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Diploma in Pharmacy 2nd Year
Pharmacotherapeutics
Experiment

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Rheumatoid Arthritis (real / hypothetical)

Aim:

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Rheumatoid Arthritis (real / hypothetical)

Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Sharma Rahul Kumar, “Practical Manual of Pharmacotherapeutics” Published by Nirali Prakashan, Page no 19 - 22

Theory :

1.Rheumatoid Arthritis

i) Case I

a. Subjective:

- **Name:** ABC
- **Age:** 65 yrs
- **Sex:** Female
- **Unit:** MED I
- **DOA:** 03/02/2016
- **Reason for Admission:** Chief complaint of left knee pain. Complaint of knee pain for 2-3 weeks. Increasing in pain intensity for 5 days. Rated pain score 8/10. Pain was localized on the anterior aspect of the knee joint

- **Past Medical History:** Walking and climbing the stairs aggravated the pain. Left knee was mildly swollen in comparison to her right knee but could not recall when it started. Morning stiffness of both knees was reported. Duration of stiffness was less than 15 minute disappeared when she began activities.
- **Past Medication History:** DM, hypertension & dyslipidemia for more than 10 years. Amlodipine 5mg OD, Atenolol 50mg OD, Simvastatin 20mg ON, Losartan 100mg OD, Metformin 500mg BD.
- **Family History:** No family history of gout.
- **Allergies and Social History**: Nil

b. Objective:

- **BP:** 140/90 mmHg
- **BMI:** 24.6
- **CVS:** Unremarkable
- **CNS:** Unremarkable
- **Gait:** Stable
- **PR:** 78 bpm
- **RS:** Unremarkable
- **Temperature:** Afebrile

c. Assessment:

- **Inspection**
- No erythema, bruising or discoloration of the left knee There is also no point of tenderness. Slight bulging is seen on the medial aspect of the left knee joint. Popliteal bulging is seen at left knee posterior aspect
- Musculature of both knees seems symmetric bilaterally.
- There is no bone deformity.

- On palpation, the left knee joint is not warm or tender. There is mild effusion felt. Range of movement of the left knee is reduced Crepitus on both legs were felt. Pedal pulses were all intact.

d. **Diagnosis:** Diagnosis of Osteoarthritis of knees acute exacerbation of left knee, i.e., differential diagnosis:

- Baker's cysts
- Patellofemoral knee pain (periarticular)
- Degenerative Meniscus (intra-articular)
- Rheumatoid arthritis/inflammatory arthritis

e. Plan:

- **Investigations**

S. No.	Plain radiographs	Blood investigations
1.	Single view of the affected joint may be able to establish diagnosis and severity and also monitor disease progression.	When the diagnosis of OA is certain, blood tests are not necessary.
2.	Weight bearing films of the knee are required (AP view, standing)	If inflammatory markers (ESR, CRP) are checked they are likely to be normal. or only mildly elevated.
3.	Classical plain x-ray findings are Osteophytes, Joint space narrowing, Subchondral bone sclerosis, Subchondral cysts, and Malalignment.	

- **Treatment Options:** Knee arthritis

S. No.	Non surgical treatment	Surgical treatment
1.	Patients educations & weight reduction	Unicompartmental knee replacement
2.	Anti-inflammatory medicines	Total knee replacement
3.	Weight loss	
4.	Braces	
5.	Supplements	
6.	Viscosupplementation shots	
7.	Corticosteroids shots/therapeutics injections	
8.	Physiotherapy	
9.	Cane, crutches, walker	

S. No.	Red flags in knee pain	When to refer
1	Systemic Complaints:	Inability to bear weight
	i) Fever	Extreme of age
	ii) Weight loss	Locking
	iii)] Pain at rest	Bilateral knee pain
	iv) Night pain	Other joint involvemente.g: Hip

ii) Case II

a) Subjective:

- **Name:** ABC
- **Age:** 48 yrs
- **Sex:** Saudi male
- **Unit:** MED I
- **DOA:** 23/03/2017
- **Reason for Admission:** Morning stiffness and fatigue were his chief complaint. Flare up of symptoms at both hands. Symptoms

primarily were synovitis, swelling, pain, lack of power and increased heat at both hands.

- **Past Medical History:** General body ache, low grade fever, deconditioning, fatigue, grossly restricted mobility in addition to lack of appetite for a two weeks before being diagnosed.
- **Past Medication History:** Started physical therapy rehabilitation program and taking disease-modifying anti- theumatic drugs since he was diagnosed.
- **Family History:** Grandmother was diagnosed with RA.
- **Allergies and Social History:** Nil

b) Objective:

- **Gait:** Mild unsteadiness, slow gait and poor to fair feet clearance
- **BP:** 230/90 mmHg
- **Weight:** 68 Kg
- **PR:** 75 bpm
- **RS**: unremarkable
- **CVS:** unremarkable
- **CNS:** unremarkable
- **Temperature:** Afebrile

c) Assessment: Physical examination

- Pain severity of 3-4/10 at both hands which gets worse. Pain is 2/10 at best and 8/10 at worst.
- Grossly restricted mobility of hands, Particularly Proximal Interphalangeal Joints (PIP) and Metacarpophalangeal Joints (MCP).
- The MCP joint of the index finger was the most affected.
- There was significant effusion of PIP and MCP joints in addition to swelling of periarticular structures particularly the extensors tendons.

- The patient had marked swelling and increased heat at swollen joints.
- Manual muscle test of fingers flexors and extensors was 4-15 and 3/5 respectively.
- Right thumb extensors and abductors showed 3/5 and 3+ /5 respectively.
- Left thumb extensors and abductors showed 3+ /5 and 4-15 respectively.
- Managed to oppose his thumb but with poor quality.
- Had difficulties to squeeze the hand grip dynamometer or pinch gauge.
- Also reported difficulties with tip-to-tip, palmar and key pinch fingers strength.

d) Plan:

- Rehabilitation program
- Disease-Modifying Anti-Rheumatic Drugs (DMARD)
- Use cold packs to minimize the painful- swollen hands joints
- Also instructed to squeeze soft sponge ball as tolerated. The ball was small enough to fit in one hand and allows fingers to contour around the ball.
- Posture correction exercises in front of a mirror were used to correct the stooping posture

Result :

Notes on subjective, objective, assessment and plan for Rheumatoid Arthritis (real/ hypothetical) disease conditions was prepared and discussed.