

Can the Swindon Foot and Ankle Questionnaire (SFAQ) be used as a screening tool for ultrasound requests?



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Background

The DAS28CRP is a scoring system used by rheumatologists to measure disease activity in rheumatoid arthritis.

Although foot and ankle problems affect 90% of patients with RA, this widely used scoring system does not include an assessment of the feet. We developed a simple 10 point scoring system for feet and ankles in inflammatory arthritis – the Swindon Foot and Ankle Questionnaire (SFAQ), and validated it against the more complex Manchester Foot Pain and Disability Index (MFPDI), and other clinical measures (1).

Current pressures on radiology services, particularly ultrasound are due to increased number of requests and limited number of MSK sonographers and radiologists. Upward pressures include requests from Rheumatologists for help in confirming diagnosis of early inflammatory arthritis.

Validating the SFAQ against ultrasound would not only help in the use of this tool in early RA, but could potentially reduce the need for foot and ankle ultrasound in early RA.

Method

Patients with early inflammatory arthritis were identified from rheumatology outpatient clinics.

Each patient was assessed using DAS28 and they all completed the SFAQ.

Ultrasound assessment of the feet and ankles was performed by a consultant MSK radiologist, blinded to the clinical score.

Follow-up at 6 months with ultrasound, SFAQ and DAS28.



Results

Total number of patients: 15

Active synovitis on ultrasound: 5/15	No synovitis on ultrasound: 10/15
Patients with active synovitis with : • high SFAQ : 3/5 • High DAS28CRP: 4/5	Patients with no synovitis with : • high SFAQ : 1/10 • High DAS28CRP: 3/10

6 month Follow up

5 out of 15 patients attended the 6 month follow up for assessment. 2/5 had initial synovitis on ultrasound and high SFAQ in the first assessment. At the second assessment, none had active synovitis and all the SFAQ and DAS 28 CRP scores were normal.

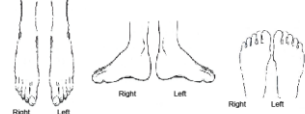
Swindon Foot and Ankle Questionnaire

Date: _____

During the past week, have your feet or ankles

1. Been painful?	Yes	No
2. Been swollen?	<input type="checkbox"/>	<input type="checkbox"/>
3. Made walking difficult?	<input type="checkbox"/>	<input type="checkbox"/>
4. Made standing up difficult?	<input type="checkbox"/>	<input type="checkbox"/>
5. Stopped you going to work?	<input type="checkbox"/>	<input type="checkbox"/>
6. Made other daily activities difficult?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do your shoes rub the skin on your feet or ankles?	Yes	No
8. Do you have calluses or hard dry skin?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you had your footwear adapted or insoles made?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you had surgery or are you waiting for surgery on your feet or ankles?	<input type="checkbox"/>	<input type="checkbox"/>

If you have foot or ankle problems, indicate location on the drawings:



Please assess how severe your foot and ankle pain has been and mark X on the line below

No pain 0 _____ 100 Most severe pain

Conclusion

Our small study showed a correlation between patients with active synovitis on US scan and high SFAQ score. With increasing demand and pressure on the musculoskeletal US service, SFAQ could be used for stratification of active synovitis in foot and ankle joints, thus reducing the need for ultrasound scanning. Statistical significance was not achieved due to the small number of patients and a larger study is needed to validate the SFAQ.

References

- The Swindon foot and ankle questionnaire: is a picture worth a thousand words? Rosemary Walker, Peter Manuel, Lyn Williamson ISRN Rheumatology 2012, 2012: 105479