# DEVELOPMENT OF SHARED CARE GUIDELINES IN RHEUMATOLOGY

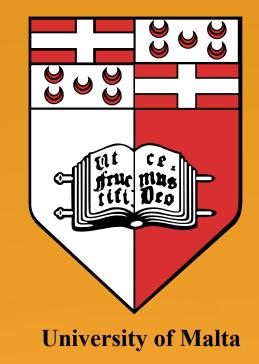
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#### **INTRODUCTION**

Rheumatology patients are treated with complex drugs and drug regimens such as disease modifying antirheumatic drugs and biological agents<sup>1</sup>. Being highly immunosuppressant drugs, effective patient monitoring at all settings of care is required. Within a multidisciplinary team setting, shared care guidelines improve the management of patient care and outline responsibilities of the pharmacist within the team.

#### AIMS

To develop shared care guidelines for rheumatology drugs used in the treatment of various rheumatic conditions with the intent of providing seamless care between primary and secondary care settings.

#### **METHODMETHOD**

A literature review was carried out to identify already existing shared care guidelines in rheumatology. An expert panel consisting of a rheumatologist, consultant specialised rheumatology nurse, rheumatology specialist trainee, a research and academic pharmacist, general practitioner, and a community pharmacist was approached. Discussions were held to identify shared care guidelines for rheumatology drugs that need revision and amendments, as well as to determine which other drugs necessitate the development of new shared care guidelines. A template for the shared care guidelines was designed with the aim to standardise the protocols. A study was carried out correlating various procedures to analyse the key principles required to be included in the template.

The developed shared care guidelines will be evaluated by an expert panel at the Rheumatology Clinic in Malta's public hospital, Mater Dei Hospital. Following approval, the shared care guidelines will be published online for public access.

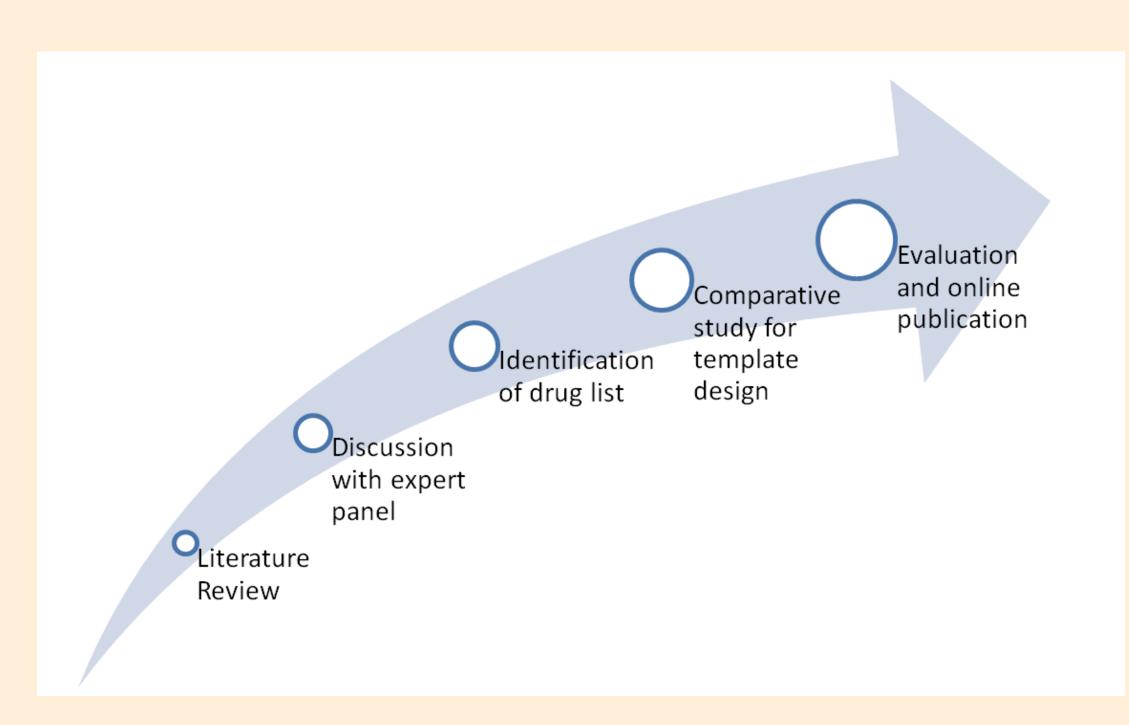


Figure 1:

Overview of

Method

### RESULTS

Consultation with the multidisciplinary team yielded the need for revision of the currently existing shared care guidelines available for rituximab, infliximab, and zolendronic acid. It was concluded that new guidelines need to be written for the following drugs used in rheumatology: methotrexate, leflunomide, sulphasalazine, gold injections, azathioprine, ciclosporine, etanercept, and adalimumab to help in the standardisation of treatment. The following set of parameters were designated to be included in the guidelines: indication, co-administration of other drugs as necessary, dose, contra-indications, cautions, drug interactions, baseline screening, initial monitoring, stable dose monitoring, vaccination, side-effects and clinical pharmacist responsibilities.

Shared Care Guidelines Updates	
Drugs needing Revision	Drugs needing new Guidelines
Rituximab	Methotrexate
Infliximab	Leflunomide
Zolendronic Acid	Sulphasalazine
	Gold injections
	Azathioprine
	Ciclosporine
	Etanercept
	Adalimumab

**Table 1: Patient Management Guidelines Update** 

## CONCLUSION

The shared care guidelines for rheumatology drugs developed in this study will provide the necessary information for healthcare professionals to further effective management and monitoring of patients.

#### Reference

1. Smolen JS, Landewé R, Breedveld FC, Buch M, Burmester G, Dougados M et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs 2013 update. Ann Rheum Dis. 2014;73(3):492-509.