Progress Notes

William Baker, MD at 6/24/2024 9:00 AM

Subjective

Patient ID: Jennifer Beth Cartrette is a 41 y.o. female.

Chief Complaint

Patient presents with

- Follow-up

HPI

Rheumatology History:

Ms. Cartrette is a pleasant F with a PMH of bipolar d/o, ADHD, PTSD, anorexia, and presumptive PsA here for continued evaluation and management of joint pain. Initial consultation with myself was pursued on 6/6/2023

Notably, she has previously followed with rheumatology evaluation, last following with Dr. Patel (Novant - LOV 9/2022). She mentioned following since 2019 for ongoing widespread pain with emphasis at the level of the hands/wrists, upper neck, lower back, hips, knees, ankles, and feet. Pain can really be at anytime of day, but she does wonder about worsening symptoms early in the morning with associated morning stiffness being upwards of multiple hours. Upon establishing at Novant initially, notable work-up included negative ANA, RF/CCP, HLA-B27, uric acid, CRP/ESR.

She notably has a prior diagnosis of psoriatic arthritis based off of the work-up and evaluation above with a concern about an underlying inflammatory arthritis in a pattern consistent with peripheral and axial symptoms. She has never exhibited symptoms of skin psoriasis.

More recently, she does present with a multitude of symptoms. She includes GI distress including ongoing abdominal pain, bloating, and constipation with chronic nausea. She also has a chronic brain fog and inability to focus. She does have a known diagnosis of ADHD, bipolar disorder, anorexia, and PTSD. She is maintained on Adderall right now and is trying to establish with behavioral health.

She also has neuropathic symptoms chronically across the body including nonspecific cramping pain showing up at the level of the calves in addition to an intermittent numbness and tingling showing up in the lower extremities in general. Additionally has "body temperature" changes.

Has followed with ophthalmology more recently and had an evaluation highly suggestive of thyroid eye disease. Does have upcoming follow-up with endocrinology. Last TSH was actually normal, although there was slightly elevated TPO antibodies. At one point did have TSH around 7.

Rx History:

She was started on Humira (7/2020), which was discontinued shortly thereafter (10/2020) due to ongoing skin infections of the face. She was started on hydroxychloroquine (3/2022) which was shortly thereafter discontinued (5/2022) due to tinnitus. Methotrexate was initiated (5/2022), and intermittent steroids have been utilized with partial benefit.

Methotrexate eventually questioned on efficacy and discontinued (3/2024)

Interval History:

In the interim, Ms. Cartrette did stop the methotrexate. She is not sure it has had a dramatic impact on worsening joint symptoms at all. Does feel like she has had some improvement on her GI symptoms.

Residual pain is all over and can include the hands, extremities, upper neck, hips, lower back, knees, ankles, and feet. Pain can really be at anytime of day. Sometimes, work tends to exacerbate the issues. She feels like she has a profound hypermobility of her joints.

Has been doing self research and she thinks she has autism. Additionally, she wonders about having a hypermobility condition like EDS.

She continues to have some "infection" type rashes showing up and around the lips and face. She continues to use topical treatments to try and benefit this. Other rashes include intermittent redness across the palms of the hands.

No new pattern to her chest pain; still gets some palpitations. No new cough or shortness of breath. Has a chronic fatigue and brain fog.

No new definitive eye inflammation. No fevers.

Current Rheumatology Medications:

No DMARD

ROS

14pt ROS negative other than what was reviewed by HPI

Current Outpatient Medications

Medication	Instructions

• dextroamphetamine-amphetamine (ADDERALL) 20 mg tablet	20 mg, oral, 3 times daily
• dextroamphetamine-amphetamine (ADDERALL) 20 mg tablet	20 mg, oral, 3 times daily
• dextroamphetamine-amphetamine (ADDERALL) 20 mg tablet	20 mg, oral, 3 times daily
• hydrOXYzine (ATARAX)	25 mg, oral, Every 8 hours PRN
• ibuprofen (MOTRIN)	800 mg, oral, Every 6 hours PRN
• metroNIDAZOLE (ROSADAN) 0.75 % gel gel	topical, 2 times daily
• multivitamin (CENTRUM) 8 mg-400 mcg- 10 mcg chew	1 tablet, oral, Daily
• ondansetron (ZOFRAN-ODT)	4 mg, oral, Every 8 hours PRN, Allow to dissolve under tongue.
• pantoprazole (PROTONIX)	40 mg, oral, Daily
• sertraline (ZOLOFT)	50 mg, oral, Daily

Social Hx:

Social History

Tobacco Use	
• Smoking status:	Former
Current packs/day:	0.00
Average packs/day:	0.5 packs/day for 10.0 years (5.0 ttl pk-yrs)
Types:	Cigarettes
Start date:	1/1/2000
Quit date:	1/1/2010
Years since quitting:	14.4
Passive exposure:	Never
• Smokeless tobacco:	Never
Vaping Use	
• Vaping status:	Never Used
Substance Use Topics	
• Alcohol use:	Not Currently
• Drug use:	Never
Comment: Drug use: Denies	

Family Hx:

Family History

Problem	Relation	Name	Age of Onset
• Stroke	Father	Myles	
• Stroke	Maternal Grandmother	Myrtle	
• Stroke	Paternal Grandmother	Linda	
• Stroke	Maternal Grandfather	JP	
• Stroke	Paternal Grandfather	James	

Objective 

Blood pressure 139/89, pulse 100, weight 63.5 kg (140 lb).

Physical Exam

Constitutional:

Appearance: Normal appearance.

HENT:

Mouth/Throat:

Comments: **No teeth**

Eyes:

General: No scleral icterus.

Conjunctiva/sclera: Conjunctivae normal.

Cardiovascular:

Rate and Rhythm: Normal rate.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds. No wheezing or rales.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: She is alert.

Sensory: No sensory deficit.

Psychiatric:

Mood and Affect: Mood normal.

Musculoskeletal:

Hands: FROM. Some tenderness across MCP 2 through 5 in addition to PIP 2 through 5. Mild fullness noted at PIP 2 through 4 bilaterally

Wrists: FROM. No warmth, swelling, or tenderness.

Elbows: FROM. No warmth, swelling, or tenderness.

Shoulders: Full ABduction and isolated external ROM without pain

Knees: FROM with flexion/extension. Mild bilateral TTP. No effusion or synovitis appreciated . No swelling. No warmth.

Ankles: FROM with dorsi/plantar flexion, no swelling or tenderness

Feet: MTP squeeze negative

Tenderness over both greater trochanteric bursa

Hypermobility workup shows extension beyond 180 degrees of the elbows and knees. Unable to get thumb to forearm.

Labs:

1/28/2020

Synovial fluid:

Cell count: 1878 nucleated cells (0 polys, 49 lymph, 51 macrophage, 0 eos), rare RBC

No crystals under normal or polarized light

Gram stain: no WBC, NOS

Culture: no growth in 56-72 hours (aerobic), no anaerobic growth in 72 hours

7/9/2020

dsDNA 3

RNP <0.2

Smith <0.2
Scl-70 <0.2
SSA <0.2
SSB <0.2
Chromatin <0.2
Jo-1 <0.2
Centromere B <0.2
HLA-B27 negative
CK 56
CRP <1
Hepatitis panel negative
QuantiFERON gold negative

6/19/2020
ANA direct negative
RF <10.0
Uric acid 4.9
ESR 11

2/12/2020
ANA direct negative
RF 10.0
CCP 14
ESR 13
CRP <1
Uric acid 4.9
Endomysial ab negative
Lyme IgG+IgM <0.91
TSH 7.090

Imaging:
Outside XR Left Hand 4/2021
Mild degenerative change of the first CMC joint noted and second MCP joint. There is no evidence for fracture or bony destruction. The soft tissues are unremarkable.

Outside XR Left Wrist 10/2019
1. Mild soft tissue swelling about the radial side of the wrist.

2. No fractures, dislocations, or significant degenerative changes.

Outside XR C-Spine 8/2018

FINDINGS: A single crosstable lateral view demonstrates interim C4-C6 ACDF.

XR SI Joints 7/2023

Normal SI joints bilaterally.

XR L-Spine 7/2023

Mild degenerative change with minimal anterior spondylosis at multiple levels. Facet arthropathy L5-S1. No fracture or dislocation. Alignment is within normal limits.

XR Right 7/2023

Bone mineralization is normal. No fracture, dislocation, or soft tissue abnormality. Small subchondral cyst base of index finger proximal phalanx. Joint spaces are well maintained.

XR Left Hand 7/2023

Bone mineralization is normal. No fracture, dislocation, or soft tissue abnormality. Similar to other side, there is a small subchondral cyst at base of proximal phalanx of the index finger. Joint spaces are well maintained throughout. No productive changes.

Assessment/Plan 

1. Fibromyalgia

-Previously diagnosed with an inflammatory arthritis; widespread peripheral and axial manifestations; intermittent responsiveness to prednisone, but no response to DMARD therapy and objective testing off of DMARD therapy shows no evidence of inflammation

-Patient does have a known history of PTSD and anorexia related to childhood trauma, and this could have a psychosomatic manifestation

**At this point, I have not seen any evidence of inflammatory arthritis off of all disease modifying therapy. She continues to have widespread joint and muscle based pain. I strongly encourage follow-up with PCP to work on treatment of FMS and mental health

2. Chronic Lower Back Pain

-Notably with a history of axial disease as well; does have a history of cervical fusion already, and now more recently with lower back and buttock space pain/discomfort

-Lumbar films did show some straightening of normal lordosis in addition to some facet arthritis

**I think conservative management is fine at this point

3. Joint hypermobility

-Does have multiple hypermobile joints; possibly associated with EDS or an alternative collagen vascular disease

**I defer the management of joint hypermobility syndromes back to PCP; we do not treat chronic pain associated with hypermobility disorders in this clinic. Could have considerations for follow-up with orthopedics and physical therapists

Diagnoses and all orders for this visit:

Fibromyalgia

- Appointment Follow Up Request
- Appointment Follow Up Request

Chronic bilateral low back pain without sciatica

- Appointment Follow Up Request
- Appointment Follow Up Request

Trochanteric bursitis of both hips

- Appointment Follow Up Request
- Appointment Follow Up Request

Hypermobility of joint

- Appointment Follow Up Request
- Appointment Follow Up Request

RTC 1 year

Electronically signed:
William Douglas Baker, MD
6/24/2024 9:51 AM