

Appendices

APPENDIX 1 PSORIASIS EPIDEMIOLOGY SCREENING TOOL

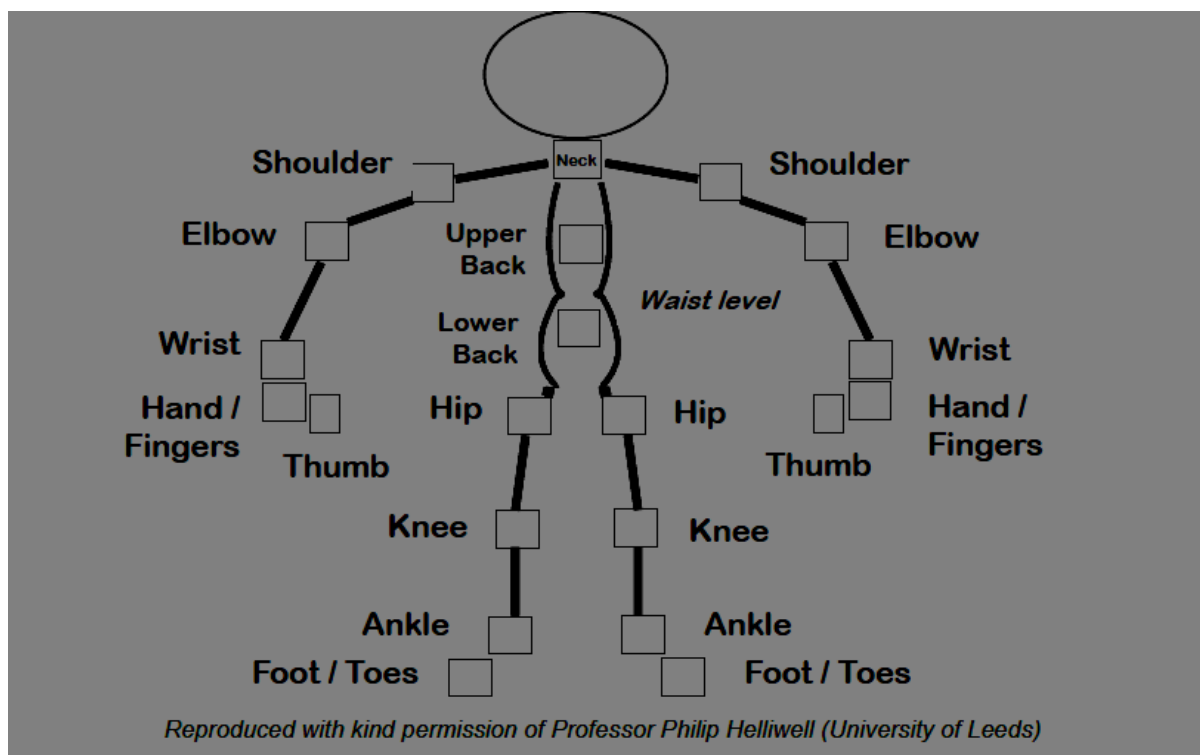
PSORIASIS EPIDEMIOLOGY SCREENING

TOOL (PEST)

PATIENT NAME

DATE OF VISIT

Please circle which joints are swollen or painful on the diagram and answer the questions below. Remember to bring this sheet to your appointment with your doctor or nurse.



Please answer the questions below and score 1 point for each question answered 'Yes'

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you ever had a swollen joint (or joints)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has a doctor ever told you that you have arthritis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do your finger nails or toenails have holes or pits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you had pain in your heel? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you had a finger or toe that was completely swollen and painful for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> |

Total / 5

A total score of 3 or more out of 5 is positive and indicates a referral to rheumatology should be considered

Courtesy of British Association of Dermatologists. (www.bad.org.uk) after Ibrahim 2009.

APPENDIX 2 PATIENT RESOURCES

Psoriasis

Arthritis Research UK: What is Psoriatic Arthritis?

<https://www.arthritisresearchuk.org/arthritis-information/conditions/psoriatic-arthritis/what-is-psoriatic-arthritis.aspx>

Psoriasis and Psoriatic Arthritis Alliance: <https://www.papaa.org>

Psoriatic Arthritis UK: <https://www.psoriatic-arthritis.co.uk>

Hypermobility

<https://www.nhsinform.scot/illnesses-and-conditions/muscle-bone-and-joints/conditions/joint-hypermobility>

Ehlers-Danlos Support UK. Hypermobile EDs and the Hypermobility Spectrum Disorders

Available at: <https://www.ehlers-danlos.org/what-is-eds/information-on-eds/hypermobile-eds-and-hypermobility-spectrum-disorders>

Versus Arthritis <https://www.versusarthritis.org>

Hypermobility Syndromes Association www.hypermobility.org

RCGP Ehlers-Danlos Toolkit <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/ehlers-danlos-syndromes-toolkit.aspx>

APPENDIX 3 TABLE SHOWING PURINE CONTENT OF FOOD AND DRINK (UK Gout Society)

High purine food (avoid)	Moderate purine food (moderate)	Low purine food
Offal (liver, kidneys, heart, sweetbreads)	Meat (beef, lamb, chicken, pork)	Dairy (milk, cheese, yogurt, butter)
Game (pheasant, rabbit, venison)	Poultry (chicken, duck)	Eggs
Oily fish (anchovies, herring, mackerel, sardines, sprats, whitebait, trout)	Dried peas, beans and legumes (baked beans, kidney beans, soya beans, peas)	Bread and cereal (except wholegrain)
Seafood (mussels, crab, shrimps, shellfish, fish roe, caviar)	Mushrooms and mycoprotein (Quorn™)	Pasta and noodles
Meat and yeast extract (Marmite, Bovril, commercial gravy, beer)	Some vegetables (asparagus, cauliflower, spinach)	Fruit and vegetables (unless on moderate list)
	Wholegrains (bran, oatbran, wholemeal bread)	

APPENDIX 4 TABLE SHOWING SUMMARY OF RHEUMATOLOGICAL TESTS

Test	Specificity for RA	Other conditions	Useful for
Erythrocyte sedimentation rate (ESR)	Elevated in inflammatory conditions Non-specific for RA	Also elevated in: advancing age, females, infection, anaemia, malignancy, myeloma, tissue damage and conditions that increase fibrinogen (diabetes, pregnancy, end stage renal disease)	Useful for prognostic purposes (raised = worse prognosis)
C-reactive protein (CRP)	Elevated in inflammatory conditions Non-specific for RA (but slightly more specific than ESR)	Also elevated in: heart disease, obesity or diabetes	Useful for prognostic purposes (raised CRP = worse prognosis)
Rheumatoid Factor (RF)	+ve in 50-70% of RA patients (sensitivity of 69% and specificity of 85%.)	Also +ve in: age >60 years (5-25%), SLE, Sjögren syndrome, mixed cryoglobulinemia, primary biliary cirrhosis, endocarditis, tuberculosis, syphilis, Lyme disease, HIV, rubella, mumps, hepatitis C, influenza, infectious mononucleosis, Interstitial fibrosis, silicosis, sarcoidosis, asbestosis, malignancy, periodontal disease, parasitic disease	Supportive of diagnosis but -ve tests do not rule out diagnosis
Anti-CCP	+ve test results have a sensitivity of 67% and specificity of 95% for RA.		Supportive of diagnosis but -ve tests do not rule out diagnosis. May aid clinical diagnosis when combined with ESR and CRP
Antinuclear antibodies (ANA):	Specific for SLE (+ve in 90-95%) Up to 30% of the healthy population has a 1:40 ANA titre and up to 5% has a 1:160 ANA titre. In the absence of signs or symptoms consistent with inflammatory joint disease, no further investigation of a low-titre ANA (< 1:160) is required.	Also +ve in: chronic infections, including infectious mononucleosis, subacute bacterial endocarditis, and tuberculosis, mixed connective tissue disease, systemic sclerosis A negative test may indicate other fibrosing illnesses, such as linear scleroderma or eosinophilic fasciitis.	Made aid clinical diagnosis when combined with ESR and CRP Patients with Primary Sjögren's Syndrome may commonly be ANA negative. If suspected, specifically request Extractible Nuclear Antibodies (including Anti-Ro and Anti-La). If these are negative, Primary Sjögren's is almost unsustainable as a diagnosis. Ro/La may be positive in SLE too

APPENDIX 5 ALGORITHM TO SUPPORT DIFFERENTIAL DIAGNOSIS OF JOINT PAIN^{39,40,41,42,}

