

**Oxford and Heatherwood and Wexham Park Rheumatology Departments  
 Shared Care Agreement.**

**Information for General practitioners participating in a shared care agreement for the management of patients on disease modifying medication for inflammatory joint disease**

In line with the GMS contract requirements, this Shared Care protocol provides information about the management of patients on routine disease modifying anti rheumatic drugs (DMARDs). DMARDs may be used individually or in combination.

For the purposes of this agreement 'Shared care' is defined as ' The joint participation of general practitioners and hospital consultants in the planned delivery of care for patients with chronic inflammatory musculoskeletal disorders, informed by an enhanced information exchange over and above the routine clinic, discharge and referral letters' (Hickman et al 1994)

**This Protocol covers:**

<b>DMARD</b>	<b>Suggested Monitoring regime</b>
<b>Azathioprine</b>	FBC, LFTs, U&Es, CRP and ESR weekly for 6 weeks. Continue fortnightly until dose is stable for 6 weeks, thereafter monthly
<b>Ciclosporin</b>	U&Es, FBC, ESR, CRP, B/P and urinalysis fortnightly for 3 months, thereafter monthly. LFTs monthly especially if on concomitant NSAIDs. Lipids every 6 months.
<b>Gold</b>	FBC & urinalysis for blood & protein before each injection. It is permissible to work one FBC in arrears. CRP, ESR & U&Es at least 3 monthly. Check presence of rash / oral ulceration before each injection.
<b>Hydroxychloroquine</b>	No routine blood monitoring. Check visual acuity yearly Monitor response to treatment 6 monthly.
<b>Leflunomide</b>	FBC, LFT's, U&E's ESR, CRP and B/P every 2 weeks for 6 months and if stable 2 monthly thereafter
<b>Methotrexate</b>	FBC, LFTs, U&Es, ESR and CRP - Every 2 weeks for 3 months, then monthly
<b>Mycofenolate</b>	FBC weekly for 6 weeks thereafter monthly. LFTs U&Es ESR and CRP monthly.
<b>Penicillamine</b>	Urinalysis with blood tests every 2 weeks. FBC, U&Es, ESR, CRP & LFTs every 2 weeks until stable dose reached, then monthly. Check presence of rash / oral ulceration at each visit
<b>Sulfasalazine</b>	FBC, U&Es, LFTs, ESR and CRP monthly for 3 months, then 3 monthly

The protocol should be read in conjunction with the medication specific information provided by the rheumatology unit and the manufacturers' data sheet, as there can be slight variations in the monitoring requirements of certain medications.

### **Background for use of DMARDs**

Effective treatment of active rheumatoid arthritis (RA) requires early diagnosis and early DMARD treatment to have an impact on long-term morbidity and mortality (Emery et al 2002). The ultimate goals in managing RA are to prevent or control joint damage, prevent loss of function, and decrease pain (ACR 2002), and there is clear evidence from placebo controlled trials that DMARDs reduce symptoms, improve global well being, function, long term outcome and survival (Fries et al 1996, van der Heide et al 1996, Egsmose et al 1995).

All DMARDs present some risk to the patient of adverse events therefore regular monitoring of blood tests is required to monitor disease activity, general condition and detect any side effects of the medication occurring. It has been shown that the incidence of side effects can be significantly reduced if monitoring is carried out in a well-organised way close to the patient's home. It is emphasised to all patients that unless regular monitoring of blood tests is undertaken they will be unable to continue taking the medication.

The hospital will issue the patient with a "shared care" booklet in which the blood results should be charted. The patient will bring this booklet to their primary care and hospital consultations.

### **The Rheumatology Consultant will be responsible for provision of:**

- Pre treatment assessment and recommendation of the appropriate DMARD to be prescribed.
- Pre treatment counselling to include rationale for treatment, benefits, potential side effects, precautions and monitoring requirements.
- Issue of written patient drug information, shared care monitoring booklet and contact telephone number.
- Regular review in the out-patient clinic to assess disease activity and recommend any adjustments to treatment.
- Telephone support in the event of any serious adverse reactions by a member of the medical team.
- Additional support for patients, via the rheumatology telephone advice-line.
- Provision of formal or informal training as necessary to ensure that clinical staffs within the primary care team have the necessary skills to ensure safe practice.

### **The General Practitioner will be responsible for:**

- Provision of services related to the shared care agreement as listed in the GMS contract, in respect of near patient testing
- Prescribing the DMARD as per recommendation of consultant
- Ensuring blood tests are taken in accordance with the rheumatology unit information sheets and National Guidelines for the monitoring of Second Line drugs (BSR 2007)
- Checking and recording of blood test results.
- Notification to the consultant rheumatologist of any changes in the patient's condition, any adverse drug reactions, or if the patient fails to attend for blood monitoring.
- Ensuring that all clinical staff involved in the provision of this service have the relevant knowledge and skills.

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**The patient will be responsible for:**

- Attending for blood monitoring
- Ensuring shared care card is kept up to date
- Reporting any adverse side effects to medication to the GP or a member of the hospital rheumatology team.
- Ensuring that they bring the shared care card and a list of all medications to the surgery and out patient consultations.

**Common problems and concerns**

- **Side effects and drug interactions.** See individual drug monitoring sheets.
- **Patients not attending for routine blood tests.** Should your patient fail to attend for routine blood testing on more than one occasion the patient should be contacted to ascertain the reason for non attendance. It should be stressed that non attendance for blood testing may lead to withdrawal of the medication. Further help and advice can be sought from the clinical nurse specialist in rheumatology.

**Instructions for referring back to the consultant team**

- **Intolerance or side effects of DMARDs.** If the patient has been established on DMARD therapy, withdrawal of treatment may result in a relapse of symptoms (Ten Wolde et al 1996, Gotzsche et al 1996) Therefore it is important to consider alternative therapy in the event of side effects. Advice can be sought from the rheumatology team.
- **Severe side effects/ Potential overdose.** Urgent referral to rheumatology unit or A&E.
- **Non compliance with medication or monitoring.** Refer to CNS for help and advice

**Contact Numbers**

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<b>Clinical Nurse Specialists in Rheumatology</b>	<b>Wexham Park 01753 633166</b>

**References / Further Information.**

1. National Guidelines for the monitoring of second line drugs. *British Society for Rheumatology*. 2008