Progress Notes

William Baker, MD at 4/18/2024 11:00 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.

Interval History:

LOV 8/2023

In the interim, Ms. Cartrette admits that after our last office visit there was increasing anxiety and PTSD leading to a period of time where she did not follow with doctors routinely. She states that she has actually been stretching her methotrexate out to taking every 10 days or even every 2 weeks. She has been out of methotrexate entirely for the better part of 1 to 2 weeks.

Symptoms persist. She continues to have widespread pain both peripherally and axially. Pain is typically worse at the hands, elbows, shoulders, lower back, lateral hips, knees, ankles, and feet. Pain can be at anytime of day, perhaps worse overnight and first thing in the morning but noted throughout the entirety of the day. She does wonder about a fullness nonspecifically across the fingers. Associated symptoms including a burning sensation across the skin intermittently in addition to some erythema generally showing up across the digits.

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.

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:

Methotrexate 4 tabs weekly with daily folate

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
• [START ON 5/12/2024] dextroamphetamine-amphetamine (ADDERALL) 20 mg tablet	20 mg, oral, 3 times daily
• [START ON 6/8/2024] 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:	14.3
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 

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

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. Inflammatory polyarthritis

-Widespread peripheral and axial manifestations; suspect some component of inflammatory descriptors (worse at night, stiffness, swelling); exam with minimal areas of joint fullness across the hands

-I suspect that there is some component of an inflammatory arthritis; however, I am not sure all pain stems from 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 think it is reasonable to reassess the degree of inflammatory arthritis.

**We will pursue bilateral hand/wrist ultrasound if no evidence of active inflammation by work-up noted above; this would be to help a catalog residual inflammation

**I am recommending holding disease modifying therapy including methotrexate and folic acid for now

**Additional treatment recommendations after work-up above

2. Chronic Lower Back Pain, Bilateral Hip Bursitis

-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

-With regards to inflammatory arthritis, need to be cognizant of possible seronegative spondylarthritis; workup has included negative HLA-B27 with SI films being normal

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

**I am recommending conservative physical therapy at this time. If failure of conservative therapy, likely to pursue MRI of the pelvis to look for nonradiographic sacroiliitis

3. Encounter for medication monitoring

Methotrexate

HBV/HCV/HIV negative (6/2023)

Diagnoses and all orders for this visit:

Inflammatory polyarthritis (CMS/HCC)