

## Clinical Report

### Patient Information

- **Name:** Carol Peterson
- **Date of Birth:** 04/28/1972
- **Age:** 53
- **Gender:** Female
- **Contact Information:** (555) 333-4444, [carol.p@email.com](mailto:carol.p@email.com)
- **Address:** 789 Meadowbrook Lane, Anytown, USA

### Referring Physician

- Dr. Sarah Jenkins, MD
- General Practitioner
- Anytown General Hospital

### Medical Institution

- Anytown Rheumatology Associates
- **Report Date:** 07/18/2025

### Clinical History and Background

Carol Peterson is a 53-year-old librarian who was referred by her primary care physician for evaluation of progressive, painful, and swollen joints. Ms. Peterson's symptoms began insidiously about ten months ago with what she described as "annoying stiffness" in her hands, which she initially attributed to her age and many years of handling books. However, over the past five months, the symptoms have significantly worsened in both intensity and scope, now affecting multiple joints and profoundly impacting her work and daily activities. Her past medical history is significant only for well-controlled hypertension, treated with hydrochlorothiazide. Her family history is notable for a sister diagnosed with rheumatoid arthritis five years ago. Ms. Peterson is a non-smoker and reports occasional alcohol use.

### Current Symptoms & Patient-Reported Outcomes (PROs)

- **Symmetrical Joint Pain:**
  - **Patient's Description:** "It's a persistent, deep ache in the joints of my hands, my wrists, and the balls of my feet. It's the same on both sides. Simple things, like opening a jar or even holding a book for too long, are becoming really painful."
  - **Severity:** Rates the pain as a constant 6/10, with flares reaching 8/10.
  - **Duration:** Progressively worsening over the last ten months.
  - **Clinical Note:** The symmetrical involvement of small joints (MCPs, PIPs, MTPs) is a classic hallmark of Rheumatoid Arthritis (RA).
- **Prolonged Morning Stiffness:**

- **Patient's Description:** "Mornings are the absolute worst. I feel completely seized up when I wake up. It feels like my hands are trapped in claws. It takes a solid hour and a half, sometimes longer, and a very hot shower before I can start to move them properly."
- **Severity:** Severe. She describes it as the most disabling part of her day.
- **Duration:** Lasts over 90 minutes every morning.
- **Clinical Note:** Inflammatory morning stiffness lasting longer than one hour is a key diagnostic indicator for RA, distinguishing it from non-inflammatory arthritis like osteoarthritis.
- **Joint Swelling:**
  - **Patient's Description:** "My knuckles and wrists are visibly puffy and feel warm to the touch. They look like little sausages. I haven't been able to wear my wedding ring for three months."
  - **Severity:** Moderate to severe. The swelling is constant but waxes and wanes.
  - **Duration:** Persistent for the past four months.
  - **Clinical Note:** The patient's description of warm, "puffy" joints is consistent with active synovitis, the underlying inflammation of the joint lining in RA.
- **Constitutional Fatigue:**
  - **Patient's Description:** "I'm exhausted in a way I've never been before. It's a deep, systemic fatigue that sleep doesn't touch. By 2 PM, I feel completely drained, which makes it hard to get through a full day at the library."
  - **Severity:** Severe, significantly impacting her stamina and cognitive function ("brain fog").
  - **Duration:** Worsening over the past six months.
  - **Clinical Note:** Systemic symptoms like profound fatigue are driven by the body's chronic inflammatory state and are characteristic of RA.

## Clinical Findings

- **Vital Signs:**
  - **Blood Pressure:** 132/84 mmHg
  - **Heart Rate:** 84 bpm
  - **Respiratory Rate:** 16 breaths/min
  - **Temperature:** 99.0°F (37.2°C)
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- **Physical Examination:**
  - **Musculoskeletal:** Examination reveals active synovitis with tenderness, warmth, and "boggy" swelling in bilateral 2nd and 3rd metacarpophalangeal (MCP) joints, all proximal interphalangeal (PIP) joints of the hands, and bilateral wrists. There is a decreased range of motion in the wrists due to pain and swelling. A positive "squeeze test" (tenderness on medial-lateral compression) is elicited across the MCP and metatarsophalangeal (MTP) joints. No subcutaneous rheumatoid nodules were palpated.
- **Laboratory Results:**
  - **Rheumatoid Factor (RF):** 210 IU/mL (Normal < 15 IU/mL) - *High-titer positive.*

- **Anti-citrullinated protein antibodies (anti-CCP):** >250 U/mL (Normal < 20 U/mL) - *High-titer positive*.
- **Erythrocyte Sedimentation Rate (ESR):** 58 mm/hr (Normal 0-20 mm/hr) - *Elevated*.
- **C-reactive Protein (CRP):** 4.5 mg/dL (Normal < 1.0 mg/dL) - *Elevated*.
- **Complete Blood Count (CBC):** Shows a mild normocytic anemia (Hemoglobin 11.2 g/dL), consistent with anemia of chronic disease.
- **Imaging:**
  - **X-rays of Hands and Feet:** Reveal soft tissue swelling and periarticular osteopenia. Early marginal erosions are noted at the 2nd and 3rd MCP joints bilaterally.

## Diagnosis

Ms. Peterson's clinical presentation meets the 2010 ACR/EULAR classification criteria for a definitive diagnosis of **Rheumatoid Arthritis**. She scores 9 out of 10 points:

- Joint Involvement (>10 small joints): 5 points
- Serology (High-titer positive RF and anti-CCP): 3 points
- Acute Phase Reactants (Elevated ESR and CRP): 1 point
- Duration of Symptoms (>6 weeks): 1 point

The presence of early erosions on X-ray indicates that the disease is already causing permanent joint damage.

## Treatment Strategy

The treatment goal is to rapidly achieve clinical remission or low disease activity to halt joint damage, preserve function, control pain, and improve her quality of life (a "treat-to-target" strategy).

### 1. Pharmacological Treatment:

- **DMARD Therapy:** We will immediately initiate treatment with methotrexate, the gold-standard disease-modifying antirheumatic drug (DMARD) for RA. It will be started at a dose of 15mg weekly, taken orally, along with a daily folic acid supplement to minimize side effects.
- **Bridging Therapy:** To provide rapid symptom relief while the methotrexate takes full effect (which can take 2-3 months), a short course of a low-dose oral corticosteroid (prednisone 10mg daily) will be prescribed, with a clear plan to taper and discontinue it as soon as possible.

### 2. Non-Pharmacological Treatment:

- **Referrals:** An urgent referral will be made to both physical and occupational therapy. Physical therapy will focus on exercises to maintain range of motion and strength. Occupational therapy will be invaluable in teaching joint protection

techniques and providing adaptive tools to help her manage tasks at work and home.

- **Patient Education:** Comprehensive education was provided about the chronic, systemic nature of RA and the critical importance of treatment adherence to prevent long-term disability.

## **Summary and Plan**

Ms. Carol Peterson is a 53-year-old female with a new diagnosis of highly active, seropositive, and erosive rheumatoid arthritis. The diagnosis is firmly established based on her classic symptoms, physical exam, and definitive lab and imaging findings. We will start an aggressive treatment plan with methotrexate and a temporary prednisone bridge to quickly control the inflammation and prevent further joint destruction. A multidisciplinary approach involving physical and occupational therapy will be key to maximizing her functional outcome.

## **Follow-up**

She will have baseline safety labs drawn in two weeks and will follow up in the clinic in four weeks to assess her initial response to treatment and monitor for medication side effects. Regular follow-up every 3 months will be required to monitor her disease activity using standardized measures (like the CDAI or DAS28) and adjust the treatment plan as needed to reach our target of remission.