

Rheumatoid Arthritis Case Study

Joy G. is a 48-year old married mother of 3 active boys, ages 12, 15, and 18. She enjoys attending her sons' sporting events and providing "Mom-Taxi" services for her sons and their friends. She also loves her part-time job as a hairdresser at a popular salon.



Seven months ago, Joy began noticing stiffness in both hands in the morning that lasted longer and longer. Stiffness now lasted more than 1 hour every morning and included hands, wrists and ankles. She also had increasing difficulty standing for long periods at work or at home due to foot and ankle pain. She began taking ibuprofen 800mg 3 times daily and found it helped her get through her day with less pain and stiffness.

Three months ago, Joy noticed pain in her right and left shoulders when she would cut or blow dry her client's hair. She also began feeling extremely tired and short tempered. She had no energy to do her usual activities. Ibuprofen was no longer very effective for her pain or stiffness.

One morning, Joy could not lift her arms at all without extreme shoulder pain. She knew it was time to get help. She had been speaking with her friends and they encouraged her to see a doctor. She saw her Primary Care Physician (PCP), who examined her and ran a few preliminary blood tests. The blood tests revealed positive rheumatoid factor, CCP antibodies, elevated ESR and C-reactive protein. Joy was informed of these results and her PCP referred her to a [Rheumatologist](#) to be seen as soon as possible.

In order to facilitate a timely consultation, Joy was scheduled with the rheumatology [Nurse Practitioner \(NP\)](#) for her new patient appointment.

Upon arrival at the rheumatology office, Joy was asked to provide a complete medical history. At her scheduled appointment time, the [Certified Medical Assistant \(CMA\)](#) escorted Joy into the exam room, where her weight and height were measured and vital signs taken. The [CMA](#) reviewed her medications and their dosages with her and documented them in the electronic medical record.

The [NP](#) introduced herself and proceeded to take a complete history. She asked about Joy's parents' and grandparents' medical histories, family illnesses, Joy's medical and surgical history and information about her family and work lives. A thorough physical examination was conducted, including examination of all of Joy's joints, many of which were tender and swollen. Her [Rapid 3 Score](#) was 21.8, consistent with severe impairment and significant disease activity. The [NP](#) discussed the examination findings with Joy, and reviewed the laboratory tests from her PCP. The [NP](#) ordered x-rays of Joy's feet, hands and shoulders. Additional laboratories were ordered and drawn by the [CMA](#).

The [NP](#) introduced Joy to the [Rheumatologist](#). Together, they discussed with Joy that her most likely diagnosis is [Rheumatoid Arthritis \(RA\)](#). General facts about RA and common treatments were briefly discussed. Joy was prescribed low dose prednisone and corticosteroid injections were administered in each of her shoulders by the [NP](#). Common side effects of the medications and expected responses were discussed with Joy and her questions were answered. She was advised to call the office if she experienced any problems or had questions.

At her follow-up visit with the Rheumatologist 2 weeks later, laboratories had confirmed what her history and examination indicated, that Joy had established RA (symptoms present for more than 6 months). Joy's shoulders felt a little better, though she was still having pain and difficulty raising her arms. The [Rheumatologist](#) recommended she see a [Physical Therapist \(PT\)](#) for further assessment and treatment of her shoulders and advice on activity modification related to her work. She was prescribed oral [methotrexate](#) and folic acid and advised to continue the low dose prednisone. Common medication side effects were discussed. The [NP](#) provided written information about the medications and referred her to the clinic [Pharmacist](#) for medication review and to answer any questions.

The [NP](#) offered to answer Joy's questions and discussed tips for living with RA, including energy conservation and the importance of adequate rest. Written information about RA was provided. Joy was encouraged to go to the [American College of Rheumatology \(ACR\)](#) website for additional information and resources.

Joy continued with regular rheumatology office visits as her medications were adjusted, laboratories were monitored and symptoms improved. By her third month of treatment with [methotrexate](#), prednisone was discontinued and she had resumed all of her regular activities. Her [Rapid 3 Score](#) had decreased to 4, consistent with low disease activity and severity of illness. Morning joint stiffness was minimal and she had 3 swollen and tender joints. She no longer had difficulty raising her arms to cut or blow dry her clients' hair. She continues to seek out information about living with arthritis and how to stay physically active from the [ACR](#) and [Arthritis Foundation](#) websites.

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Association of Rheumatology Professionals:

The Interprofessional Division of the
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