NHS Lothian

Western General Hospital
First Floor
Outpatient Department
Crewe Road South
Edinburgh EH4 2XU

Dr Westwood
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 05/11/2012

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank grove Dalkeith EH22 1AP	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (36 years) 600101156L
Specialty **Consultant**	Rheumatology Dr MK Gray	**Attendance Date**	08/10/2012

Dear Dr Westwood

Diagnosis:
No current evidence of inflammatory synovitis .(CCP 471,RF 42.2 ,ANA positive 1:80 speckled,ENA Negative,DsDNA 6.6,complements normal)

Past medical history:
Caesarean section 2011
Iron-deficiency anaemia

Current Medications:
Iron tablets tds
Antidepressants
Ibuprofen as required

Interventions Today:
MRI hands as an outpatient

Follow up:
6 months

Many thanks indeed for referring this 36-year-old full time Mum to Rheumatology outpatients. For years she had painful arms but recently in the last 6 months she has noted that her hands, wrists, elbows and shoulders are increasingly painful and she describes her hands to be swollen intermittently. She is also stiff in the morning for at least 5 minutes a day getting better with activity. Her last year was quite traumatic in terms of undergoing a C-section and then her child was diagnosed with cerebral palsy. She does not describe any symptoms or features of connective tissue disease or systemic vasculitis.

She is at the moment living alone, is a full time Mum. She smokes 20 cigarettes a day for the last 20 years and drinks about 10 units of alcohol on a night out at least once a month. She has got two children, one11-year-old who is healthy and the newborn with cerebral palsy. She does not have any family history of rheumatological disorders.

On examination urine dipstick was negative and her blood pressure was 104/48, pulse 82, weight 70kg. On examination of the joints there was no evidence of synovitis today and had normal range of movements. Systemic examination was unremarkable. There was no evidence of connective tissue disease in terms of sclerodactyly, nail fold telangiectasia.

I discussed the case Dr. Gray and though she has got a very good inflammatory joint disease history though clinical examination did not reveal any synovitis and therefore I have arranged an MRI to look for any subtle synovitis. I will inform you about the investigations when available.

Yours sincerely,

e-signed by

Dr Irfan Faridoon
SpR in Rheumatology

(secretary: 0131 537 3564)

NHS Lothian

Western General Hospital
First Floor
Outpatient Building
Crewe Road South
Edinburgh EH4 2XU

Dr Ahmed
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 05/02/2014

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank grove Dalkeith EH22 1AP	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (38 years) 600101156L
Specialty	Rheumatology	**Attendance Date**	03/02/2014
Consultant	Dr Neil Douglas McKay		

Dear Dr Ahmed

Diagnosis
Inflammatory erosive monoarthropathy left great toe
History of palindromic inflammatory joint episodes previously affecting the cervical spine, left shoulder, hands
High titre CCP positive 471, rheumatoid factor positive 42, ANA positive 1/80 speckled, ENA negative, DS DNA/complement normal
Current smoker

Past medical history
C-section 2011

Current medications
As required painkillers

Clinic outcomes
Ultrasound demonstrated 1 cm synovial hypertrophy grade 3, power Doppler vascularity grade 3, established erosions 1/2 cm at the left great toe. Attempted ultrasound-guided aspiration was negative, there were no visible ultrasound tophi within the joint capsule, injection of steroid anaesthetic to the left great toe joint capsule uneventful, counselling provided
We have advised commencing ERA treatment protocols but without any oral steroid
Invited to participate in SERA

Follow-up arranged
Regularly in nurse ERA clinic but please note to avoid any oral steroid
9-12 months with Doctor

This 38-year-old lady has two children one of which has mild cerebral palsy aged two and a half years. There has been a long history of intermittent joint symptoms associated with episodes of inflammatory rise of the ESR and more recently a persistent problem affecting the left great toe. Foot x-rays in July 2013 were normal, the left great toe symptoms have been persistent since April 2013 with no particular fluctuation. The uric acid level was checked recently and is normal. The location of the erosive inflammatory change might suggest gout but my clinical impression is of early rheumatoid arthritis, in particular supported by the lack of any tophus appearance at the left great toe. Similarly there have been symptoms at the C-spine with inflammatory sounding change and this would be rather unusual for urate crystal arthritis. There is a high titre positivity CCP antibodies and after discussion of the management options we agreed to proceed with immunosuppression.

On examination
Weight 77 kg, BP 116/68, urine NAD.

The musculoskeletal examination is unremarkable apart from left great toe synovitis clinically and on ultrasound.
Heart sounds, abdominal palpation, chest auscultation normal.

The baseline HAQDI score is 0
The baseline DAS28 score is 2.42 (SJC 0, TJC 0, ESR 18, patient global score 28).

I have updated x-rays blood tests and proceeded to manage according to ERA protocols but without any oral steroid. Miss Halliday is aware of the location being suggestive of gout but after discussion of all the management options we have jointly agreed to proceed with immunosuppression.

Yours Sincerely

Dr N McKay
Consultant Rheumatologist

CC: to patient

Date dictated: 03/02/14
Date typed: 04/02/14 (NDM/MN)

NHS Lothian

Western General Hospital
First Floor
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Edinburgh EH4 2XU

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EH22 1AP

Date: 18/02/2014

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank grove Dalkeith EH22 1AP	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (38 years) 600101156L
Specialty **Consultant**	Rheumatology SC Gammack	**Attendance Date**	17/02/2014

Dear Dr Ahmed

Consultant:
Dr McKay

Mrs halliday was seen today 17/02/14 at the Early Rheumatoid Arthritis (ERA) Clinic. Mrs Halliday is to commence on a reducing course of oral prednisolone (any NSAID must be withheld during steroid treatment). This will result in a rapid reduction in clinical synovitis as well as resulting in a significantly reduced risk of bone erosions.

All the initial investigations requested at their previous visit have been reviewed and are satisfactory. In accordance with our ERA management protocol, Mrs Halliday is to commence treatment with the following DMARDS:

Methotrexate (2.5mg tablets) 15mg orally once weekly
Folic acid 5mg orally once weekly to be taken the day after taking oral methotrexate
Hydroxychloroquine 200mg bd

Mrs Halliday has been counselled on oral methotrexate and hydroxychloroquine and provided with verbal and written information.

In accordance with hydroxychloroquine monitoring: Visual acuity patient has been advised to attend optician and hydroxychloroquine should not be commenced prior to that appointment

Patients remaining on hydroxychloroquine must attend an optician for an annual eye test.

I would be grateful if you could prescribe the above medication and undertake monitoring as per the relevant shared care protocols which can be found at http://www.ljf.scot.nhs.uk/SharedCareProtocols/SCP.

The patient is also eligible to receive the pneumococcal vaccination and annual influenza vaccination and we would be grateful if you could administer these.

In addition, I would be grateful if you could commence the following adjuvant therapy:

Omeprazole 20mg once daily OR Lansoprazole15mg once daily
Adcal D3 one tablet twice daily
Alendronate 70mg once weekly (only if patient ?65 years)

The patient will be reviewed in the ERA Clinic in 6-8 weeks. I will arrange referral to physiotherapy/Occupational therapy.

Thank you for your help.

Yours sincerely

E-Signed by
Shona Gammack
Rheumatology Nurse Practitioner

SG/jb

NHS Lothian

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Dr Ahmed
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
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EH22 1AP

Date: 14/04/2014

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank grove Dalkeith EH22 1AP	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (38 years) 600101156L
Specialty **Consultant**	Rheumatology SC Gammack	**Attendance Date**	08/04/2014

Dear Dr Ahmed

Consultant
Dr McKay

Diagnosis
Inflammatory erosive monoarthropathy left great toe
History of palindromic inflammatory joint episodes previously affecting the cervical spine, left shoulder, hands
High titre CCP positive 471, rheumatoid factor positive 42, ANA positive 1/80 speckled, ENA negative, DS DNA/complement normal
Current smoker

Past medical history
C-section 2011

Current medications
Prednisolone reducing regime 20mg daily reducing in 1 week to 5mg daily for a further 5 weeks
Oral methotrexate 15mg once weekly
Folic acid 5 mgs once weekly (to be taken 24 hours after taking oral methotrexate)
Hydroxychloroquine 200mgs bd
Adcal D3
Omeprazole

I reviewed Miss Halliday in the early rheumatoid arthritis clinic today 08/04/14, Miss Halliday appears to be tolerating prednisolone reducing regime 20mg daily to reduce to 5mg daily in 1 week for a further 5 weeks. Following discussion with Miss Halliday due to an error in my last letter advising Miss Halliday to commence on Prednisolone reducing regime she was aware this had not been discussed at the consultation with myself and queried it with yourself. Miss Halliday advised Dr Conlon contacted rheumatology department at the Western General Hospital and was advised to commence prednisolone reducing regime although originally in Dr McKay's letter dated 03/02/14 steroids were to be avoided. Miss Halliday contacted myself before Dr Conlon contacted the rheumatology department, unfortunately I was on annual leave at this time. She is tolerating oral methotrexate and hydroxychloroquine. She advised she has been experiencing sweats for several years, since commencing treatment she is aware sweats are more persistent. She feels a vast improvement of her joints particularly her shoulders, wrists and left foot. She is not requiring analgesia. She reports having no early morning stiffness and her sleep is now not disturbed. She mentioned she has been aware of a slight cold and cough over the last week, yellow/green coloured phlegm, she advised this is improving. She advised she is not aware of breathlessness.

On examination BP 131/76, weight 76kg and urinalysis protein trace. On joint examination there was no evidence of synovitis

present of any of her joints today. All joints had a good range of movement.

Joint examination revealed 0 tender joints, 0 swollen joints, ESR 18, general health score 0, equaling a DAS score of 2.02.

Following the early rheumatoid arthritis clinic protocol Miss Halliday is happy to continue on prednisolone reducing regime, oral methotrexate 15mg weekly and hydroxychloroquine 200mg bd. Thank you for continuing to perform blood monitoring which is satisfactory.

Miss Halliday advised she continues to attend gynae due to abnormal smear tests over the last 2 years, she will advise at her next appointment in July she is on oral methotrexate and hydroxychloroquine.

I will review Miss Halliday in the rheumatology outpatient clinic in 6 weeks. Should you have further concerns, please do not hesitate to contact us.

Yours sincerely

E-Signed by
Shona Gammack
Rheumatology Nurse Practitioner

cc - D McKay

SG/jb

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Dr Ahmed
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Dalkeith
EH22 1AP

Date: 02/06/2014

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank grove Dalkeith EH22 1AP	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (38 years) 600101156L
Specialty **Consultant**	Rheumatology SC Gammack	**Attendance Date**	22/05/2014

Dear Dr Ahmed

Consultant
Dr McKay

Diagnosis
Inflammatory erosive monoarthropathy left great toe
History of palindromic inflammatory joint episodes previously affecting the cervical spine, left shoulder, hands
High titre CCP positive 471, rheumatoid factor positive 42, ANA positive 1/80 speckled, ENA negative, DS DNA/complement normal
Current smoker

Past medical history
C-section 2011

Current medications
Prednisolone reducing regime 5mg daily to discontinue in1 week
Oral methotrexate increasing from 15mg once weekly to 20mg once weekly
Folic acid 5mg once weekly (to be taken 24 hours after taking oral methotrexate)
Hydroxychloroquine 200mg bd
Adcal D3
Omeprazole

Procedure:
Intramuscular injection of Depomedrone120mg
Physiotherapy

I reviewed Miss Halliday in the Early Rheumatoid Arthritis Clinic today 22/05/14. Miss Halliday complains of pain and stiffness affecting her hands and wrists lasting at least 3 hours. She also complains of lower back pain and hip discomfort. She continues on oral Methotrexate and Hydroxychloroquine. She does not take analgesia. I have encourage her to take regular Paracetamol. She also complains of fatigue and difficulty lifting her child.

On examination, BP 131/69, weight 78Kg, urinalysis blood+++ (MENS). On joint examination there is no evidence of synovitis present of any of her joints today. Both hips had a good range of movement. Lumbar spine appeared satisfactory.

Joint examination revealed 0 tender joints, 0 swollen joints, ESR 18, general health score 75, equalling a DAS score of 3.07.

I should be grateful if you would increase Miss Halliday's oral Methotrexate from 15mg weekly to 20mg weekly. She should remain

on Hydroxychloroquine 200mg bd. Thank you for continuing to perform blood monitoring which I note is satisfactory.

With Miss Halliday's consent I carried out intramuscular injection of Depomedrone 120mg to assist with history of early morning stiffness. I have also arranged referral to Physiotherapy.

Miss Halliday also mentioned she has been experiencing an itch on the front of her thighs although admits this has settled within the last 2 days. I have asked her to observe this.

I will review Miss Halliday in the Rheumatology Outpatient Clinic in 6 weeks to assess response to therapy. Should you have further concerns, please do not hesitate to contact us.

Yours sincerely

E-signed by

Shona Gammack
Rheumatology Nurse Practitioner

SG/kdj

Shared care protocols can be found at: www.ljf.scot.nhs.uk/SharedCareProtocols

Please note - for routine queries and advice please use the on call email service (checked daily):
rheumatology.oncall@luht.scot.nhs.uk

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Dr Ahmed
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The Health Centre
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EH22 1AP

Date: 07/07/2014

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank grove Dalkeith EH22 1AP	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (38 years) 600101156L
Specialty **Consultant**	Rheumatology SC Gammack	**Attendance Date**	03/07/2014

Dear Dr Ahmed

Consultant
Dr McKay

Diagnosis
Inflammatory erosive monoarthropathy left great toe
History of palindromic inflammatory joint episodes previously affecting the cervical spine, left shoulder, hands
High titre CCP positive 471, rheumatoid factor positive 42, ANA positive 1/80 speckled, ENA negative, DS DNA/complement normal
Current smoker

Past medical history
C-section 2011

Current medications
Oral methotrexate 20mg once weekly
Folic acid 5mg once weekly (to be taken 24 hours after taking oral methotrexate)
Hydroxychloroquine 200mg bd
Adcal D3
Omeprazole

I reviewed Miss Halliday in the early rheumatoid arthritis clinic today 03/07/14. I was please to hear Miss Halliday is feeling well in herself and has felt an improvement of her joints since increased dose of oral methotrexate previous consultation. Miss Halliday advised she required anti-emetic cover, thank you for prescribing, presently her nausea has settled. She admits she is aware of pain at times affecting her back and hips, she has an appointment with physiotherapy in the near future. She takes 4 paracetamol daily. Her sleep is not disturbed due to pain, she admits at times she is aware of feeling tired at times.

Joint examination revealed 0 tender joints, 0 swollen joints, ESR 14, general health score 10, equalling a DAS score of 1.99.

Following the early rheumatoid arthritis clinic protocol I am grateful to you for continuing to prescribe oral methotrexate 20mg weekly and hydroxychloroquine 200mg bd. Thank you also for continuing to perform blood monitoring which I note is satisfactory, haemoglobin slightly reduced at 114 although becoming stable. Miss Halliday can now have monthly blood monitoring performed.

I will review Miss Halliday in the rheumatology outpatient clinic in September. Should you have further concerns, please do not hesitate to contact us.

Yours sincerely

e-signed
Shona Gammack
Rheumatology Nurse Practitioner

SG/jb

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Date: 17/09/2014

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank grove Dalkeith EH22 1AP	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (38 years) 600101156L
Specialty **Consultant**	Rheumatology SC Gammack	**Attendance Date**	11/09/2014

Dear Dr Ahmed

Consultant
Dr McKay

Diagnosis
Inflammatory erosive monoarthropathy left great toe
History of palindromic inflammatory joint episodes previously affecting the cervical spine, left shoulder, hands
High titre CCP positive 471, rheumatoid factor positive 42, ANA positive 1/80 speckled, ENA negative, DS DNA/complement normal
Current smoker

Past medical history
C-section 2011
History of depression

Current medications
Oral methotrexate 20mg once weekly
Folic acid 5mg once weekly (to be taken 24 hours after taking oral methotrexate)
Hydroxychloroquine 200mg bd
Adcal D3
Omeprazole
Cetirizine

Procedure:
Intramuscular injection of Depomedrone

I reviewed Ms Halliday in the Early Rheumatoid Arthritis Clinic today,. 11/09/14. Ms Halliday feels her arthritis is fairly well under control although is experiencing tenderness affecting the balls os her feet when walking. She remains on oral Methotrexate and Hydroxychloroquine. Her main complain is, over the last 3-4 months, experiencing severe itchiness affecting her thighs. There is never a sign of a rash, this debilitates her as it happens around 3-4 times a week and can be quite severe lasting for an hour at a time. She has tried E45 which has not been helpful. Her other complaint which has been lasting around 3-4 months is of extremely restless legs and a feeling of heaviness in her arms before she feels she is dropping off to sleep and then this wakens her up. She does take analgesia as required.

On examination, BP 110/71, weight 73.3Kg, urinalysis negative. On joint examination there was evidence of tenderness, particularly affecting the metatarsal phalangeal joint of the left foot. All other joints had a good range of movement.

Thank you for continuing to prescribe oral Methotrexate 20mg weekly and Hydroxychloroquine 200mg bd. Following discussion with on-call registrar Dr Faridoon, he would be grateful if you would prescribe Ms Halliday a simple emollient. I am aware Ms Halliday has not much time to herself due to her young Son having cerebral palsy and it may be reasonable there is some anxiety involved within the symptoms she has mentioned. I have asked her to discuss this with you. I am aware she is on Cetirizine. Thank you also for continuing to perform blood monitoring.

With ms Halliday's consent I carried out intramuscular injection of Depomedrone 120mg. Ms Halliday has a review appointment with her consultant Dr McKay in December. I will review her in February 2015. Should you have further concerns, please do not hesitate to contact us.

Yours sincerely

E-signed by

Shona Gammack
Rheumatology Nurse Practitioner

SG/kdj

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Dr Ahmed
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The Health Centre
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Dalkeith
EH22 1AP

Date: 28/01/2015

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank grove Dalkeith EH22 1AP	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (39 years) 600101156L
Specialty	Rheumatology	**Attendance Date**	21/01/2015
Consultant	Dr Neil Douglas McKay		

Dear Dr Ahmed

Diagnosis
Inflammatory erosive monoarthropathy left great toe
(History of palindromic inflammatory joint episodes previously affecting the cervical spine, left shoulder, hands
High titre CCP positive 471, rheumatoid factor positive 42, ANA positive 1/80 speckled, ENA negative, DS DNA/complement normal)
Current smoker

Past medical history
C-section 2011
History of depression

Current medications
Oral methotrexate 20mg once weekly
Folic acid 5mg once weekly (to be taken 24 hours after taking oral methotrexate)
Hydroxychloroquine 200mg bd
Adcal D3
Omeprazole
Cetirizine

Clinic outcomes
Today's DAS28 score 1.92
To reduce Hydroxychloroquine to 1 tablet daily
If stability is maintained next year perhaps Hydroxychloroquine can be discontinued

Follow-up arranged
To exit ERA clinic
Ongoing rheumatology care is arranged with Dr. Lambert in 18 months time

There has been an excellent symptomatic response to immunosuppression with a complete resolution of the intermittent episodes of joint pains and inflammatory blood test rises. In particular the left great toe has no synovitis. The baseline x-rays confirmed the erosive change at the left great toe and I have updated the feet x-rays today. Thank you for providing monitoring blood tests every 6 weeks and I note the latest blood tests are satisfactory.

Miss Halliday's blood pressure 120/73, urine NAD.

Thank you for providing annual influenza vaccine, ensuring an pneumonia vaccine has been provided within the last 10 years.

Yours sincerely,

Dr Neil McKay
Consultant Rheumatologist

Cc:Miss Shona Halliday

NDM/AE
Date dictated:21/1/2015
Date typed:22/1/2015

NHS Lothian

Western General Hospital
First Floor
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Edinburgh EH4 2XU

Dr Ahmed
Dalkeith Medical Practice
The Health Centre
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Dalkeith
EH22 1AP

Date: 10/08/2016

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank grove Dalkeith EH22 1AP	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (40 years) 600101156L
Specialty **Consultant**	Rheumatology Dr CM Lambert	**Attendance Date**	09/08/2016

Dear Dr Ahmed

Diagnosis:
Inflammatory arthritis

Medication:
Hydroxychloroquine 200 mg bd
Methotrexate - see text to increase to 25 mg once per week
Folic acid 5 mg once per week

On the whole this lady is doing well but she has had 2 or 3 breakthroughs of symptoms and I suspect her stability of the control could be improved. Clinically at the moment she has got no swollen or tender joints but in view of her symptoms and pattern I think it is worthwhile nudging her Methotrexate dose up to 25 mg as a single weekly oral dose and keeping the Hydroxychloroquine at the current dose. She should of course be updated with flu immunisation later in the year and I will see her again in due course.

With kind regards.

Yours sincerely

Dr C M Lambert
Consultant Rheumatologist

CML/DF
Date Dictated: 9/8/2016
Date Typed: 9/8/2016

Please note- The following email address which is checked daily can be used by health professionals only for routine rheumatology related queries and advice: rheumatology.oncall@luht.scot.nhs.uk

NHS Lothian

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First Floor
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Edinburgh EH4 2XU

Dr Ahmed
Dalkeith Medical Practice
The Health Centre
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EH22 1AP

Date: 01/06/2017

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank grove Dalkeith EH22 1AP	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (41 years) 600101156L
Specialty **Consultant**	Rheumatology Dr CM Lambert	**Attendance Date**	25/05/2017

Dear Dr Ahmed

Diagnosis:
Inflammatory arthritis

Medication:
Hydroxychloroquine 200 mg bd
Methotrexate 25 mg once per week
Amitriptyline - see text

I saw this lady again in my clinic on the 25th May. She has managed to stop smoking about 3 weeks ago and I think this will pay dividend in terms of the control of her joints and for this reason I think it is probably worthwhile not making any changes to her existing treatment. Most of her symptoms at the moment sound more mechanical with some back pain and also some muscular stiffness which I think is probably secondary soft tissue rheumatism. I would suggest for this the addition of amitriptyline in low dose as a co-analgesic and mild hypnotic ad she should of course be updated with her flu immunisation later in the year. She was a little bit uncertain about the pneumococcal pneumonia status and if she has not had this then it would certainly be sensible to offer her this. I will see her again in due course.

With kind regards.

Yours sincerely

Dr C M Lambert
Consultant Rheumatologist

CML/DF
Date Dictated: 25/5/2017
Date Typed: 31/5/2017

Please note- The following email address which is checked daily can be used by health professionals only for routine rheumatology related queries and advice: rheumatology.oncall@luht.scot.nhs.uk

NHS Lothian

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Dr Simmons
Dalkeith Medical Practice
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Date: 05/06/2018

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank grove Dalkeith EH22 1AP	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (42 years) 600101156L
Specialty	Rheumatology	**Attendance Date**	28/05/2018
Consultant	Dr CM Lambert		

Dear Dr Simmons

Diagnosis:
Inflammatory arthritis

Medication:
Methotrexate 25 mg once per week
Hydroxychloroquine 200 mg bd
Folic 5 mg once per week

I have seen this pleasant lady in my clinic on the 28th May. She is doing well from my perspective and there are no major issues. She has got no swollen or tender joints, she is up-to-date with her flu immunisation and once again I have advised her to check her pneumococcal pneumonia status. Her blood profile is satisfactory and I think her bloods can now go to every couple of months.

I will see her again in due course.

With kind regards.

Yours sincerely

CML

Dr C M Lambert
Consultant Rheumatologist

CML/DF
Date Dictated: 28/5/2018
Date Typed: 30/5/2018

NHS Lothian

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Dr Gaidakova
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 23/07/2020

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank grove Dalkeith EH22 1AP	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (44 years) 600101156L
Specialty **Consultant**	Rheumatology Dr Janardhana Golla	**Attendance Date**	15/07/2020

Dear Dr Gaidakova

Diagnosis:
RF/CCP positive Rheumatoid arthritis, palindromic onset, 2012

Medication:
Methotrexate 25 mg once per week
Folic 5 mg once per week
Hydroxychloroquine 200 mg bd
Co-codamol as needed
NSAID as needed

I have spoken to this lady on the phone today. She works as a cook and off work in lockdown. She is hoping to return to work from 2nd week of August. She is finding it difficult to use her hands at work and when ironing. She does not have any nocturnal pain or rest pain or significant morning stiffness. She reports long standing swelling in her wrists, PIP joints and big toe joints.

Her symptoms are mechanical rather inflammatory, so I haven't made any changes to her arthritis treatment. I suggest she continues with simple analgesia and I will refer her to occupational therapy to improve her hand function.

I requested x-rays of hands and feet to see any signs of arthritis progression.

Yours sincerely

e-signed

Dr J Golla
Locum Consultant Rheumatology

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Rheumatology

Dr Gaidakova
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 20/10/2021

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank Grove Dalkeith EH22 2EG	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (45 years) 600101156L
Attendance Date	27/09/2021		
Consultant	Dr Hoda EL- Mahrouki		

Dear Dr Gaidakova

Diagnosis:
RF/CCP positive Rheumatoid arthritis, palindromic onset, 2012

Medication:
Methotrexate 25 mg once per week
Folic 5 mg once per week
Hydroxychloroquine 200 mg bd
Co-codamol as needed
NSAID as needed

It was a pleasure reviewing Mrs Halliday today in the Rheumatology clinic. She is keeping well in herself and tolerating Methotrexate well as well as Hydroxychloroquine. She knows to visit her optician every year while on Hydroxychloroquine.

She had her bloods checked on the 2nd September which showed satisfactory left lower kidney functions as well as full blood count were normal. She can have her bloods checked every 12 weeks rather than 8 weeks now and thank you for your help in monitoring her bloods in the practice.

She tells me from time to time she gets what sounds like flares however she takes Naproxen and Paracetamol for that for a couple of days and settles down very quickly which makes it sounds more mechanical in nature rather than inflammatory type pain.

I have not made any changes to her medications today and encouraged her to continue with her Methotrexate and Hydroxychloroquine at the current dose. She will be reviewed again in another year by telephone consultation.

Kind regards
Yours sincerely,

e-signed by Dr Hoda EL-Mahrouki

Dr Hoda EL-Mahrouki
Consultant Rheumatologist

NHS Lothian

Western General Hospital
First Floor
Outpatient Building
Crewe Road South
Edinburgh EH4 2XU

Rheumatology

Dr Gaidakova
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 02/06/2022

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank Grove Dalkeith EH22 2EG	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (46 years) 600101156L
Attendance Date	30/05/2022		
Consultant	Kirsty Barrett		

Dear Dr Gaidakova

Diagnosis:
RF/CCP positive Rheumatoid arthritis, palindromic onset, 2012

Medication:
Subcutaneous Methotrexate 25mg once per week - see text
Folic 5mg once per week
Hydroxychloroquine 200mg bd
Co-codamol as needed
NSAID as needed

Smoking status: current smoker 20 cigarettes per day

Clinic outcome:
1 tender joint, 0 swollen joints, general health VAS 84/100.

Clinic outcome:
Switch to subcutaneous Methotrexate 8-week supply provided today.
Referral to smoking cessation services

I met Shona today in clinic on behalf of Dr El-Mahrouki. She continues to smoke around 20 cigarettes per day, we discussed this and she does wish to stop and has agreed to my referral to the smoking cessation services in the WGH. Shona is independent in ADLs although she tells me that when her flares are particularly bad her sister has to come to help with personal care etc.

On examination today there was 1 tender joint, 0 swollen joints, general health VAS is rated at 84 out of a worst possible 100.

Shona and I agreed that given the continued flares which she tells me happen around once each month and last 4-5 days we would switch her Methotrexate to the parenteral form in the hope that the greater bioavailability provides more efficacy.

I have gone over self-administration with her today in clinic and she will also be provided with written information as well as directed to an online video.

An 8-week supply of subcutaneous Methotrexate 25mg weekly has been provided today, Shona is aware that fortnightly bloods will be required for the first 6 weeks of treatment and I thank you in advance for obtaining these. I have also requested a 6-week telephone review to assess tolerability and you will be asked to take over prescribing at that time.

I would be grateful if you would also kindly continue to prescribe Hydroxychloroquine 200mg bd.

Yours sincerely,

E signed

Kirsty Barrett
Rheumatology Nurse Practitioner

KB/SJW
Dictated :30/05/2022
Typed:01/06/2022

NHS Lothian

Western General Hospital
Crewe Road South
Edinburgh
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Rheumatology

Dr Gaidakova
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24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 13/07/2022

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank Grove Dalkeith EH22 2EG	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (46 years) 600101156L
Attendance Date	13/07/2022		
Consultant	Rheumatology CNS Virtual Clinic		

Dear Dr Gaidakova

Date 12/07/2022
CNS Review of Subcutaneous Methotrexate

Bloods from 08/07/2022 are stable

Shona will continue on hydroxychloroquine 200mg twice daily

This patient has been reviewed following their commencement on subcutaneous methotrexate 25mg every week. They have already had 8 week supply from hospital and are doing well in terms of efficacy and tolerability. I would be grateful if you could now take over the prescribing and monitoring as per the NHS Lothian Shared Care Agreement for subcutaneous methotrexate. Please also continue to provide folic acid 5mg weekly.
Subcutaneous methotrexate can be found on your prescribing system as:
Metoject PEN 25mg solution for injection pre-filled pen.

For further information please see the NHS Lothian Shared Care Agreement for Methotrexate (subcutaneous Metoject).

It is important that this patient is prescribed Metoject pre-filled Pens as this is the brand and device that they have been trained to self administer.

Has review requested with Dr EL-Mahrouki in Sept 2022

Thank you for your help.

Yours sincerely,

Brian Bell
Trainee Rheumatology Nurse Practitioner
NHS Lothian Rheumatic Diseases Unit

NHS Lothian

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First Floor
Outpatient Building
Crewe Road South
Edinburgh EH4 2XU

Rheumatology

Dr Gaidakova
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24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 26/10/2022

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank Grove Dalkeith EH22 2EG	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (46 years) 600101156L
Attendance Date	13/10/2022		
Consultant	Dr Hoda EL- Mahrouki		

Dear Dr Gaidakova

Diagnosis:
RF/CCP positive Rheumatoid arthritis, palindromic onset, 2012

Medication:
Sulfasalazine 500 mg daily with a weekly a incremental dose of 500 mg to a target dose of 2 g daily divided doses - to start
Subcutaneous Methotrexate 25mg once per week
Folic 5mg once per week
Hydroxychloroquine 200mg bd
Co-codamol as needed
NSAID as needed

I contacted Miss Halliday as part of the rheumatology virtual clinic consultation this afternoon. She tells me that she has a flare of her arthritis. She has severe pains affecting her wrists, hands, shoulders and knees as well as her feet. She had been referred to the podiatrist and was advised that she had calluses and subluxation of the metatarsal heads and was given insoles.

She tells me that since switching to the subcutaneous Methotrexate injection she hasn't noticed much difference on the effect of her joint pains.

I have suggested the addition of Sulfasalazine to her Methotrexate and Hydroxychloroquine and suggested Sulfasalazine 500 mg daily with a weekly incremental dose of 500 mg to a target dose of 2 g daily divided doses to see how she gets on with triple therapy. If triple therapy works well for her she will continue on that but if not then I am reviewing her again in 3 months time to see how she is getting on and at which point we can discuss escalating her therapy more to biologic treatment. I will keep you updated.

I have sent her a prescription in the post for Sulfasalazine to take to the hospital pharmacy to be started in secondary care as per the shared care protocol. Please continue prescribing Sulfasalazine after the first 8 weeks that she will get supplied with from the hospital.

Our nurse specialists will communicate with her in about 8 weeks time and I will review her in a face to face appointment in 3 months time.

Kind regards
Yours sincerely,

e-signed by Dr Hoda EL-Mahrouki

Dr Hoda EL-Mahrouki
Consultant Rheumatologist

hem/df
dictated: 13/10/22
typed: 19/10/22

NHS Lothian

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Rheumatology

Dr Gaidakova
Dalkeith Medical Practice
The Health Centre
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Dalkeith
EH22 1AP

Date: 06/12/2022

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank Grove Dalkeith EH22 2EG	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (47 years) 600101156L
Attendance Date	02/12/2022		
Consultant	Kirsty Barrett		

Dear Dr Gaidakova

6 WEEKS DMARD TELEPHONE REVIEW

As requested, I contacted the above named patient today by telephone, as they have now been taking Sulfasalazine for more than 6 weeks. The medication has been tolerated with no side effects reported.

I should therefore be grateful if you would take over prescribing Sulfasalazine EN 2g daily in divided doses.

I will arrange a review appointment in 3 months time.

Please do not hesitate to contact us if you have any further concerns.

Yours sincerely,

e-signed

Kirsty Barrett
Rheumatology Nurse Practitioner

Please note- The following email address which is checked daily can be used by health professionals only for routine rheumatology related queries and advice: rheumatology.oncall@nhslothian.scot.nhs.uk

Further information with shared care protocols on Lothian Joint Formulary website

You and your patients may find the following website useful: www.ArthursPlace.co.uk

NB All patients with an autoimmune inflammatory rheumatic condition are eligible for influenza and pneumococcal vaccination.

NHS Lothian

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Rheumatology

Dr Gaidakova
Dalkeith Medical Practice
The Health Centre
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Dalkeith
EH22 1AP

Date: 09/05/2023

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank Grove Dalkeith EH22 2EG	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (47 years) 600101156L
Attendance Date	13/02/2023		
Consultant	Dr Hoda EL- Mahrouki		

Dear Dr Gaidakova

Diagnosis:
RF/CCP positive Rheumatoid arthritis, palindromic onset, 2012

Medication:
Sulfasalazine 500 mg daily with a weekly a incremental dose of 500 mg to a target dose of 2 g daily divided doses - to start
Subcutaneous Methotrexate 25mg once per week
Folic 5mg once per week
Hydroxychloroquine 200mg bd
Co-codamol as needed
NSAID as needed

Mrs Halliday attended the Rheumatology clinic this morning. She is doing extremely well in herself. She tells me since starting the Sulfasalazine it has made such a difference to her rheumatoid arthritis and she is tolerating it well. Thank you for checking her bloods on a regular basis while on Hydroxychloroquine, Methotrexate and Sulfasalazine. She has the Rheumatology helpline number to contact between appointments and I am planning to review her again in another 10 month's time.

With kind regards.

Kind regards
Yours sincerely,

e-signed by Dr Hoda EL-Mahrouki

Dr Hoda EL-Mahrouki
Consultant Rheumatologist

HEM/JP
Dictated on 13/02/23
Typed on 25/04/23

NHS Lothian

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Rheumatology

Dr Gaidakova
Dalkeith Medical Practice
The Health Centre
24-26 St Andrew Street
Dalkeith
EH22 1AP

Date: 22/08/2023

Outpatient Clinic Letter

Patient	Shona Halliday 16 Thornybank Grove Dalkeith EH22 2EG	**CHI** **Date of Birth / Age** **UHPI**	**0611751143** 06/11/1975 (47 years) 600101156L
Attendance Date	21/08/2023		
Consultant	Sandra M Lamb		

Dear Dr Gaidakova

Diagnosis:
RF/CCP positive Rheumatoid arthritis, palindromic onset, 2012

Medication:
Sulfasalazine 2g OD - to increase to 3g OD
Subcutaneous Methotrexate 25mg once per week
Folic 5mg once per week
Hydroxychloroquine 200mg bd
Co-codamol as needed
NSAID as needed

Smoking status:
current smoker - no keen to quit

Clinic outcomes:
Fit for Health referral

As requested I reviewed Ms Halliday today in the ROPD on behalf of Dr El-Mahrouki.

I was sorry to hear Ms Halliday has been having fortnightly flare ups in varies joints in her hands and wrists. These flare ups last for 3 days and leave her unable to use her hands. Fine motor tasks are affected. Ms Halliday uses Naproxen and Paracetamol to help with these flares.

On joint examination there were no tender or swollen joints. All joints had a good range of movement. Early morning stiffness last around 30 minutes and longer when have ing a flare.

From a lifestyle perspective Ms Halliday lives at home with her 2 sons. She is independent with her ADLs. Ms Halliday does not work at the moment. She does not do much in the way of exercise and is keen for a Fit for Health.

In light of recent flare ups I have asked Ms Halliday to increase her Sulfasalazine by 500mg OD weekly until a target dose of 3g OD is reached. Ms Halliday is aware to get fortnightly blood monitoring for the next 6 weeks for which I thank you in advance.

Thank you also for continuing to prescribe Hydroxychloroquine 200mg BD and S/C Methotrexate 25mg weekly and Folic acid 5mg 24 hours after MTX.

Ms Halliday will be reviewed by her consultant Dr El-Mahrouki in due course.

Please do not hesitate to contact us if you have any further concerns.

Yours Sincerely,

Sandra Lamb
Rheumatology Nurse Practitioner

"NB All patients with an autoimmune inflammatory rheumatic condition are eligible for influenza and pneumococcal vaccination"

Please note- The following email address which is checked daily can be used by health professionals only for routine rheumatology related queries and advice: rheumatology.oncall@luht.scot.nhs.uk mailto:rheumatology.oncall@luht.scot.nhs.uk

Further information with shared care protocols on Lothian Joint Formulary website:

http://www.ljf.scot.nhs.uk/LothianJointFormularies/Adult/10.0/10.1/10.1.3/Pages/default.aspx