



ASCOT MEDICAL CENTRE
www.ascotmedicalcentre.nhs.uk

INFORMATION FOR PATIENTS ON NEAR PATIENT TESTING MEDICATIONS

➤ What is Near Patient testing on treatment?

The treatment of several long term conditions is increasingly reliant on medications that, while clinically effective, need regular monitoring. This is due to the potentially serious side-effects that these medications can cause. It has been shown that the incidence of side-effects can be reduced significantly if this monitoring is carried out in a well-organised way, close to the patient's home.

Patients newly diagnosed with inflammatory arthritis/ colitis/ skin conditions are usually started on Disease Modifying Drugs (DMARD). Near patient testing for patient who are on any of these medications.

The most commonly used medications needing near patient testing in the U.K include:

Amiodarone	Lisdexamfetamine
Apomorphine	Lithium
Atomoxetine	Magnesium-Glycerophosphate
Azathioprine	Magnesium-L-Aspartate
Ciclosporin	Mercaptopurine
Cinacalcet	Methotrexate
Dalteparin	Methylphenidate
Denosumab	Mycophenolate
Dexamphetamine	Penicillamine
Guanfacine	Riluzole
Leflunomide	Testosterone

➤ What is the evidence for Near Patient Testing

The NICE guidance on rheumatoid arthritis recommends early initiation of treatment with DMARDs to reduce the occurrence of joint damage. Early treatment also improves joint function and quality of life. As a result of the recent NICE guidance, most patients with newly diagnosed inflammatory conditions should now be commenced on DMARD drugs at diagnosis to help control symptoms and improve longer term outlook.

➤ How are DMARDs monitored?

Near patient testing offers monitoring blood tests to check efficacy in treating the inflammatory arthritis symptoms and also monitoring for drug related adverse effects.

Patients will require a comprehensive set of investigations at the commencement of DMARD therapy. This will include:

- Blood tests for full blood count, renal function, liver function and inflammatory markers to understand the patient's baseline levels and also to identify any potential abnormalities that may preclude the use of a particular DMARD treatment.
- Also, patients will usually require a baseline chest x-ray to rule out any underlying pulmonary problems especially if methotrexate is being considered due to the possibility of developing pulmonary fibrosis with this drug.

Patients newly started on DMARD treatment should have blood tests every 2-4 weeks for full blood count, renal function, liver function and inflammatory markers. Any adverse changes in these parameters need to be reviewed with the patient and appropriate advice given. The dose of the DMARD therapy may need to be altered or in some cases stopped altogether.

Some additional monitoring may be indicated with certain DMARD's such as regular blood pressure monitoring for patients taking Leflunomide or urine dipstix testing for patients on Ciclosporin. Your local Rheumatology service will be able to advise further on any specific monitoring that is necessary.

Additional assessments include any improvement in sleep disturbance or morning stiffness. Frequent (e.g., monthly) assessment is advised during the early phase of treatment with DMARDs to ensure that an agreed target of remission or low disease activity is achieved. Thereafter, patients should be reviewed at the Rheumatology clinic annually.

➤ **What if I refuse to have the blood tests?**

If you refuse to have the blood tests on regular basis, then we cannot carry on giving you your DMARD medication because giving you that drug without monitoring it could mean that we are allowing the drug to damage to your blood, kidneys or liver (even though it might be helping your Rheumatoid Arthritis).

➤ **Are there any symptoms which might indicate DMARDs are affecting my blood, kidneys or liver?**

Please remember that you might not have any symptoms if these drugs are affecting your blood, kidneys or liver. That's why the tests are so important.

However, you must talk to your doctor if you develop any of the following at any time:

- A sore throat, bruising, or mouth ulcers (could be a problem with your blood).

- Feeling sick, being sick or tummy discomfort (could be liver or kidney problem).
- Yellowing of your skin or the whites of your eyes (jaundice) and or dark urine (signs of a problem with your liver).

➤ **So, in summary what are you asking of me?**

- Remember that you need a **blood and urine test roughly every 3 months** (unless we tell you otherwise).
- Every time you give a blood and urine test, **book the next blood and urine test in advance** and make a note in your diary or calendar.
- Always **tell any doctor you see that you are on a DMARD.**
- If you are on methotrexate, make sure you're **never prescribed the antibiotic Trimethoprim.**
- See a doctor if you have any of **the following symptoms**: sore throat, unexplained bruising, mouth ulcers, tummy pain, sickness/feeling sick, yellowing of skin or eyes, and/or dark urine.

Whilst DMARDs are wonderful drugs, they can also be extremely dangerous. If you miss your regular blood or urine tests, you can be putting your body (and life) at serious risk. However, if you make sure that you **get your tests done on time**, the danger is minimised and hopefully your arthritis better controlled

**ASCOT MEDICAL CENTRE
BROOK HOUSE
BROOK AVENUE
ASCOT SL5 7GB**