

RHEUMATOID ARTHRITIS (RA)

What is Rheumatoid Arthritis?¹

Rheumatoid arthritis (RA) is a chronic autoimmune disease that primarily affects the joints, causing pain, swelling, and stiffness. It occurs when the immune system mistakenly attacks healthy joint tissue, causing inflammation and damage. RA can also affect other organs in the body, such as the skin, eyes, and lungs.

What Causes Rheumatoid Arthritis?¹

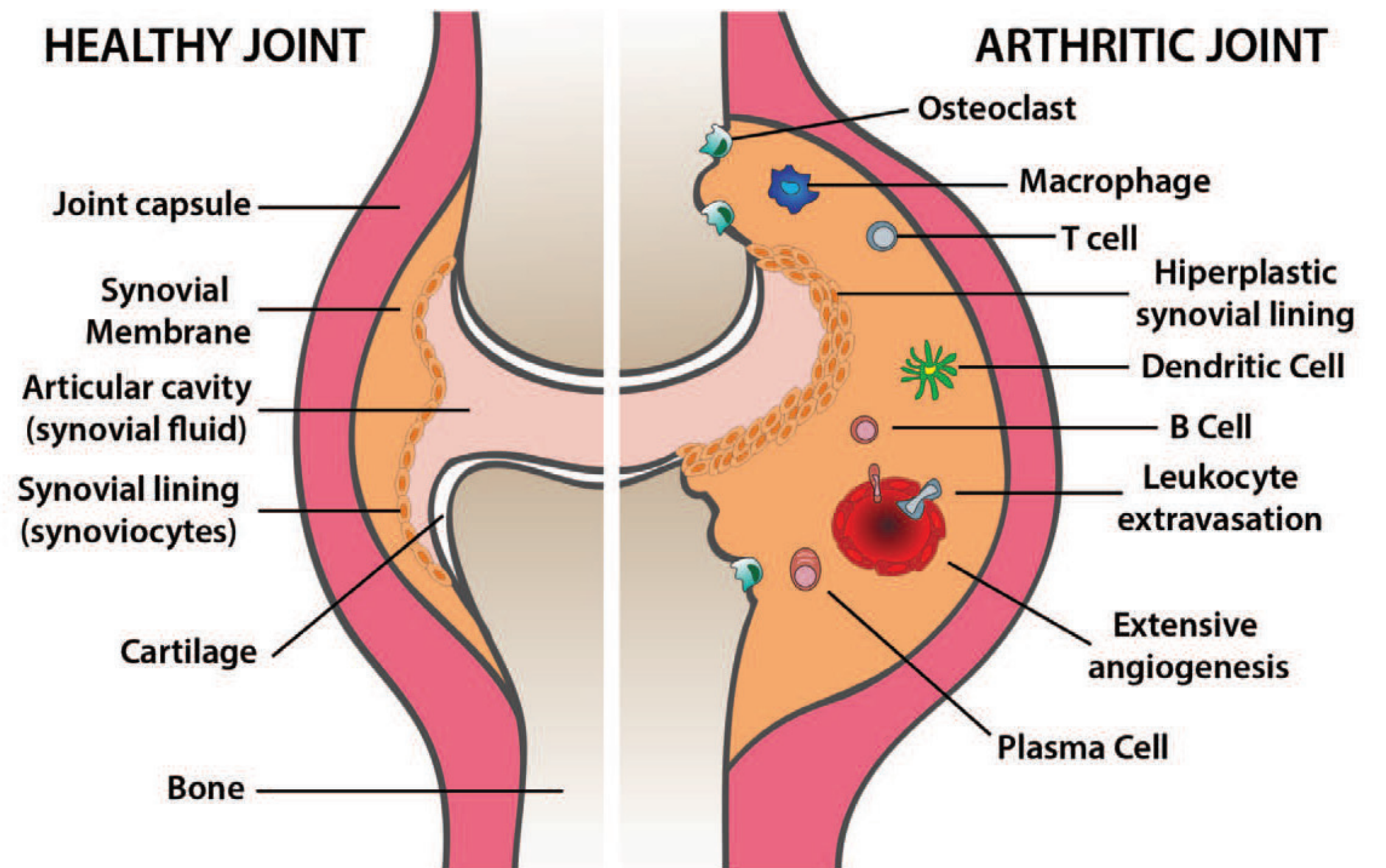
The exact cause of rheumatoid arthritis is unclear to researchers. Most patients with RA have a genetic predisposition to it. Environmental factors like smoking, infections, and trauma may also play a role in its development.



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What Causes Joint Swelling in Rheumatoid Arthritis?

In RA, the immune system becomes dysregulated and sets off signals activating inflammation in the body, especially in the lining of the joints, called the synovium.

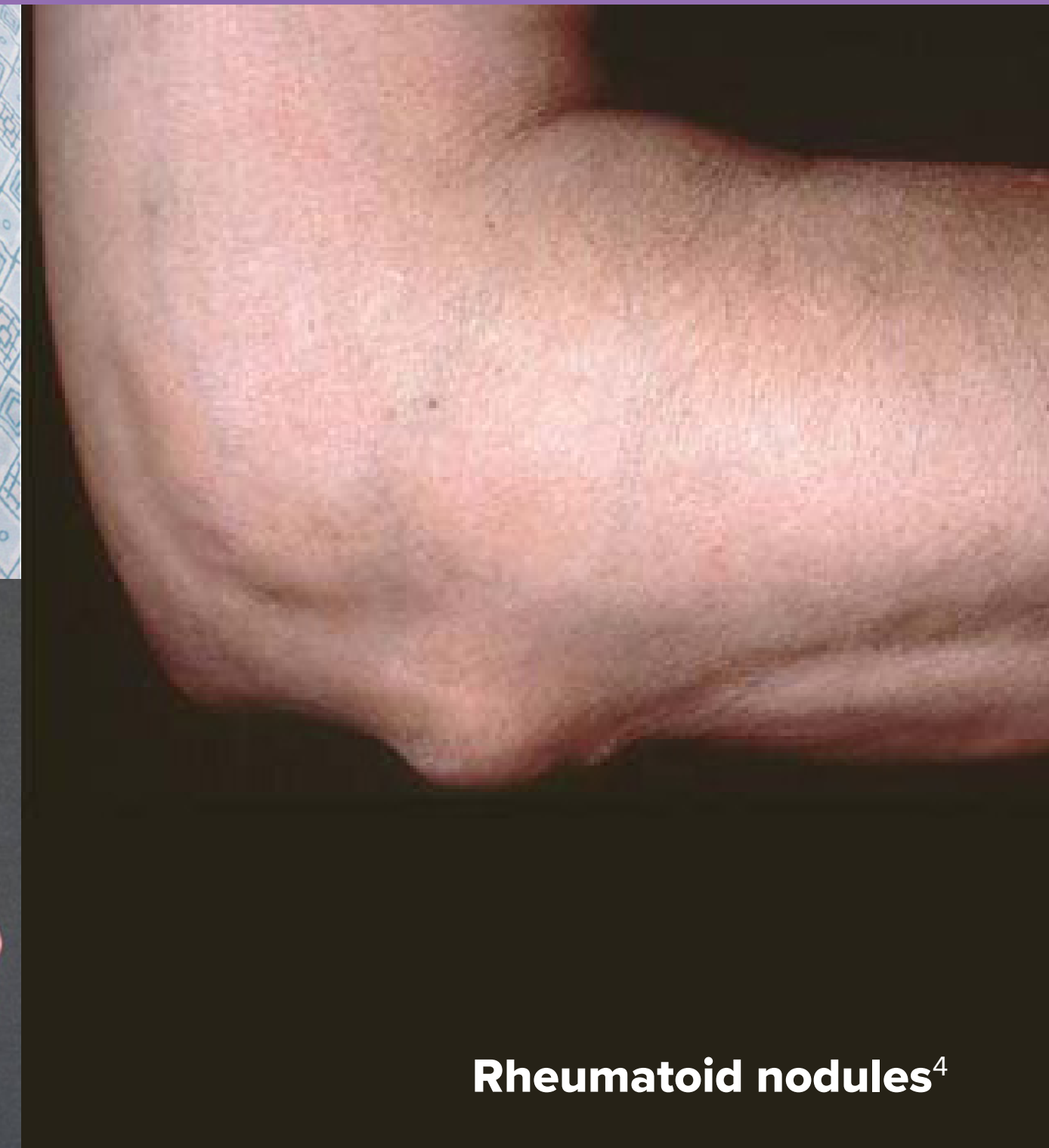


Healthy Joint vs. Arthritic Joint²

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What are Signs and Symptoms?

- Joint pain with warmth, swelling, and stiffness
 - Most commonly affects the small joints in the hands and feet
 - Can occur in the knees, elbows, shoulders
 - More than 3 joints
 - Typically symmetric
- Firm bumps under the skin near joints
- Fatigue
- Loss of appetite
- Fever



Symptoms Left Untreated

Over time, the inflammation in the joint causes damage, and it becomes harder to move the joints. If left untreated, this leads to permanent loss of the joint function.

IMAGE: Advanced disease
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How is this Diagnosed?

There is not one specific test of symptom that diagnoses RA. Rheumatologists use various pieces of information when diagnosing RA.

A rheumatologist diagnoses RA by evaluating your symptoms, asking your history, performing a physical exam, including a joint exam, and obtaining blood work and x-rays.

Some blood tests associated with the development of RA include a rheumatoid factor (RF) and anti-cyclic citrullinated peptide (anti-CCP).

Erythrocyte sedimentation rate (ESR) and c-reactive protein (CRP) are additional blood tests that may help detect active inflammation in the body.



Am I Alone in This?⁵

RA is the 2nd most common type of arthritis and the second most common type of inflammatory arthritis, affecting **1.3 million Americans**.

It's **3x** more commonly seen in women.

Although it can start at any time, it's more commonly diagnosed between **ages 30-50**.

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How is Rheumatoid Arthritis Treated?⁵

Controlling inflammation caused by RA is the primary goal of treatment. While there is no cure for RA, treatments options have increased significantly since the 1990s. Nowadays, with the right medications, patients can go into remission, meaning their symptoms are controlled completely!

This allows patients with rheumatoid arthritis to continue their day-to-day activities uninterrupted. It's important to start medication for RA as soon as possible in order to prevent long-lasting or permanent damage.

Patients with RA are typically started on **disease-modifying anti-rheumatic drugs**

(DMARDs) like methotrexate, leflunomide, sulfasalazine, or hydroxychloroquine.

DMARDs help block the dysregulated part of the immune system. By blocking the source of inflammation, DMARDs help reduce pain, swelling, and prevent damage from occurring in the joints. Some patients require additional or different combinations of these DMARDs to get their RA into remission.

Newer treatments like **JAK inhibitors** and **biologic drugs** are also available and may be considered for treatment based on the severity of a patient's RA.

“Nowadays, with the right medications, patients can go into remission, meaning their symptoms are controlled completely!”

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What else can we do in addition to medications?

Along with medication therapy, patients with RA benefit from lifestyle interventions including:

- Maintaining a healthy weight
- Incorporating a low-impact exercise routine
- Quitting smoking
- Eating well-balanced anti-inflammatory diet
- Getting adequate sleep
- Managing stress levels
- Cultivating a support system



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Are there other Healthcare Professionals I Should See?

- Patients work closely with their **rheumatologists** to manage their RA and monitor treatments.
- **Physical therapists** and **occupational therapists** work with patients to improve muscle strength and range of motion of joints.
- If joint damage from uncontrolled RA causes limitations, patients may also consult with an **orthopedist** to evaluate whether surgical intervention should be considered.
- Although less common, if RA has affected other organs like the eyes or lungs, patients may also require monitoring by an **ophthalmologist** or **pulmonologist**.



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References

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