History

- number of joints involved - monoarticular, oligoarticular, polyarticular

 • Pattern of joints involved - symmetrical vs. asymmetrical, large vs. small joints, axial skeleton

• Relation to activity (inflammatory better with activity, degenerative worse)

• Relation to rest (inflammatory worse with rest, degenerative better)

• Morning stiffness >30 min (inflammatory)

• Soft tissue swelling, erythema (inflammatory)

• Onset- acute vs. chronic (>6 wks)

• Trauma, infection, medications (steroids, diuretics)

• FHx of arthritis

• Co-morbidities: diabetes mellitus (carpal tunnel syndrome), renal insufficiency (gout), psoriasis (psoriatic arthritis), myeloma (low back pain), osteoporosis (fracture), obesity (OA)

• Constitutional symptoms (neoplasm)

• Systemic features

• Fever (SLE, infection)

• Rash (SLE, psoriatic arthritis)

• Nail abnormalities (psoriatic, reactive arthritis)

• Myalgias (fibromyalgia, myopathy)

• Weakness (polymyositis, neuropathy)

• GI symptoms (scleroderma, IBD)

• GU symptoms (reactive arthritis, gonococcemia)

OA management

Non-pharmacological therapy:

• Weight loss (minimum 5-l0 lb loss) if overweight

• Rest/low-impact exercise

• Physiotherapy: heat/cold, exercise programs

• Occupational therapy: aids, splints, cane, walker, bracing

Pharmacological therapy:

• Oral: acetaminophen/NSAIDs, glucosamine ± chondroitin

• Joint injections: hyaluronic acid, corticosteroid

• Topical: capsaicin, NSAIDs

RA management :

NSAIDS

• individualize according to efficacy and tolerability

 Analgesics

 add acetaminophen ± opioid prn for synergistic pain control

Corticosteroids

• local

• intra-articular injections to control symptoms in a specific joint

• eye drops for eye involvement

• systemic (prednisone)

• do baseline DEXA bone density scan and start bisphosphonate, calcium, and vitamin D

Disease Modifying Anti-Rheumatic Drugs (DMARDs)

Non-biologics:

 Methotrexate is the gold standard

Biologics: used after failure of other DMARDs

infliximab, etanercept,