

3 Guideline scope

4 Rheumatoid arthritis in adults: diagnosis 5 and management

6 *Topic*

7 This guideline will update the NICE guideline on rheumatoid arthritis in adults:
8 management (CG79) as set out in the [surveillance review decision](#).

9 This guideline will also be used to develop the NICE quality standard for
10 rheumatoid arthritis.

11 The guideline will be developed using the methods and processes outlined in
12 [Developing NICE guidelines: the manual](#).

13 For more information about why this guideline is being developed, and how
14 the guideline will fit into current practice, see the [context](#) section.

15 *Who the guideline is for*

- 16 • People using services, families and carers and the public.
- 17 • Healthcare professionals in primary care.
- 18 • Healthcare professionals in secondary care.
- 19 • Commissioners and providers of services.

20 NICE guidelines cover health and care in England. Decisions on how they
21 apply in other UK countries are made by ministers in the [Welsh Government](#),
22 [Scottish Government](#), and [Northern Ireland Executive](#).

23 *Equality considerations*

24 NICE has carried out [an equality impact assessment](#) during scoping. The
25 assessment:

- 26 • lists equality issues identified, and how they have been addressed

27 • explains why any groups are excluded from the scope.

28 The guideline will look at inequalities relating to the pharmacological
29 management of rheumatoid arthritis in women who are pregnant.

30 **1 What the guideline is about**

31 **1.1 *Who is the focus?***

32 **Groups that will be covered**

33 • Adults with rheumatoid arthritis.

34 **Groups that will not be covered**

35 • People with other causes of chronic inflammatory polyarthritis.

36 **1.2 *Settings***

37 **Settings that will be covered**

38 • All settings in which NHS care is provided or commissioned.

39 **1.3 *Activities, services or aspects of care***

40 We will look at evidence on the areas listed below when developing the
41 guideline, but it may not be possible to make recommendations on all the
42 areas.

43 ***Areas from the published guideline that will be updated***

44 1 Clinical criteria for recognising rheumatoid arthritis.

45 2 Identifying the prognostic factors that indicate which people are at
46 greatest risk of disease progression.

47 3 Monitoring rheumatoid arthritis, including:

48 – 'treat to target'

49 – what to monitor (excluding annual review)

50 – when to monitor (excluding annual review).

51 4 Pharmacological treatments for managing rheumatoid arthritis, including:

- 52 – analgesics [non-steroidal anti-inflammatory drugs (NSAIDs),
53 paracetamol and opiates]
54 – conventional disease-modifying anti-rheumatic drugs (DMARDs)
55 – corticosteroids.
56 (Note that guideline recommendations will normally fall within licensed
57 indications; exceptionally, and only if clearly supported by evidence, use
58 outside a licensed indication may be recommended. The guideline will
59 assume that prescribers will use a medicine's summary of product
60 characteristics to inform decisions made with individual patients).

61 ***Areas from the published guideline that will not be updated***

- 62 1 Biological DMARDs for managing rheumatoid arthritis.
63 2 Support for patients and carers in managing rheumatoid arthritis through
64 education, self-management and the provision of information and advice.
65 3 Location of review.
66 4 Non-specialist referral to specialist services.
67 5 Non-pharmacological treatments for managing rheumatoid arthritis,
68 including:
69 – podiatry
70 – physiotherapy
71 – occupational therapy
72 – diet
73 – complementary and alternative interventions or approaches.
74 6 Multidisciplinary teams.
75 7 Timing of referral for surgery.

76 Recommendations in areas that are not being updated may be edited to
77 ensure that they meet current editorial standards, and reflect the current policy
78 and practice context.

79 **1.4 Economic aspects**

80 We will take economic aspects into account when making recommendations.
81 We will develop an economic plan that states for each review question (or key
82 area in the scope) whether economic considerations are relevant, and if so

83 whether this is an area that should be prioritised for economic modelling and
84 analysis. We will review the economic evidence and carry out economic
85 analyses, using an NHS and personal social services (PSS) perspective, as
86 appropriate.

87 **1.5 Key issues and questions**

88 While writing this scope, we have identified the following key issues and
89 review questions to be updated. These will form the basis of more detailed
90 review questions developed with the help of the guideline committee to guide
91 the systematic review of the literature.

- 92 1 Clinical criteria for recognising rheumatoid arthritis.
 - 93 1.1 In adults with recent onset of an undifferentiated inflammatory
94 arthritis, what clinical criteria enable the early recognition of rheumatoid
95 arthritis?
- 96 2 Identifying the prognostic factors that indicate which people are at
97 greatest risk of disease progression.
 - 98 2.1 In adults with rheumatoid arthritis, which features help to identify the
99 prognosis of the disease?
- 100 3 Monitoring rheumatoid arthritis
 - 101 3.1 In adults with rheumatoid arthritis, what is the clinical and cost
102 effectiveness of a 'treat-to-target' management strategy compared with
103 standard care?
 - 104 3.2 In adults with rheumatoid arthritis, what are the most clinically and
105 cost-effective methods to monitor ongoing disease activity (outside of the
106 annual review)?
 - 107 3.3 In adults with rheumatoid arthritis, what is the optimum frequency of
108 disease monitoring (outside of the annual review)?
- 109 4 Pharmacological treatments for managing rheumatoid arthritis
 - 110 4.1 In adults with rheumatoid arthritis, what is the clinical and cost
111 effectiveness of analgesics, including NSAIDs, paracetamol and
112 opiates?
 - 113 4.2 In adults with rheumatoid arthritis, what is the clinical and cost
114 effectiveness of early introduction of conventional DMARDs?

- 115 4.3 In adults with rheumatoid arthritis, what sequence of single and
116 combined conventional DMARDs is most clinically and cost effective?
117 4.4 In adults with rheumatoid arthritis, what is the clinical and cost
118 effectiveness of corticosteroids?
119 4.5 Should the pharmaceutical management (e.g. with analgesics,
120 corticosteroids, and conventional DMARDs) of people with poor
121 prognosis rheumatoid arthritis be different from the rest of the population
122 with rheumatoid arthritis?

123 **1.6 Main outcomes**

124 The main outcomes that will be considered when assessing the evidence are
125 set out below. These may be revised by the guideline committee as
126 appropriate for specific review questions.

- 127 1 Swollen joints.
- 128 2 Tender joints.
- 129 3 Patient global assessment/health-related quality of life (including
130 activities of daily living).
- 131 4 Physician global assessment
- 132 5 Pain.
- 133 6 Function.
- 134 7 Radiological progression.
- 135 8 Acute-phase reactants [erythrocyte sedimentation rate (ESR) or C-
136 reactive protein (CRP)].
- 137 9 Adverse events (including mortality).

138

139 **2 Links with other NICE guidance, NICE quality** 140 **standards, and NICE Pathways**

141 **2.1 NICE guidance**

142 **NICE guidance that will be updated by this guideline**

- 143 • [Rheumatoid arthritis in adults: management](#) (2009) NICE guideline (CG79).

144 **NICE guidance about the experience of people using NHS services**

145 NICE has produced the following guidance on the experience of people using
146 the NHS. This guideline will not include additional recommendations on these
147 topics unless there are specific issues related to rheumatoid arthritis:

- 148 • [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- 149 • [Service user experience in adult mental health](#) (2011) NICE guideline
150 CG136

151 **NICE guidance that is closely related to this guideline**

152 ***Published***

153 NICE has published the following guidance that is closely related to this
154 guideline:

- 155 • [Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab,
156 tocilizumab and abatacept for rheumatoid arthritis not previously treated
157 with DMARDs or after conventional DMARDs only have failed](#) (2016) NICE
158 technology appraisal guidance 375
- 159 • [Tocilizumab for the treatment of rheumatoid arthritis](#) (2012) NICE
160 technology appraisal guidance 247
- 161 • [Golimumab for the treatment of rheumatoid arthritis after the failure of
162 previous disease-modifying anti-rheumatic drugs](#) (2011) NICE technology
163 appraisal guidance 225
- 164 • [Adalimumab, etanercept, infliximab, rituximab and abatacept for the
165 treatment of rheumatoid arthritis after the failure of a TNF inhibitor](#) (2010)
166 NICE technology appraisal guidance 195
- 167 • [Depression in adults with a chronic physical health problem: recognition
168 and management](#) (2009) NICE guideline CG91
- 169 • [Cardiovascular disease: risk assessment and reduction, including lipid
170 modification](#) (2015) NICE guideline CG181
- 171 • [Osteoporosis: assessing the risk of fragility fracture](#) (2012) NICE CG141
- 172 • [Medicines adherence](#) (2009) NICE guideline CG76
- 173 • [Medicines optimisation: the safe and effective use of medicines to enable
174 the best possible outcomes](#) (2015) NICE guideline NG5

175 ***In development***

176 NICE is currently developing the following guidance that is closely related to
177 this guideline:

- 178 • [Rheumatoid arthritis - certolizumab pegol \(after TNF inhibitor\)](#). NICE
179 technology appraisal. Publication expected October 2016.
- 180 • [Multimorbidity: clinical assessment and management](#). NICE clinical
181 guideline. Publication expected September 2016.

182 **2.2 NICE quality standards**

183 **NICE quality standards that may need to be revised or updated when**
184 **this guideline is published**

- 185 • [Rheumatoid arthritis in over 16s](#) (2013) NICE quality standard 33

186 **2.3 NICE Pathways**

187 When this guideline is published, the recommendations will update the current
188 NICE Pathway on [rheumatoid arthritis](#). NICE Pathways bring together all
189 related NICE guidance and associated products on a topic in an interactive
190 topic-based flow chart.

191 Other relevant NICE guidance will also be added to the NICE Pathway,
192 including:

- 193 • [Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab,
194 tocilizumab and abatacept for rheumatoid arthritis not previously treated
195 with DMARDs or after conventional DMARDs only have failed](#) (2016) NICE
196 technology appraisal guidance 375
- 197 • [Total hip replacement and resurfacing arthroplasty for end-stage arthritis of
198 the hip](#) (2014) NICE technology appraisal guidance 304
- 199 • [Tocilizumab for the treatment of rheumatoid arthritis](#) (2012) NICE
200 technology appraisal guidance 247
- 201 • [Golimumab for the treatment of rheumatoid arthritis after the failure of
202 previous disease-modifying anti-rheumatic drugs](#) (2011) NICE technology
203 appraisal guidance 225

- 204 • [Adalimumab, etanercept, infliximab, rituximab and abatacept for the](#)
205 [treatment of rheumatoid arthritis after the failure of a TNF inhibitor](#) (2010)
206 NICE technology appraisal guidance 195
- 207 • [Total prosthetic replacement of the temporomandibular joint](#) (2014) NICE
208 interventional procedure guidance 500
- 209 • [Minimally invasive total hip replacement](#) (2010) NICE interventional
210 procedure guidance 363
- 211 • [Shoulder resurfacing arthroplasty](#) (2010) NICE interventional procedure
212 guidance 354
- 213 • [Total wrist replacement](#) (2008) NICE interventional procedure guidance
214 271
- 215 • [Metatarsophalangeal joint replacement of the hallux](#) (2005) NICE
216 interventional procedure guidance 140

217 **3 Context**

218 **3.1 Key facts and figures**

219 Please see [Rheumatoid arthritis in adults](#) (2009) NICE guideline CG79 for
220 more information.

221 Since publication of the guideline in 2009, Humphreys et al. have published
222 [The incidence of rheumatoid arthritis in the UK: comparisons using the 2010](#)
223 [ACR/EULAR classification criteria and the 1987 ACR classification criteria.](#)
224 [Results from the Norfolk Arthritis Register in 2013.](#) This updates both the
225 classification criteria and the incidence data for rheumatoid arthritis in the UK.

226 **3.2 Current practice**

227 Please see [Rheumatoid arthritis in adults](#) (2009) NICE guideline CG79 for
228 more information.

229 Since publication of the 2009 guideline, the 'treat to target' approach, where
230 the goal of reducing disease activity to very low levels (or remission) is
231 achieved by measuring disease activity and adjusting therapy accordingly,
232 has been introduced and is considered by many to reflect best current

233 practice. The concept of 'treat to target' in rheumatoid arthritis, whilst
234 attractive, is not without uncertainty in terms of clinical and cost effectiveness.

235 **3.3 Policy, legislation, regulation and commissioning**

236 **Policy**

237 The introduction of a best practice tariff in 2013 reflects commissioning when
238 following [Rheumatoid arthritis in adults](#) (2009) NICE guideline CG79.

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