

Multisystem/ connective tissue disorder (CTD) / Vasculitis

- **Definition:** multisystem inflammatory condition which may include rash, polyarthralgia, mucositis, headache and constitutional symptoms, dyspnoea or haemoptysis, active urine sediment, muscle pain and weakness
- **Differential diagnoses to consider** (all are uncommon): SLE, Sjogren's syndrome, small vessel vasculitis, large vessel vasculitis eg. giant cell arteritis, poly/dermatomyositis

Information Required

- Specific clinical features, presence or absence of major organ involvement
- Constitutional symptoms including fever, weight loss
- Duration of symptoms
- Functional Impairment
- Previous treatment trialled/ opinions sought

Investigations Required

- ANA (titre and pattern must be included), ENA, dsDNA, ANCA
- CRP, ESR, complement levels (C3, C4)
- Rheumatoid factor, anti CCP antibody
- CBP, U&E's, LFT's, CK, TSH
- Urinalysis

Fax Referrals to Rheumatology Outpatients

Flinders Medical Centre Clinic B Fax: 8204 6105
Repatriation General Hospital GP Liaison Fax: 8374 2591

Red Flags

- 🚩 Evidence of major organ involvement eg. progressive dyspnoea, cough or haemoptysis, active urine sediment, progressive muscle weakness
- 🚩 Fever, constitutionally unwell
- 🚩 Critical raynauds phenomenon
- 🚩 Suspected vasculitis, including suspected Giant Cell Arteritis with headache and/or visual disturbance
- 🚩 Unremitting headache with other clinical features of CTD

Suggested GP Management

- Contact rheumatology registrar/ rheumatologist on call if red flags are present, or before starting corticosteroids wherever possible.
- If Giant Cell Arteritis suspected, it may be appropriate to start high dose corticosteroids (approx. 1mg/kg, usually between 50-75mg). A temporal artery biopsy should be arranged in all cases (unless inappropriate), despite the starting of corticosteroids.
- NSAIDs may be useful for symptom management

Clinical Resources

- www.rheumatology.org.au/community/PatientMedicineInformation.asp
- Key advances in the clinical approach to ANCA - associated vasculitis. Kallenberg CG. Nat Rev Rheumatol 2014
- Systemic Lupus Erythematosus. Lisnevskaja et al. Lancet 2014
- EULAR recommendations for monitoring patients with systemic lupus erythematosus in clinical practice and in observational studies. Mosca M et al. Ann Rheum Dis 2010, 69(7): 1269-74
- EULAR recommendations for the treatment of systemic sclerosis: a report from the EULAR Scleroderma Trials and Research group (EUSTAR). Kowal-Bielecka et al. Ann Rheum Dis 2009, 68(5):620-8
- www.rheumatology.org and follow links to clinical practice guidelines

General Information to assist with referrals and the and Referral templates for FMC and RGH are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients

Version	Date from	Date to	Amendment
1.0	August 2014	August 2016	Original