**May 2, 2017 AHD Objectives**

**Monoarticular Arthritis:**

1. Know the differential diagnosis for acute monoarticular arthritis. Describe the risk factors for acute septic arthritis and know the joints that are most commonly affected. Know the sensitivity of fever, chills, and rigors for the diagnosis of septic arthritis.
2. Describe the physical exam findings of intra-articular inflammation versus peri-articular inflammation.
3. Describe the laboratory findings other than synovial fluid analysis that may be useful in the evaluation and treatment of a possible septic joint, and the sensitivity of blood cultures.
4. List the appropriate tests to order on synovial fluid to evaluate for acute monoarticular arthritis and know the values that are consistent with a septic joint.
5. Describe the clinical syndromes of nongonococcal, gonococcal, and other categories of joint infections.
6. Describe the empiric treatment for patients with presumed septic arthritis and know the urgency of the initiation of appropriate antibiotics.

**Crystalline Arthropathies (Gout and CPPD):**

1. Define hyperuricemia and describe the two clinical phases of gout.
2. List several risk factors for hyperuricemia and gout including coexisting diseases and dietary risk factors. List the risk factors for gout flares.
3. List several diseases in the differential for gout.
4. Describe the therapy for acute gout in patients with normal renal function and in patients with chronic kidney disease.
5. Describe the indications for urate-lowering therapy, when to initiate urate lowering therapy after an acute flare, and the three classes of drugs used for urate lowering therapy and their side effects.
6. Describe the methods available to prophylaxis for an acute gout flare when initiating urate-lowering therapy.
7. Know how CPPD presents and the 2 most common diseases associated with CPPD.

**GCA/PMR**

1. Describe the classic illness scripts for the patient in whom you should suspect a diagnosis of PMR and GCA. Understand the overlap of these two diagnoses and know what percentage of patients diagnosed with GCA also have PMR and the percentage of patients with PMR who also have GCA. (These are different numbers). Describe an atypical presentation of GCA.
2. Once you have suspected either of these two diseases, know the ***next step*** in the evaluation of the patient. Describe other laboratory testing and imaging that may be helpful in making the diagnosis and ruling out other diagnoses in the differential.
3. Describe the suggested treatment algorithm for patients who are diagnosed with PMR and GCA. Compare and contrast the doses of steroids required for induction therapy, the timing of tapering, and the management of disease flares.(Figure 2.)