



ELITE-CARE  
RHEUMATOLOGY &  
INFUSION CENTER

## **What to Expect from an Evaluation by a Rheumatologist**

### **Who is a Rheumatologist?**

A rheumatologist is a medical doctor who attends 4 years of medical school, 3 years of internal medicine residency, and 2 years (sometimes longer) of a rheumatology fellowship. A rheumatologist specializes in the diagnosis and management of autoimmune and musculoskeletal diseases such as rheumatoid arthritis, Sjögren's syndrome, systemic lupus erythematosus (lupus), psoriatic arthritis, ankylosing spondylitis, polymyalgia rheumatica, giant cell arteritis, and gout.

Rheumatologists **do not** specialize in the treatment of all autoimmune diseases. There are many autoimmune diseases that affect organ systems outside the musculoskeletal system (one example is multiple sclerosis AKA MS)

Rheumatologists **do not** specialize in the treatment of mechanical pain caused by degenerative disease of the joints or spine.

### **I have chronic fatigue. I am tired all the time.**

Fatigue is a major symptom in patients with rheumatologic diseases. Usually, I find it easy to identify an underlying inflammatory disease with a history, physical exam, and blood draw. However, the majority of patients who complain of fatigue do not end up having a rheumatologic disease. Common causes of fatigue include: anemia, liver dysfunction, kidney dysfunction, thyroid disease, vitamin D deficiency. A review of literature indicates that 95% of patients with fatigue **do not** have any lab abnormalities to explain their fatigue. If I tell you that you don't have a rheumatologic disease, I still want you to find solutions for your fatigue. Non-rheumatologic causes of fatigue in patients with a normal physical exam and labs include: poor sleep hygiene, sleep apnea, depression, anxiety, excessive caffeine intake, medications (for example, beta blockers), obesity, lack of regular exercise, alcohol abuse, tobacco use.

### **All of my muscles are aching.**

Many patients with rheumatologic disease will complain of diffuse muscle aching. I address this complaint similarly to fatigue, as discussed above.

### **My joints crack and pop.**

As long as you do not experience consistent pain or swelling in a cracking/popping joint, you can consider this to be a normal and common occurrence. The older you get, the more noise your joints can make because some of the cartilage has worn away as part of the normal aging process. This causes the surfaces of the joint to be a little rougher so you get more noise as they rub against each other.

### **I have been diagnosed with fibromyalgia by another doctor.**

Fibromyalgia syndrome (FMS) is a chronic pain syndrome of unknown etiology that is characterized by otherwise unexplained diffuse pain, as well as tender points, fatigue, and sleep disturbance. At this point in time, it is not believed to be an autoimmune disease. Once I've ruled out rheumatologic diseases with a history, exam, and labs, I typically send these patients back to PCP for management of chronic pain. In some cases I refer patients with this diagnosis to pain medicine. I always recommend low intensity exercise such as yoga and walking. Sometimes I recommend physical therapy or aquatic therapy. Other beneficial treatments include massage and acupuncture. Many patients benefit from consulting with psychology or psychiatry for the treatment of anxiety or depression and improved stress management techniques. I do not diagnose or chronically follow patients with fibromyalgia in my office.

**My knuckles are becoming enlarged and/or crooked.**

Hand osteoarthritis affects about 40% of people by age 60. Unfortunately, we do not have any medication that can slow down the progression of hand osteoarthritis the way we can in diseases such as rheumatoid and psoriatic arthritis. Treatment of hand osteoarthritis focuses on management of pain and maintenance of function for activities of daily living. The most affected joints in hand osteoarthritis are the DIP joints (closest to each fingernail) and the CMC joint (where your thumb attaches to your wrist). There is an aggressive type of hand osteoarthritis called erosive osteoarthritis, which we can see on x-ray. We sometimes use a medication called hydroxychloroquine to treat it, but not all patients benefit from this.

**I have a positive lab result (positive ANA, positive rheumatoid factor, etc)**

Many patients I see have false positive lab results, meaning the test is positive, but the patient does not have the disease. It is usually easy for me to identify which labs are false positives, but I must first obtain a history and perform a physical exam and look at other labs. About 1/3 healthy people have a positive, low level ANA test and about 5% of healthy people have a positive rheumatoid factor.

*We are not pain management specialists. We do not prescribe any narcotics/ controlled substances, if your evaluation indicates need for Pain management referral then you can request the same through your primary care physician.*

**Whether or not you are diagnosed with a rheumatologic condition, I hope that together we can figure out the cause of your symptoms and get you on the path to feeling well again.**