

**Patient Clinical Notes:****Patient Details:**

- **Age:** 58 years
- **Gender:** Female

**Presenting Complaints:**

1. Persistent joint pain and stiffness, especially in the morning (lasting over an hour).
2. Swelling and tenderness in both wrists and finger joints.
3. Chronic fatigue and difficulty performing daily tasks.
4. Low-grade fever and occasional loss of appetite.

**Medical History:**

- Diagnosed with hypertension 10 years ago, managed with medication.
- Family history of autoimmune disorders (mother had rheumatoid arthritis).
- No history of significant trauma or injury to the joints.

**Laboratory and Diagnostic Findings:**

1. **Rheumatoid Factor (RF):** Positive (elevated levels).
2. **Anti-Cyclic Citrullinated Peptide (Anti-CCP) Antibodies:** Positive, confirming autoimmune activity.
3. **Erythrocyte Sedimentation Rate (ESR):** Elevated at 40 mm/hr.
4. **C-Reactive Protein (CRP):** Elevated, indicating active inflammation.
5. **X-ray of Hands and Wrists:** Early signs of joint erosion and narrowing of joint spaces.

**Lifestyle and Social History:**

- Sedentary lifestyle due to joint pain.
- Diet primarily vegetarian with low protein intake.
- Non-smoker, occasional social alcohol consumption.

**Assessment and Impression:**

- Likely **Rheumatoid Arthritis (RA)** with active inflammation and early joint damage.

**Management Plan:**

1. **Medications:**

- **Disease-Modifying Anti-Rheumatic Drugs (DMARDs):** Methotrexate (weekly), Hydroxychloroquine.
- **Biologic Agents (if no response to DMARDs):** Etanercept or Adalimumab.
- **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs):** Ibuprofen for pain relief.
- **Corticosteroids:** Prednisone (short-term) to control severe flares.

## 2. Lifestyle Modifications:

- Regular low-impact exercises like swimming or yoga to improve joint flexibility.
- Hand exercises to maintain dexterity and reduce stiffness.
- Balanced diet with increased protein and omega-3 fatty acids (e.g., fish, walnuts).

## 3. Physical Therapy:

- Tailored physiotherapy sessions to improve joint mobility and reduce stiffness.
- Heat and cold therapy for symptomatic relief.

## 4. Follow-Up and Monitoring:

- Monthly monitoring of liver function due to methotrexate.
- Regular ESR and CRP levels to track disease activity.
- Annual X-rays to assess progression of joint damage.

## Specialists to Consult:

- **Rheumatologist:** For primary disease management and treatment adjustments.
- **Physical Therapist:** To guide exercises and mobility strategies.
- **Dietitian:** For dietary advice to combat fatigue and support joint health.

## Prognosis:

- Early diagnosis and treatment initiation improve the prognosis significantly.
- Adherence to therapy and regular follow-ups are crucial for disease control and joint preservation.