

Positive ANA

- Approximately 10% of healthy children have a positive ANA
- Not all children with Juvenile Idiopathic Arthritis have a positive ANA
- Low positive ANA (1:40 or 1:80) without evidence of clinical symptoms is unlikely to be related to autoimmune disease
- ANA is not a good screening test for rheumatologic disease
- Positive ANA does not require treatment, and does not increase likelihood of developing an autoimmune disease in the future

Diagnosis commonly associated with +ANA and corresponding symptoms

1. Juvenile Idiopathic Arthritis: Evidence of joint swelling for >6 weeks, tenderness of joints, morning stiffness, limited ROM of one or more joint
2. Systemic Lupus Erythematosus: Presence of 4 out of 11 SLE criteria: malar or discoid rash that is usually photosensitive, serositis, oral or nasal ulcers, arthritis, positive ANA (usually >1:160), leukopenia, thrombocytopenia, anemia, proteinuria, neurologic changes (usually seizures, confusion, or personality change)
3. Mixed Connective Tissue Disease: Raynaud's phenomenon, arthritis, fatigue, rash
4. Unrelated to Autoimmune Disease: recent viral illness, medications, cancer

Pre-referral evaluation and work-up

- History and assessment identifying symptoms associated with autoimmune disease (See Above)
- Labs including: CBC, CMP, ESR, CRP, U/A with micro, C3, C4, ANA profile (Smith, RNP, Sjogren's Antibodies, and Double Stranded DNA)

When to refer

When patients have specific clinical symptoms of autoimmune disease (see above) in addition to positive ANA (greater than 1:160)

How to refer



Please call **720-777-6132** to make an appointment

What records can referring providers send?

- Copies of relevant medical records and laboratory studies. If imaging studies have been completed, please send images on disk
- Complete list of all medications and treatments used to treat symptoms as well as a complete list of all medications taken
- Please fax medical records needed for upcoming appointments to **720-777-7341**

