

Understanding Rheumatoid Arthritis and Coping with the Disease

FAST FACTS

- RA is an autoimmune disease triggered by a faulty immune system.
- RA is the most common type of autoimmune arthritis.
- At least 1.3 million US adults have RA.
- Treatments have improved greatly and help many of those affected.
- Rheumatologists can correctly diagnose RA and recommend treatments.

SYMPTOMS

Pain and stiffness that may last for several hours and is most often worse in the morning, along with swelling and limited motion and function of many joints, especially joints in the hands and feet. Inflammation sometimes affects organs such as the eyes or lungs. Other signs and symptoms include:

- Loss of energy
- Low fevers
- Loss of appetite
- Dry eyes and mouth from a related health problem (Sjögren's syndrome)
- Firm lumps, called rheumatoid nodules, that grow beneath the skin in places such as the elbow and hands

HEALTH IMPACT OF RHEUMATOID ARTHRITIS

Research shows that people whose disease is not well controlled have a higher risk for heart disease and stroke.

DIAGNOSIS

RA can be hard to detect because its symptoms at the early stages can be subtle, and other diseases can have similar symptoms. Diagnosis depends on the symptoms and results of a physical exam, such as warmth, swelling and pain in the joints.

TREATMENT

There is no cure for RA, but there are several effective therapies to manage the symptoms. Options include:

Nonbiologic

Disease Modifying Antirheumatic Drugs (DMARDs)

- Methotrexate (Rheumatrex and Folex)
- Leflunomide (Arava)
- Hydroxychloroquine (Plaquenil)
- Sulfasalazine (Azulfidine)

Older DMARDs include

- Gold, given as a pill — auranofin (Ridaura) — or more often as an injection into a muscle (such as Myochrysin)

Antibiotics and immune suppressants

- Minocycline (eg, Minocin, Dynacin and Vectrin)
- Azathioprine (Imuran)
- Cyclosporine (Sandimmune and Neoral)
- The antibiotics/immune suppressants and gold are rarely prescribed for RA these days because other drugs work better or have fewer side effects.

Biologic agents

(often prescribed with methotrexate)

- Abatacept (Orencia)
- Adalimumab (Humira)
- Anakinra (Kineret)
- Certolizumab (Cimzia)
- Etanercept (Enbrel)
- Golimumab (Simponi)
- Infliximab (Remicade)
- Rituximab (Rituxan)
- Tocilizumab (Actemra)
- Tofacitinib (Xeljanz)

LIVING WITH RA

Intervention	Outcome
Education and counseling	Can help you to better understand the nature of RA and cope with the challenges of this condition.
Rest	Fatigue is a common symptom. Studies show that physical fitness improved the quality of sleep, which in turn helped with fatigue.
Exercise	Inactivity can lead to a loss of joint motion, contractions, and a loss of muscle strength. Weakness, in turn, decreases joint stability and further increases fatigue.
Physical and occupational therapy	Can relieve pain, reduce inflammation, and help preserve joint structure and function.
Nutrition and diet	RA increases risk of developing coronary artery disease. A nutritionist can recommend specific foods to reduce this risk.
Smoking and alcohol	Smoking is a risk factor for RA. Moderate alcohol consumption is not harmful but may increase the risk of liver damage from some drugs, such as methotrexate.
Measures to reduce bone loss	RA and medications such as glucocorticoids can increase the risk of bone loss, especially in postmenopausal women. Measures to minimize bone loss include: <ul style="list-style-type: none">• Using the lowest possible dose of glucocorticoids for the shortest possible time• Supplementing with calcium and vitamin D• Using medications that can reduce bone loss

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FOR MORE INFORMATION

Organization	Website
Rheumatology Research Foundation	www.rheumatology.org/REF
The Arthritis Foundation	www.arthritis.org
National Institute of Arthritis and Musculoskeletal and Skin Diseases Information Clearinghouse	www.niams.nih.gov
American College of Rheumatology	www.rheumatology.org/Practice/Clinical/Patients/Information_for_Patients/
Patient support	Arthritis Forum http://arthritis.about.com/forum

POINTS TO REMEMBER

- Newer treatments are effective. RA drugs have greatly improved outcomes for patients. For most people with RA, early treatment can control joint pain and swelling and lessen joint damage.
- Seek a rheumatologist. A physician who is an expert in RA can make the right diagnosis and design a customized treatment plan that is best suited to you.
- Start treatment early. Studies show that people who receive early treatment feel better sooner and more often and are more likely to lead an active life.

FIND A RHEUMATOLOGIST

For a list of rheumatologists in your area, go to:

http://www.rheumatology.org/Directory/Geographic_Membership_Directory/.

To learn more about rheumatologists, go to:

http://www.rheumatology.org/Practice/Clinical/Patients/What_is_a_Rheumatologist/

This information summarized has been developed from the following sources:

http://www.rheumatology.org/practice/clinical/patients/diseases_and_conditions/ra.asp

<http://www.uptodate.com/contents/rheumatoid-arthritis-treatmentbeyond-the-basics>