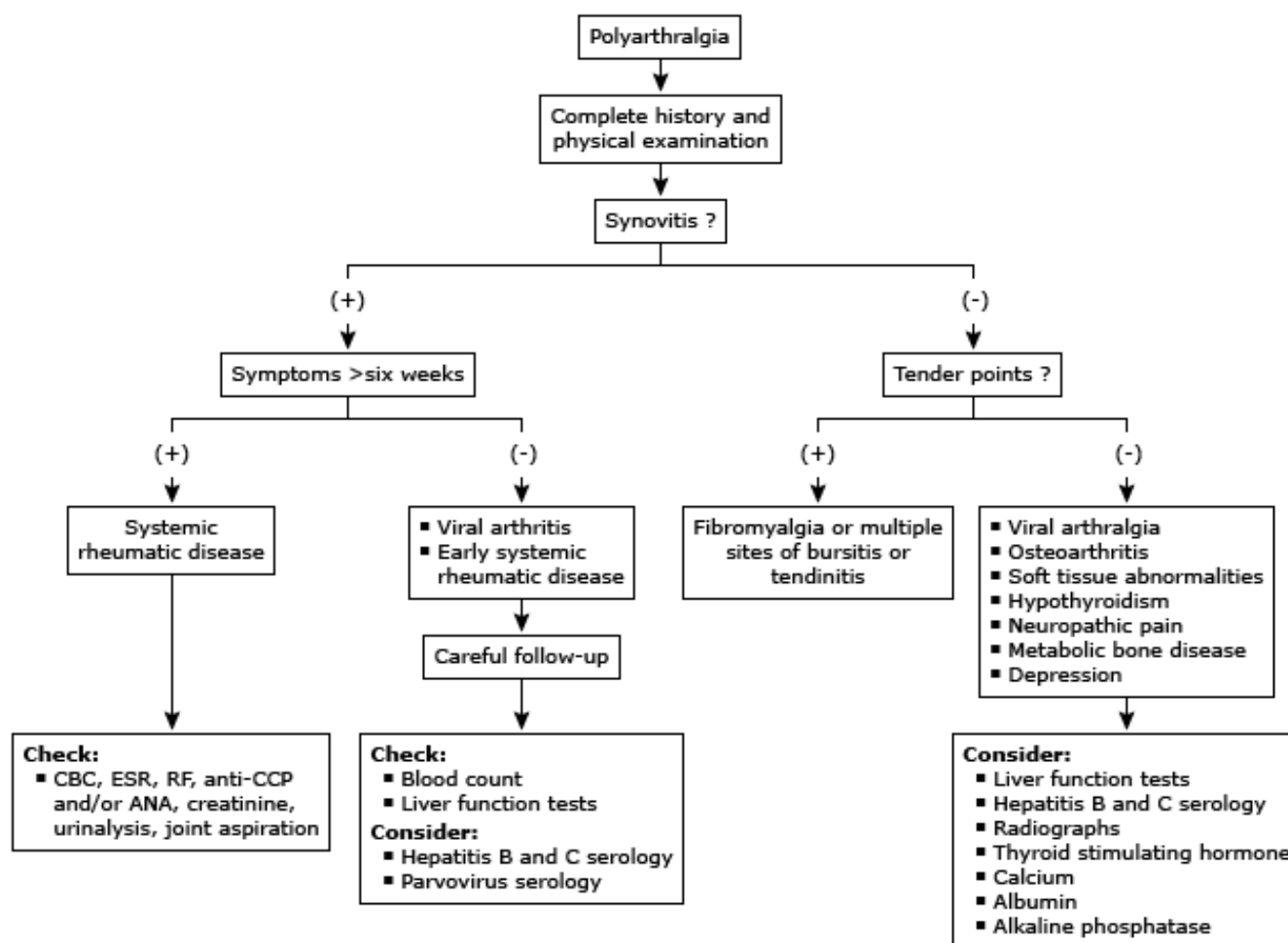


<b>Order Panel:</b>	Inflammatory Arthritis Evaluation		
<b>Date approved:</b>	6/10/22	<b>Last Review:</b>	8/11/22
<b>References:</b>	Up To Date – Evaluation of the adult with polyarticular pain Up to Date – diagnosis and differential diagnosis of rheumatoid arthritis AAFP – diagnosis and management of rheumatoid arthritis <a href="https://www.aafp.org/afp/2011/1201/p1245.html">https://www.aafp.org/afp/2011/1201/p1245.html</a> 2010 rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative		
<b>OSQ codes:</b>	524170 524171 524172 524185 524186		



**Lab Evaluation:**

- CBC, CMP, and urinalysis – to help identify other systemic illnesses
- Rheumatoid factor (can be negative in up to 1/3 of RA patients)
- Anti-CCP (more specific for RA)
- CRP
- ESR
- ANA
- Consider Hepatitis B and C serology
- Synovial fluid analysis if effusion is present

**Imaging:**

- Not recommended to image all involved joints
- If RA is suspected, erosions are best visualized at wrist, hand and foot
- If monoarticular or asymmetric
-

- Bilateral radiographs of hands, wrists, and feet if involved
- Rheumatology Referral if suspicion for inflammatory arthropathy is high

**Referral:** early referral to Rheumatology for high clinical suspicion of inflammatory arthropathy as early initiation of DMARD therapy can have dramatic impact on long term functional outcomes

**2010 ACR/EULAR criteria** — Using the [2010 ACR/EULAR classification criteria for RA](#), classification as definite RA is based upon the presence of synovitis in at least one joint, the absence of an alternative diagnosis that better explains the synovitis, and the achievement of a total score of at least 6 (of a possible 10) from the individual scores in four domains [\[8,9,12\]](#). The highest score achieved in a given domain is used for this calculation. These domains and their values are:

- Number and site of involved joints
  - 2 to 10 large joints (from among shoulders, elbows, hips, knees, and ankles) = 1 point
  - 1 to 3 small joints (from among the metacarpophalangeal joints, proximal interphalangeal joints, second through fifth metatarsophalangeal joints, thumb interphalangeal joints, and wrists) = 2 points
  - 4 to 10 small joints = 3 points
  - Greater than 10 joints (including at least 1 small joint) = 5 points
- Serological abnormality (rheumatoid factor or anti-citrullinated peptide/protein antibody)
  - Low positive (above the upper limit of normal [ULN]) = 2 points
  - High positive (greater than three times the ULN) = 3 points
- Elevated acute phase response (erythrocyte sedimentation rate [ESR] or C-reactive protein [CRP]) above the ULN = 1 point
- Symptom duration at least six weeks = 1 point

In addition to those with the criteria above, which are best suited to patients with newly presenting disease, the following patients are classified as having RA:

- Patients with erosive disease typical of RA with a history compatible with prior fulfillment of the criteria above
- Patients with longstanding disease, including those whose disease is inactive (with or without treatment) who have previously fulfilled the criteria above based upon retrospectively available data

The differential diagnosis of RA includes multiple disorders that can generally be distinguished by history, physical examination, and limited laboratory and radiographic testing, based upon evidence of the following features (see '[Differential diagnosis](#)' above):

- Evidence of osteoarthritis, carpal tunnel syndrome, or tendinopathy (suggesting a noninflammatory process)
- Limited duration of symptoms (eg, in viral arthropathy)
- The presence of other diseases (eg, in psoriatic arthritis or arthritis of inflammatory bowel disease [IBD])
- The pattern of joint involvement and other symptoms (eg, in psoriatic arthritis, spondyloarthropathy, or polymyalgia rheumatica [PMR])
- The presence of systemic features (eg, in systemic lupus erythematosus [SLE] or dermatomyositis [DM])
- Diagnostic laboratory tests associated with other conditions (eg, specific autoantibodies in SLE, synovial fluid crystals in gout or calcium pyrophosphate disease)
- Relatively high specificity of ACPAs for RA