**Suspected Connective Tissue Disorder**

**Management**

Patient education/information

Analgesia

Manage cardiovascular risk factors

**Refer to Consultant Rheumatologist**

If CTD is suspected and/or positive inflammatory markers

**Refer to appropriate speciality**

For all other abnormal investigations

**Investigations:**

FBC, ESR/CRP, RhF, ANA/ENA, Anti CCP, U&E, LFT, Bone profile, CK, TFT, Lipid profile, HbA1c

Urine dipstick

Chest X-ray

Blood pressure, heart rate, weight and BMI

Family history of CTD

**Symptoms suggestive of CTD can include:**

Arthralgia/Myalgia

Joint hypermobility (including subluxations and dislocations)

Inflammatory muscle pain / weakness

Telangiectasia

Possible vasculitic rashes with joint pains

Calcium deposits in the skin and other areas

Raynaud’s Phenomenon (secondary) – especially middle age onset

Skin changes to include: thickening, swelling, tightening and colour changes

Sun sensitive rash

Malar or discoid rash

Dry eye / dry mouth with joint symptoms

Ulcers

Hair loss

High blood pressure

Respiratory problems (pleuritis or pericarditis)

Shortness of breath

Heartburn

Digestive tract problems such as: difficulty swallowing food, bloating and/or constipation, or problems absorbing food leading to weight loss

Fever, malaise, fatigue and weight loss

Multi-system/organ involvement

Rule out

Red flags