

Patient Education: 10 Frequently Asked Questions about Rheumatoid Arthritis

1. What is rheumatoid arthritis?

Arthritis is a broad term that describes inflammation of the joints, with swelling, redness and pain. Rheumatoid Arthritis (RA) is a particular type of arthritis that causes chronic inflammation of joints on both sides of the body (for example, both wrists, both knees, etc.). RA can rarely affect organs in the body.

2. Who gets rheumatoid arthritis?

RA affects about 1 in 50 people and is three times more common in women than in men. It is most common in young and middle-aged adults but can also affect children and the elderly.

3. Is rheumatoid arthritis hereditary?

RA is not hereditary, but particular genes can increase one's chance for developing the disease. Among 100 people with a mother, father, sister or brother with RA, up to 4 will also develop RA. In the general population about a 1 in 100 people develop RA. However, many people who carry the gene that increases the risk of RA never develop the disease.

4. What causes rheumatoid arthritis?

The exact cause of RA is unknown, but recent studies show that smoking significantly increases the risk of developing this disease. Once the disease begins the joints become inflamed and, if untreated, the joints, cartilage, and bone can be damaged.

5. What are the symptoms of RA?

The most common symptoms of RA are pain stiffness (especially in the mornings), warmth, redness, and swelling and tenderness in the affected joints. The most common joints involved are the hands, wrists and feet. The stiffness in the morning generally lasts longer than 45 minutes. Other symptoms include fatigue. Anemia, weight loss, and low-grade fever may also be present. The symptoms usually develop gradually over months, but sometimes it starts more suddenly

6. How do I get diagnosed?

There is no specific test to diagnose RA; however, a doctor can diagnose the disease by talking with and examining the person. **Physical Examination:** Your doctor will examine the joints, looking for inflammation, including swelling and tenderness of the joints. **Blood Tests:** Blood tests commonly performed include hematocrit (a blood count looking for anemia), a test called Rheumatoid Factor, or a new antibody test called the anti- CCP test. These are present in the majority of patients with RA, but may be found in people without RA, too. **X-Rays:** X-Rays may be performed to see if there are typical small holes into the bones, called erosions, and other damage to the joints.



7. What are the different treatment options?

There is no cure for RA, but there are a variety of treatments that can reduce the effects of the disease. A rheumatologist is an expert in this disease and should be consulted early in the course of the illness. Therapies used by the rheumatologist can slow and in some cases stop the disease. Medications are frequently prescribed by the rheumatologist. They include analgesics, which are used for pain-relief; anti-inflammatory drugs, which can ease pain and stiffness; and corticosteroids, which are potent medications and can lead to short term reduction in swelling. Other medications, known as disease-modifying drugs, can not only ease the pain and discomfort, but also prevent further loss of joint tissues and/or function. These include drugs for milder disease, such as anti-malarial drugs, drugs for more active disease, such as methotrexate, and finally newer drugs that can be used by themselves or in combination with methotrexate for very active disease. Newer drugs for active RA work by decreasing the activity of an inflammatory mediator called TNF. These drugs include etanercept (Enbrel), adalimumab (Humira) or infliximab (Remicade).

Many people affected with RA find that resting the joints eases the pain. Splints, a massage, or a heat pack may also help. Physical therapy, occupational therapy, and surgery are useful in selected patients. Finally, there have been exceptional advances in the treatment of this disease, so it is important that a patient see a rheumatologist at the start of the disease and that effective therapies are started before damage is done.

8. What is the role of nutrition and dietary therapy?

Many different dietary manipulations have been tried, but the majority remain unproven. An exception to this may be diets rich in fish oil, which can cause a decrease in symptoms. Patients who are overweight or obese should be encouraged to lose weight as added weight stresses joints and increases the risk of other health problems that are more common in patients with RA, such as heart disease, diabetes, and high blood pressure

9. Does Rheumatoid Arthritis affect pregnancy?

Fortunately, RA often remits during pregnancy. RA will not affect your pregnancy, but some of the medications used to treat RA are usually not recommended for pregnant women. You should discuss the risks and benefits of each medication with your obstetrician your rheumatologist. After giving birth to a baby, many women experience flare-ups, sometimes within the first three months. Many clinicians advise reintroducing medications at this time. You should, however, seek the advice of your rheumatologist and make an educated decision together.

10. How do I learn more about my disease?

Patients should be encouraged to seek information about this topic not only from their health care professionals but also from patient education programs, mostly delivered by voluntary organizations such as the Arthritis Foundation (www.arthritis.org), as well as the professional society of rheumatologists - the American College of Rheumatology (www.rheumatology.org). They provide valuable information regarding learning skills for managing and chronic illness, strategies for preserving joint function, enhancing social support, and the training in bio-feedback and cognitive-behavioral techniques.

