ADHERENCE TO NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE GUIDANCE ON METHOTREXATE BLOOD MONITORING IN A CENTRAL LONDON NATIONAL HEALTH SERVICE TRUST

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Background: The aim of our audit was to assess MTX blood monitoring practice in rheumatic diseases against recommended National Institute for Health and Care Excellence (NICE) standards in a real-life setting.

Methods: This was an audit undertaken as part of a quality improvement exercise between January and December 2014 at a central London NHS Trust covering a population of > 440,000 people.
All patients with rheumatic diseases on MTX were identified using the electronic database of clinic letters. Treatment doses and any changes were recorded along with the timing of blood tests and correlated against clinic letters stored electronically. Patients were excluded if they were deemed to be on MTX from the clinic letters but had not been seen for >1 year. Patients usually have their MTX monitoring undertaken in one of three ways: solely by the rheumatology department, with a phlebotomy service offered on site or by their general practitioner (GP). It is the responsibility of patients to contact the nurse to obtain results. Prescriptions are only dispensed from the hospital pharmacy if bloods tests are available from within a 3 month period.

**Results:** A total of 395 patients were included in the audit; 295 (75%) patients had a diagnosis of RA, 71 (18%) PsA and 46 (11.6%) seronegative inflammatory arthritis. A total of 328 patients were monitored solely by rheumatology, 39 by their GP and 88 by GP and hospital joint care. Overall, 49.6% of patients were compliant with NICE standards. From those who failed to comply with MTX monitoring standards, 192 (48.6%) had at least one change to their MTX dose, of which 25% met the audit criteria, compared with 68.1% of those who did not have a dose change. Three patients complied with the MTX blood monitoring standards but failed to receive regular review by a medical practitioner.

**Conclusion:** Non-compliance with NICE MTX monitoring standards was seen mainly among patients with a recent dose change. This highlights the extra vigilance that is necessary for this group of patients. Current NICE guidelines state monitoring every 2 weeks for 6 weeks then monthly for a year following a dose change. The use of computerized databases for DMARD blood monitoring is one way of ensuring that this is undertaken safely and efficiently. Shared-care guidelines between primary and secondary care also constitute an important way of delivering optimal care, as well as appropriate patient education so that individuals are well informed and hence in a better position to undertake responsibility for their own care.

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