

Medical check-ups for patients with autoinflammatory diseases

Medical check-ups

Specialists recommend that patients are monitored every six months to assess the frequency and severity of the flares, and to monitor the acute phase reactants (APR) between flares. Acute phase reactants are inflammatory markers. However, in the first year, patients may need to be monitored more frequently (every 3 to 6 months) to assess tolerance to treatments and possible side effects, as well as medication compliance. The goal is to prevent clinical attacks and to suppress chronic subclinical inflammation and elevation of APR. If the patient is in the process of being diagnosed, the tests below, should be done not only during a flare, but also between flares.

Laboratory tests

Blood tests are recommended to monitor liver enzymes, complete cell blood counts (RBC, red blood cells; WBC, white blood cells; HB, Hgb, hemoglobin; HCT, hematocrit; PLT count, platelets), erythrocyte sedimentation rate (ESR), renal function, creatinine phosphokinase (CPK), and to identify proteinuria. The preferred APRs (acute phase reactants) are SAA protein (serum amyloid A) and CRP (C reactive protein).

Since many patients with autoinflammatory diseases tend to have vitamin D deficiency, it is recommended to have it regularly checked, as well as vitamin B12 levels.

Attention: Watch out for anemia, neutropenia and elevated liver enzymes.

Patients might also be tested for immunoglobulins (IgD, IgA, IgE, IgG and IgM), and ANA (antinuclear antibodies). This may also assist health care providers in establishing the diagnosis.

References:

EULAR Recommendations for the Management of Familial Mediterranean Fever

<http://ard.bmj.com/content/75/4/644>

Mayo Clinic- Complete blood count (CBC)

<https://www.mayoclinic.org/tests-procedures/complete-blood-count/home/ovc-20257165>

