



Rheumatoid Arthritis

Fast Facts

- Rheumatoid arthritis (RA) is the most common type of autoimmune arthritis. It is caused when the immune system (the body's defense system) is not working properly. RA causes pain and swelling in the wrist and small joints of the hand and feet.
 - Treatments for RA can stop joint pain and swelling. Treatment also prevents joint damage. Early treatment will give better long term results.
 - Regular low-impact exercises, such as walking, and exercises can increase muscle strength. This will improve your overall health and lower pressure on your joints.
 - Studies show that people who receive early treatment for RA feel better sooner and more often, and are more likely to lead an active life. They also are less likely to have the type of joint damage that leads to joint replacement.
 - It is important to get the help of a rheumatologist. A rheumatologist is a doctor who treats arthritis and autoimmune disease. There are diseases that can be mistaken for RA. It is important to get the correct diagnosis and treatment plan that is best for your disease.
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People have long feared rheumatoid arthritis (commonly called RA) as one of the most disabling types of arthritis. The newly diagnosed (detected) RA. Of course, RA remains a serious disease, and one that can vary widely in symptom severity. However, it is now possible to stop or at least slow the progression (worsening) of joint damage. Rheumatologists now have many new treatments and understand better when and how to use treatments to get the best effects.

+ What is rheumatoid arthritis?

RA is the most common form of autoimmune arthritis. It affects more than 1.3 million Americans. About 75% of people with RA develop arthritis in their lifetime. The disease most often begins between the ages of 30 and 50. However, RA can start

RA is a chronic disease that causes joint pain, stiffness, swelling and decreased movement of the joints. Small joints can affect your organs, such as eyes, skin or lungs.

The joint stiffness in active RA is often the worst in the morning. It may last one to two hours (or even the whole time in the morning is a clue that you may have RA, as this is not common in other conditions. For instance, osteoarthritis).

Other signs and symptoms that can occur in RA include:

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

+ What causes rheumatoid arthritis?

RA is an autoimmune disease. Your immune system is supposed to attack foreigners in your body, like bacteria. If your immune system mistakenly sends inflammation to your own healthy tissue. The immune system creates a lot of inflammation. If the inflammation remains present for a long period of time, it can cause damage to the joint. This damage typically leads to joint deformity. There is evidence that autoimmune conditions run in families. For instance, certain genes that you are born with.

+ How is rheumatoid arthritis diagnosed?

RA is diagnosed by examining blood test results, examining the joints and organs, and reviewing x-ray or ultrasound. Doctors look for antibodies in the blood that can be seen in RA. Antibodies are small proteins in the bloodstream that are not found in people without RA. This is called a false positive result. Blood tests are also run to look for other conditions that can make the diagnosis more difficult. Some viral infections can cause symptoms that can be mistaken for RA. A correct diagnosis of RA and to recommend a treatment plan.

Abnormal blood tests commonly seen in RA include:

- Anemia (a low red blood cell count)
- Rheumatoid factor (an antibody, or blood protein, found in about 80% of patients with RA in time, but in as little as 10% of patients)
- Antibodies to cyclic citrullinated peptides (pieces of proteins), or anti-CCP for short (found in 60 - 70% of patients)
- Elevated erythrocyte sedimentation rate (a blood test that, in most patients with RA, confirms the amount of inflammation)

X-rays can help in detecting RA, but may be normal in early arthritis. Even if normal, initial X-rays may be useful. MRI scans can be done to help confirm or judge the severity of RA.

RA is a chronic arthritis. Generally the symptoms will need to be present for more than three months to consid

+ How is rheumatoid arthritis treated?

Therapy for RA has improved greatly in the past 30 years. Current treatments give most patients good or exce levels. With the right medications, many patients can have no signs of active disease. When the symptoms are

There is no cure for RA. The goal of treatment is to improve your joint pain and swelling and to improve your a possible helps prevent your joints from having lasting or possibly permanent damage. No single treatment wor least once during their lifetime.

RA patients should begin their treatment with disease-modifying antirheumatic drugs — referred to as DMARD joint damage. Often, doctors prescribe DMARDs along with nonsteroidal anti-inflammatory drugs or NSAIDs a greatly improved the pain, swelling, and quality of life for nearly all patients with RA. Ask your rheumatologist a

Common DMARDs include methotrexate (Rheumatrex, Trexall, Otrexup, Rasuvo), leflunomide (Arava), hydroxy

Gold is an older DMARD that is often given as an injection into a muscle (such as Myochrysine), but can also b also is a DMARD, as well as azathioprine (Imuran) and cyclosporine (Neoral, Sandimmune, Gengraf). These thi drugs work better or have fewer side effects.

Patients with more serious disease may need medications called biologic response modifiers or “biologic agee inflammation and joint/tissue damage. FDA-approved drugs of this type include abatacept (Orencia), adalimumab (Simponi) infliximab (Remicade), rituximab (Rituxan, MabThera) and tocilizumab (Actemra). Most o more helpful.

Janus kinase (JAK) inhibitors are another type of DMARD. People who cannot be treated with methotrexate al

The best treatment of RA needs more than medicines alone. Patient education, such as how to cope with RA, rheumatologists, primary care physicians, and physical and occupational therapists. You will need frequent vis doctor track the course of your disease and check for any side effects of your medications. Also, you likely wil

Sarilumab (Kevzara, Sanofi/Regeneron) was approved May 2017 by the FDA to treat adults with moderate to s modifying antirheumatic drugs (DMARDs), such as methotrexate.

+ Living with rheumatoid arthritis

It is important to be physically active most of the time, but to sometimes scale back activities when the diseas tired. At these times, do gentle range-of-motion exercises, such as stretching. This will keep the joint flexible.

When you feel better, RA patients are encouraged to do low-impact aerobic exercises, such as walking, and to lower the pressure on your joints. A physical or occupational therapist can help you find which types of activities are best for you.

Finding that you have a chronic illness is a life-changing event. It can cause worry and sometimes feelings of isolation. Over time, however, these feelings tend to decrease with time as energy improves, and pain and stiffness decrease. Discuss these normal feelings with your doctor for more information and resources.

+ The rheumatologist's role in the treatment of rheumatoid arthritis

RA is a complex disease, but many advances in treatment have occurred recently. Rheumatologists are doctors who specialize in the joints, muscles and bones. Thus, they are best qualified to make a proper diagnosis of RA. They can also help you understand your condition and the best way to manage it.

Updated March 2017 by Jennifer Murphy, MD and reviewed by the American College of Rheumatology Committee on Communications

This information is provided for general education only. Individuals should consult a qualified health care provider for professional medical advice.

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