

GP Connect

Keeping GPs informed in the changing primary health landscape



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Arthritis is only arthritis when there is clinical evidence of arthritis

By Dr Johannes C Nossent, Professor of Rheumatology, University of Western Australia, Consultant Rheumatologist Sir Charles Gairdiner Hospital

Although it has become common to designate all joint symptoms as 'arthritis', this incorrect terminology can create significant confusion in clinical practice and in communication between medical professionals.

Pain in the joint areas is a well known, frequently presenting complaint in general practice and can originate from changes to peri articular soft tissue structures (classified as arthralgia) and/or intra-articular changes such as inflammation of the synovial joint lining (synovitis, classified as arthritis).

History taking and joint examination are the only tools needed to make the simple but important distinction between arthritis and arthralgia in the evaluation of a patient with joint pain. The clinical distinction between arthralgia and arthritis has significant practical implications because the pathway for patients with arthralgia differs from the pathway for patients with arthritis.

Arthritis literally means inflammation of a joint and arthritis thus should only be diagnosed, when joint/s are shown to be inflamed. Arthritis is in most cases detectable by clinical examination of joints but may sometimes require high resolution imaging (ultrasound or MRI). Finding arthritis/synovitis is a critical step in patient evaluation, similar to finding low haemoglobin levels in a patient with fatigue, and indicates a need to establish the underlying cause of arthritis.



To establish a cause of the arthritis (e.g. immune mediated such as rheumatoid arthritis or psoriatic arthritis or crystal induced such as gout or pseudogout, infectious), only limited and targeted investigations need to be performed to decide on the best course of management. This process is again, similar to finding the cause of anaemia in a fatigued person.

Not finding signs of arthritis is an equally important step in the evaluation of patients with joint pain as it suggests pain is arising from peri articular structures including bone, muscles, tendon insertion points (enthesis) and ligaments. These abnormalities can often be detected on examination (eg Heberden's nodes with osteoarthritis) or triggered (Achilles tendon or insertional elbow or knee pain). Periarticular causes of pain can be classified as soft tissue pain, can be further visualised with imaging (ultrasound/MRI), and management is through allied health referral if needed.

It does not require further serological investigation.

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Arthritis is only arthritis when there is clinical evidence of arthritis (cont)

The [Choosing Wisely](#) campaign is a timely reminder of the limited diagnostic utility of most tests performed in the name of a 'rheumatology screen'. It is important to realise that all rheumatic diseases are diagnosed on clinical grounds. The so-called "Rheum Screen" at its worst may include tests for ANA, ANCA, RF, ACPA, uric acid and HLA-B27, none of which are sufficiently specific to be diagnostically helpful. Specificity varies between five and 25 percent due to the large number of false positives. This is not compatible with judicious use of public Medicare funding.

In 2014-15, over \$10 million dollars was spent on ANA testing alone. This already difficult situation is further impacted by the lack of standardisation between the current pathology providers in WA, where different assays and cut-off values are used for these tests.

Therefore, in the absence of a clinical finding of arthritis/synovitis, no further serological testing is required. For patients with arthritis, simple descriptors are often sufficient to initiate appropriate first line management and specialist referral. For example, in the patient with acute monoarthritis, one considers gout and /or infection and performs joint aspiration, whereas in the patient with chronic small joint polyarthritis one considers rheumatoid arthritis, and can request anti-CCP antibody testing (more specific and thus preferred over rheumatoid factor).

In summary, normal joints upon examination exclude arthritis and do not require autoimmune blood testing. In patients with synovitis, only limited and targeted blood testing is needed. See also the recently published [Arthritis HealthPathway](#) for more information.

References:

1. [https://www.ehealth.gov.au/internet/main/publishing.nsf/content/mbs-review-2018-taskforce-reports-cp/\\$File/Pathology-Clinical-Committee-Immunology-tests.pdf](https://www.ehealth.gov.au/internet/main/publishing.nsf/content/mbs-review-2018-taskforce-reports-cp/$File/Pathology-Clinical-Committee-Immunology-tests.pdf)

Clinical updates

Launch of the VPE initiative delayed

In the 2019-20 Budget, the Australian Government announced a voluntary patient enrolment (VPE) initiative for patients aged 70 years and over. The Government subsequently announced the extension of this measure to include Aboriginal and Torres Strait Islander people aged 50 years and over.

In light of the COVID-19 pandemic and response activities, the Government is currently working with health and system experts to review implementation details and consider options for refinement. As such, VPE will no longer commence on 1 July 2020.

Email Michelle.Trainor@health.gov.au for further information or phone 02 6289 7115

New WA Health VAD resources

The Department of Health WA's voluntary assisted dying website has been updated to include new information for health services. The aim is to provide a clear overview of the [Voluntary Assisted Dying Act 2019](#) and the implementation being undertaken.

This includes a [Fact sheet for Health and Other Service Providers](#) and other resources.

Contact the project team at the Department of Health WA for further information at VADimplementation@health.wa.gov.au

New Guidelines for Tuberculosis Control in WA

The WATB Control Program has published new guidelines for Tuberculosis (TB) in WA.

It includes a complete review of all TB policies in 2019 and is available on the [WA TB Control Program webpage](#) under 'Relevant Polices'.

For further information or to provide feedback on the guideline, contact the TB Clinic and ask to speak to a physician or TB case management nurse by phoning 9222 8500 or email ACCAdmin@health.wa.gov.au

The clinic is open Monday to Friday, 8:15am – 4:15pm

GP Hospital Liason Updates

RPH Pain Clinic – Did you know?

Due to significant demand, the waiting list for Royal Perth Pain Clinic appointments is extremely long. Please advise your patients of this prior to referral and offer them other options if possible, especially referral into community-based pain programs. The [Pain Management HealthPathways](#) are a valuable resource, especially the information on [Interdisciplinary Persistent Pain Programs](#).

After an initial one day 'pain education program' appointment, patients can select appointments with members of the RPH multidisciplinary pain management team. Following assessment a letter including a pain management plan is sent to the patient's GP to action.

Please advise every patient you refer to RPH for pain management that cannabis products are not prescribed by the RPH Multidisciplinary Pain Management Centre as there is not enough evidence to support cannabis prescribing for persistent pain (<http://fpm.anzca.edu.au/documents/pm10-2018.pdf> and [NICE guidelines](#)).

Often patients are attending expecting a cannabis prescription which is not clear from the referral. It is very frustrating for patients to wait long periods for a Pain Clinic appointment only to attend and find this will not be recommended or prescribed by our service.

Similarly, evidence shows that for most patients with chronic non-cancer pain, opioids do not provide clinically important improvement in pain or function compared with placebo and in order to reduce opioid-related harm, the service does not generally recommend opioids for chronic non-cancer pain. The ANZCA Faculty of Pain Medicine (FPM) recently reviewed their [Statement regarding the use of opioid analgesics in patients with chronic non-cancer pain](#). Consumer and health professional resources on opioids are available on the [TGA prescription opioids](#) and [NPS MedicineWise](#) or [Chronic Non-Cancer Pain HealthPathway](#).

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Mondays and Thursdays

Clinical Updates

NPS MedicineWise portal on medicinal cannabis

NPS MedicineWise has recently launched a new, online information portal to assist health professionals and consumers navigate evidence-based information about medicinal cannabis.

The new information covers the regulatory framework and process required to access medicinal cannabis and provides summaries on the latest evidence for medicinal cannabis.

The content found in the portal supplements [clinical guidance provided by the Therapeutic Goods Administration \(TGA\)](#) for health professionals and provides additional information for consumer and pharmacist audiences. The portal includes important resources for prescribers including full evidence summaries with links to the TGA's clinical guidance and a flowchart for prescribers that outlines the steps to accessing medicinal cannabis.

Visit the [NPS website](#) find out more.

healthdirect Video Call for GP services

To support the secure delivery of video-based consultations, the Australian Government Department of Health has worked with PHNs to provide free licences to [healthdirect Video Call](#) for every GP in Australia until 30 September 2020.

The Department has funded licences for GPs to align with current timelines of the Targeted Action Stage of the [Australian Health Sector Emergency Response Plan for COVID-19](#). The program supports usage of the [GP MBS Telehealth items for COVID-19](#). Practices can sign up for a free licence [here](#).

At the conclusion of the program, eligible practices will be able to transition to the healthdirect Video Call Service Pilot Program available until 30 June 2021. The Department is currently reviewing the Program to ensure it is focused on supporting key areas of primary care and healthdirect will provide an update when further information is available. There is also a '[COVID-19 Telehealth](#)' HealthPathway for WA.

Changes to Genetics Services of WA inward referral process

From 1 July 2020, all Genetic Services of WA outpatient appointment referrals are to be submitted to the Central Referral Service (CRS).

Referrals that are faxed or emailed directly to Genetic Services of WA after 1 July 2020 will not be actioned.

To refer to Genetic Services of WA using the CRS, referrers will need to complete one of the [standardised referral forms](#) and send it to the CRS via:

Fax: 1300 365 056
Healthlink Secure Messaging: crefserv
Postal address: PO Box 3462 Midland WA 6056

Genetics Services of WA's referral criteria remain unchanged. For a full list of referral criteria, please visit their [website](#) or phone (08) 6458 2723 between 8.30am – 5.00pm, Monday to Friday.

CAMHS Emergency Telehealth Service

The Child and Adolescent Mental Health Service (CAMHS) Emergency Telehealth Service (ETS) launches on July 13 and provides support for young people, families and carers experiencing a mental health crisis.

For more information see the [CAMHS ETS flyer](#)

Tips and tricks to minimise and identify errors in vaccination recording

[Enhancing data quality of vaccination encounters recorded in practice software and on AIP - tips and tricks](#) has been developed by the National Centre for Immunisation Research and Surveillance to help immunisation providers minimise and identify errors in vaccination recording. This ensures the information held on patient's records and on the Australian Immunisation Register is accurate.

#LGBTIHealthPledge Campaign

COVID-19 does not discriminate; nor should our health response. This is why WA Primary Health Alliance has taken the #LGBTIHealthPledge. The campaign is for non-LGBTI health and wellbeing organisations, professional bodies or workforces, and all services and programs that may be accessed by LGBTI people. It is rooted in inclusive principles to ensure LGBTI people can receive culturally appropriate and inclusive care during this challenging time.

[Take the pledge today](#) and help ease the impact of COVID-19 on LGBTI communities.

NPS MedicineWise resuming CPD practice visits in WA

NPS MedicineWise are resuming face to face visits and delivering the latest free, RACGP accredited CPD topic, [Paediatric asthma: breathing new life into diagnosis and management](#).

This topic provides clarity on the latest guidelines for the diagnosis and treatment of paediatric asthma, including the differences between diagnosing and management in preschool and school-age children, and how treatment of children's asthma differs from that of adults.

For further information, or to book a visit, visit the [NPS MedicineWise website](#)

Virtual learning on STIs in WA Primary Care

This new online education module from Sexual Health Quarters is intended to provide primary health care professionals with comprehensive education about discussing STIs with patients, testing and management. It includes public health responsibilities and legal issues, and recommends useful online resources for ongoing use.

More information is available on the [SHQ website](#)

July National Immunisation Program changes

From 1 July 2020 some important changes to the National Immunisation Program (NIP) and recommendations for pneumococcal, meningococcal and hepatitis A vaccination will take effect.

The National Centre for Immunisation Research and Surveillance (NCIRS) hosted a [webinar](#) providing an overview of the NIP Schedule changes that come into effect from 1 July 2020 and the key points that healthcare professionals need to know.

For further information see [Clinical update: National Immunisation Program \(NIP\) schedule changes from 1 July 2020 – advice for vaccination providers, or the “Immunisation – Childhood” HealthPathway](#).

The Safer Baby Bundle

The Safer Baby Bundle is a collection of interventions designed to reduce late pregnancy stillbirth. Resources include eLearning modules for clinicians, and information for pregnant women and their families, aimed at bridging the gap between best practice clinical evidence and maternity service provision across Australia.

Resources have been developed by the NHMRC Centre of Research Excellence in Stillbirth (Stillbirth CRE) in collaboration with maternity professionals, state health bodies and bereaved parents.

Visit the [website](#) for more information and resources or [register to attend the official launch](#) by The Minister for Health, The Hon Greg Hunt on 3 November 2020.

New online PANDA resources

A group of leading perinatal depression experts, including the team at Perinatal Anxiety and Depression Australia (PANDA), have come together to help GPs provide better care for patients with perinatal depression.

The [MumMoodBooster](#) and [Mum2BMoodBooster](#) programs are especially valuable during the pandemic as they provide online support for new and expecting mums (and dads).

WACHS preventative child health program

The WA Country Health Service (WACHS) is launching a new primary preventative child health program for vulnerable children aged from birth to five years and their families.

Where appropriate, contact should be made with families in the antenatal period to establish rapport.

The Enhanced Child Health Schedule (ECHS) aims to support families to raise healthy children with optimal development and wellbeing who are ready to commence school.

The ECHS focusses attention on common health issues associated with poor social determinants, including ear, eye, oral, respiratory and skin health, and nutrition, especially iron deficiency anaemia.

WACHS Community Health staff offer up to an additional ten child health checks in addition to the six universal (purple book) checks already offered between birth and school entry. The purpose of the extra checks is to provide support and monitoring, early identification of health and development issues, and appropriate, timely referrals.

Staff will encourage parents and carers of Aboriginal and Torres Strait Islander children to attend their GP or Aboriginal Health Centre to have their annual Medicare item 715 completed as appropriate.

Vulnerable families who require this additional support can be referred to the local Community Health team.

For further information, contact Leonie Hellwig, Program Officer Community Health Leonie.hellwig@health.wa.gov.au or 6553 0910

Quick guide to MBS now available

Australian Doctor has released the [July 2020 MBS Quick Guide](#). There is also a separate PDF available listing the [COVID-19 Telehealth items](#)

New Radar article on new and amended PBS opioid listings

A new RADAR article is available regarding recent changes the listings of many opioids and multiple formulations listed on the PBS General Schedule

Changes include new listings for half pack sizes, increased restrictions, and new and amended clinical criteria, prescriber instructions and administrative advice. The RADAR article explains these changes which have been made to support the appropriate prescribing and use of opioids and reduce harms.

Read [Opioids: new and amended PBS listings](#) on the NPS MedicineWise website.

WA Survey of Weight Management Care 2020

This survey is being coordinated by the East Metropolitan Health Service (EMHS) in response to the Sustainable Health Review recommendation to halt the rise in obesity in WA by July 2024. The Survey is sponsored by WA Health Networks as part of the implementation of the WA Healthy Weight Action Plan 2019-2024, and conducted in collaboration with the University of Newcastle and Curtin University.

Responses will help the EMHS understand how WA health professionals currently deliver weight management care, and identify the barriers people face and opportunities for improvement.

[Complete the 20-30 minute survey](#) by 21 July 2020.

Cancer research project seeks GP input

As GPs are key to the delivery of optimal follow-up care for cancer patients, the Cancer Council Queensland in collaboration with the University of Southern Queensland invites GPs to participate in an important research project examining follow-up care practices for rural cancer survivors.

[Complete the anonymous 20 minute survey](#).

Education Events



Save the Date - Ageing and Beyond

This WA Primary Health Alliance; HealthPathways WA GP education event is being delivered in partnership with Joondalup Health Campus, RACGP and North Metropolitan Health Service.

This interactive, online, GP workshop will take participants on a clinical education journey across the specialties of geriatrics, palliative care and vascular conditions.

It is a requirement that all participants attend a mandatory preparation meeting occurring from Monday 3 August to Wednesday 5 August 2020.

Registrations will open shortly. Registrations are essential as participant numbers will be capped.

Date: Saturday 15 August 2020

Time: 9:00 AM - 3:30PM

Accreditation:

This activity is pending approval of 40 CPD Accredited Activity (formerly Category 1 QI&CPD) points through RACGP.

More information :

Contact the HealthPathways WA team on Health.Pathways@wapha.org.au or (08) 6272 494