

Rheumatology Clinic Data Registry of Sri Lanka

Department of Rheumatology and Rehabilitation

Name of Institution

Clinic Number Date of registration:

Name of Patient Sex: Female ☐ Male ☐

Date of birth: Age: Telephone No: Mobile.....
Home.....

Address:

City: NIC

Referred by: OPD ☐ Ward ☐ Other Hospital ☐ Private Sector ☐ Other ☐

Occupation: Student ☐ House wife ☐ Unskilled workers ☐ Skilled workers ☐ None ☐
Clergy ☐ Clerical ☐ Professionals ☐ other

Race: Sinhala ☐ Muslim ☐ Tamil ☐ Burgher ☐ Other ☐

Religion: Buddhist ☐ Islam ☐ Hindu ☐ Catholic ☐ Other ☐

Diagnosis

Diagnosis – Circle the relevant

RA, OA, JIA, GOUT, Undifferentiated IA

CTD (SLE, APS, MCTD, OVERLAP, Scleroderma, Dermato/Polymyositis, Sjogren's, Other –specify.....)

SpA (AS, Axial, Peripheral, Mixed Axial and Peripheral, Reactive, Psoriatic, IBD associated, Reiter's, Juvenile)

VASCULITIS (TKA, GCA, PAN, KD, AAV, MPA, GPA(WG), EGPA(CSS), Anti-GBM(GPS), CV, IgA(HSP), HUV, BD, Other – specify)

Soft Tissue Diseases (Fibromyalgia, BT, Adhesive Capsulitis, Other SJ Ds, TE, GE, DQTS, Ulna Styloid, PF, Achilles' Tendinitis, Metatarsalgia)

Regional Pain Syndromes (Backache, Neck Pain, Other - specify)

OTHER-specify

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Rheumatoid Arthritis Data

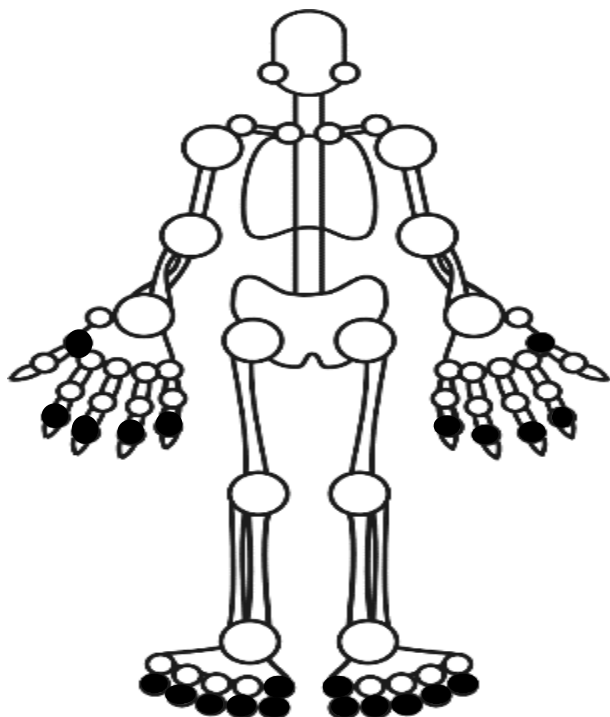
Name of Institution

Clinic Number

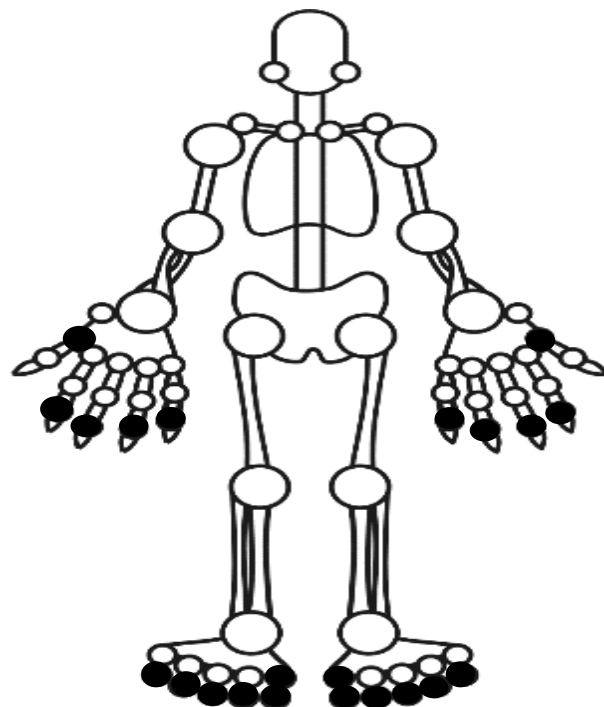
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Swollen Joints



Tender Joints

Target population (Who should be tested?): Patients who			
1. have at least 1 joint with definite clinical synovitis (swelling) – excluding DIP joints, 1 st MTP joints and 1 st CMC joints			
2. with the synovitis not better explained by another disease			
Joint involvement			
A. 1 large joint (shoulders, elbows, hips, knees, and ankles)	0		
B. 2-10 large joints	1		
C. 1-3 small joints (with or without involvement of large joints)	2		
D. 4-10 small joints (with or without involvement of large joints)	3		
E. >10 joints (at least 1 small joint)	5		

Serology			
A. Negative RF and negative ACPA (less than or equal to the upper limit of normal)	0		
B. Low-positive RF or low-positive ACPA (<3 times)	2		
C. High-positive RF or high-positive ACPA (>3 times)	3		
Acute-phase reactants			
A. Normal CRP and normal ESR	0		
B. Abnormal CRP or abnormal ESR	1		
Duration of symptoms			
A. <6 weeks	0		
B. >6 weeks	1		
Total Score			

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DAS 28	Date	
Tender joint count (0-28)		
Swollen joint count (0-28)		
ESR		
CRP		
Patient Global Health (0 – 100)		
Score		

	Value	Date
ESR		
CRP		
RF		
ACPA		

Poor Prognostic Factors	
Polyarticular presentation (>10 tender and swollen joints)	
RF positive	
Anti CPA positive	
Erosions in X-ray	

Initial Drug Therapy	
MTX	
SSZ	
LEF	
HCQ	

Check list	
Chest X Ray	
Lung bases examined	
Lung Function Test (in patients with ILD)	
UFR	
USS Abdomen	
Eye referral	
DEXA	
Contraceptive advice given to patients	
Cardio Vascular risk assessment	
If the MTX dose >15mg, prescribed in divided doses	
Vaccinations given	
Deformities (indicate the major joint area)	

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Systemic Lupus Erythematosus Data

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Clinical and immunologic criteria used in the SLICC classification system

CLINICAL CRITERIA	
1. Acute cutaneous lupus, including: <ul style="list-style-type: none"> Lupus malar rash (do not count if malar discoid), Bullous lupus, Toxic epidermal necrolysis variant of SLE, Maculopapular lupus rash, Photosensitive lupus rash <ul style="list-style-type: none"> <i>in the absence of dermatomyositis</i> OR subacute cutaneous lupus (nonindurated psoriaform and/or annular polycyclic lesions that resolve without scarring, although occasionally with postinflammatory dyspigmentation or telangiectasias) 	
2. Chronic cutaneous lupus, including: <ul style="list-style-type: none"> Classic discoid rash, Localized (above the neck), Generalized (above and below the neck), Hypertrophic (verrucous) lupus, Lupus panniculitis (profundus), Mucosal lupus, Lupus erythematosus tumidus, Chillblains lupus, Discoid lupus/lichen planus overlap 	
3. Oral ulcers <ul style="list-style-type: none"> Palate, Buccal, Tongue OR nasal ulcers <ul style="list-style-type: none"> <i>in the absence of other causes, such as vasculitis, Behçet's disease, infection (herpesvirus), inflammatory bowel disease, reactive arthritis, and acidic foods</i> 	
4. Nonscarring alopecia (diffuse thinning or hair fragility with visible broken hairs) <ul style="list-style-type: none"> <i>in the absence of other causes such as alopecia areata, drugs, iron deficiency, and androgenic alopecia</i> 	
5. Synovitis involving 2 or more joints , characterized by swelling or effusion <ul style="list-style-type: none"> OR tenderness in 2 or more joints and at least 30 minutes of morning stiffness 	
6. Serositis <ul style="list-style-type: none"> Typical pleurisy for more than 1 day, OR pleural effusions, OR pleural rub, Typical pericardial pain (pain with recumbency improved by sitting forward) for more than 1 day, OR pericardial effusion, OR pericardial rub, OR pericarditis by electrocardiography <ul style="list-style-type: none"> <i>in the absence of other causes, such as infection, uremia, and Dressler's pericarditis</i> 	
7. Renal <ul style="list-style-type: none"> Urine protein-to-creatinine ratio (or 24-hour urine protein) representing 500 mg protein/24 hours OR red blood cell casts 	

Clinical and immunologic criteria used in the SLICC classification system

CLINICAL CRITERIA	
8. Neurologic <ul style="list-style-type: none"> Seizures, Psychosis, Mononeuritis multiplex, <ul style="list-style-type: none"> <i>in the absence of other known causes such as primary vasculitis</i> Myelitis, Peripheral or cranial neuropathy <ul style="list-style-type: none"> <i>in the absence of other known causes such as primary vasculitis, infection, and diabetes mellitus</i> Acute confusional state <i>in the absence of other causes, including toxic/metabolic, uremia, drugs</i> 	
9. Hemolytic anemia	
10. Leukopenia ($<4,000/\text{mm}^3$ at least once) <ul style="list-style-type: none"> <i>in the absence of other known causes such as Felty's syndrome, drugs, and portal hypertension</i> OR Lymphopenia ($<1,000/\text{mm}^3$ at least once) <ul style="list-style-type: none"> <i>in the absence of other known causes such as corticosteroids, drugs, and infection</i> 	
11. Thrombocytopenia ($<100,000/\text{mm}^3$) at least once <ul style="list-style-type: none"> <i>in the absence of other known causes such as drugs, portal hypertension, and thrombotic thrombocytopenic purpura</i> 	

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IMMUNOLOGIC CRITERIA	
1. ANA level above laboratory reference range	
2. Anti-dsDNA antibody level above laboratory reference range (or >2-fold the reference range if tested by ELISA)	
3. Anti-Sm: presence of antibody to Sm nuclear antigen	
4. Antiphospholipid antibody positivity as determined by any of the following: <ul style="list-style-type: none"> Positive test result for lupus anticoagulant False-positive test result for rapid plasma reagin Medium- or high-titer anticardiolipin antibody level (IgA, IgG, or IgM) Positive test result for anti-β₂-glycoprotein I (IgA, IgG, or IgM) 	
5. Low complement <ul style="list-style-type: none"> Low C3, Low C4, Low CH50 	
6. Direct Coombs' test in the absence of hemolytic anemia	

Complications		
Lupus Nephritis	Class I	
	Class II	
	Class III	
	Class IV	
	Class V	
	Class VI	
Respiratory		
Other		

Checklist of parameters for preconception counseling and risk stratification in women with SLE and/or APS

SLE activity/flares	
Lupus nephritis (history or active at conception)	
Serological activity (serum C3/C4, anti-dsDNA titres)	
Previous adverse pregnancy outcomes	
History of vascular thrombosis	
Auto-antibody profile (LA, aPL, Ro, La)	

SLEDAI – 2K (apply for the past 30 Days)

Seizure	8		Psychosis	8		Organic brain syndrome	8		Visual disturbances	8	
Cranial nerve disorder	8		Lupus headache	8		CVA	8		Vasculitis	8	
Arthritis	4		Myositis	4		Urinary casts	4		Hematuria	4	
Proteinuria	4		Pyuria	4							
New rash	2		Alopecia	2		Mucosal ulcers	2		Pleurisy	2	
Pericarditis	2		Low complement	2		Increased DNA binding				2	
Fever	1		Thrombocytopenia	1		Leukopenia				1	

Total	
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(Cut off score for active disease is 3 or 4)