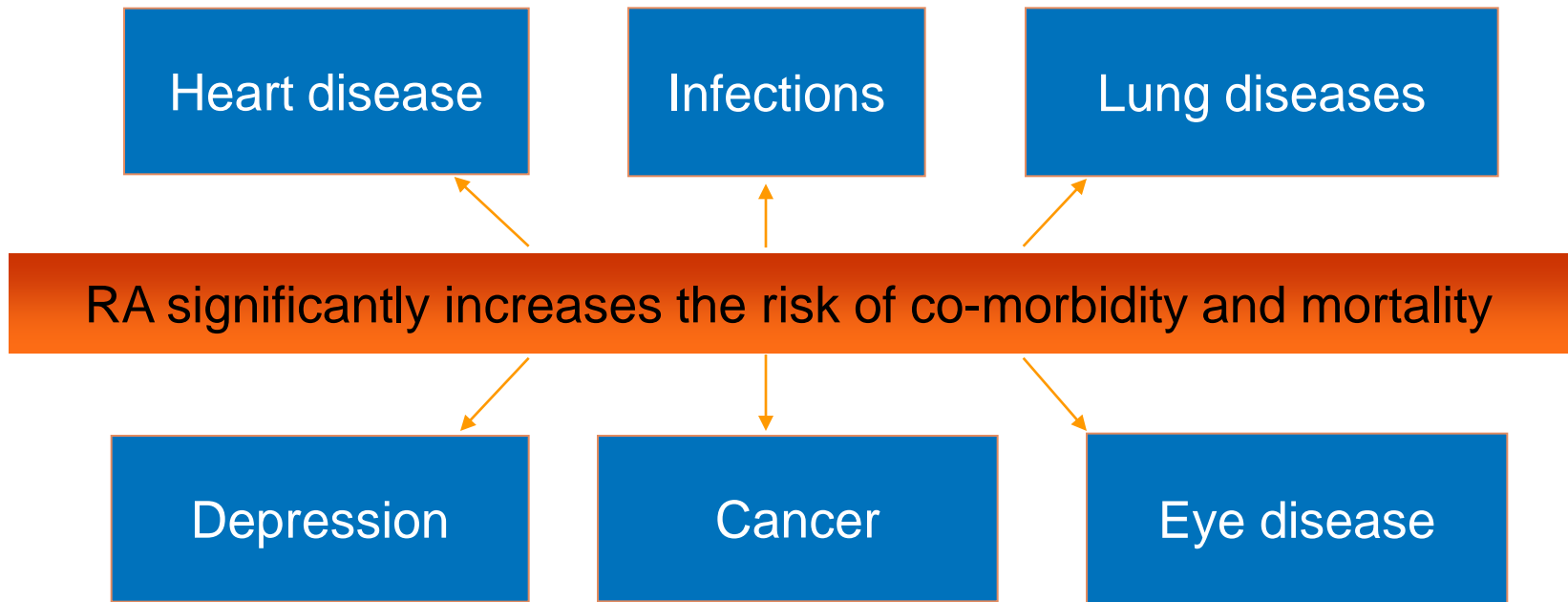
Approximately 1/3 stop work within 2 years of onset, increased prevalence thereafter

High cost in the form of work-related disability, time off from work, need for joint replacement surgery

Early DMARD treatment can prevent this

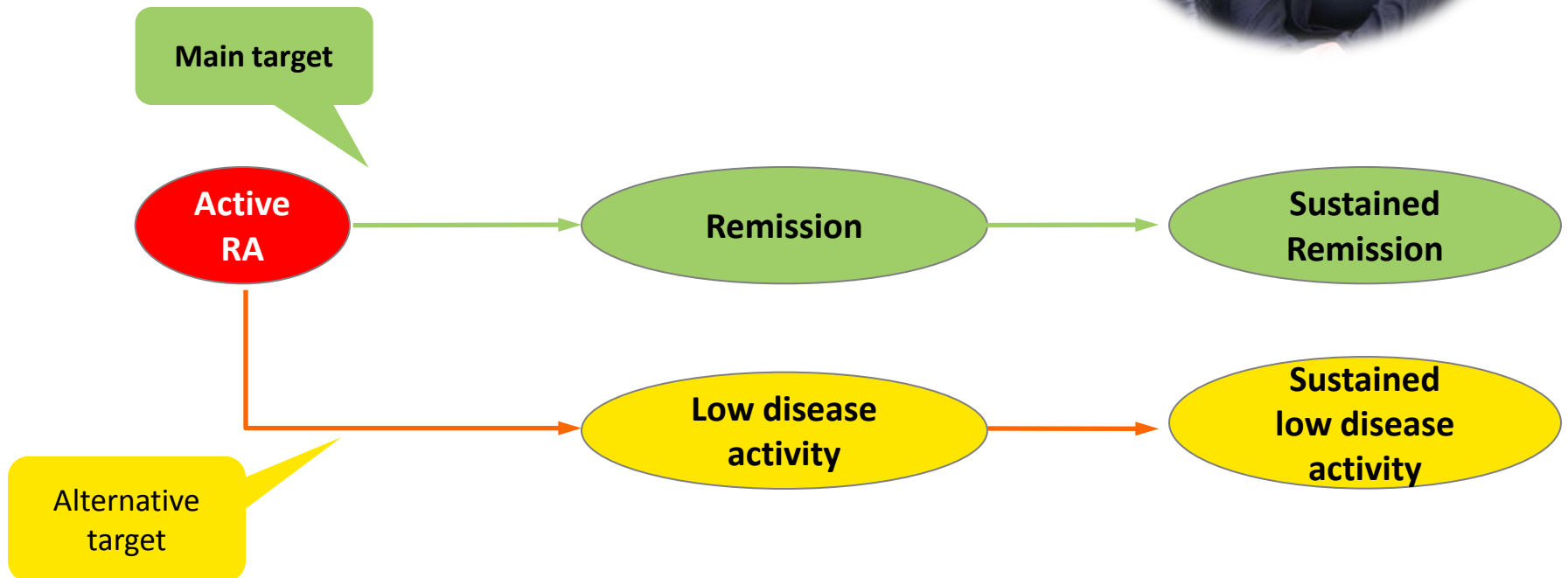
# It's not just joint pain.....

- Patients with RA have a significantly increased risk of cardiovascular disease, cancer and death compared with the general population
- Life expectancy is reduced by **6 to 10 years**



# Treat RA to Target

“Treat to Target” means treating rheumatoid arthritis till remission is achieved



Thank you



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