

# **MANAGING YOUR RHEUMATOID ARTHRITIS**

## **What Is Rheumatoid Arthritis?**

Rheumatoid arthritis (RA) is a chronic (long-term) disease that causes inflammation (swelling, redness) leading to pain, stiffness, and swelling in joints. Affected most often are hands, wrists, feet, and knees. Less common are affects in other body parts, including lungs, eyes, heart, blood vessels, skin, and nerves. RA can affect the ability to do daily activities. RA of hands can affect writing, opening jars, dressing, and carrying items. Arthritis affecting hips, knees, or feet can make it hard to walk, bend, or stand.

RA affects 1% to 5% of adults worldwide. Two to three times more women than men have RA. It's more common during a woman's childbearing years.

There is no cure for RA, but with treatment people with RA can lead full lives.

## **What Causes RA?**

RA is an autoimmune disorder. Autoimmune means that the body's own immune (disease-fighting) system attacks healthy cells. Some inherited and environmental factors may increase a person's chance of getting RA, but the exact cause is unknown. RA is not contagious.

## **What Are the Symptoms of RA?**

The most common symptoms are joint pain and stiffness that is worse in the morning after waking up and after sitting still for a long time. Stiffness usually gets better after movement. Symptoms tend to come and go and can be mild to severe. Other symptoms may include burning or itching eyes, tiredness, leg ulcers, reduced appetite, numbness and tingling, shortness of breath, skin nodules, weakness, and fever. Joints can be red, swollen, tender, deformed, and warm. The pattern of affected joints is symmetrical, most often in the wrist and finger joints.

## **How Is RA Diagnosed?**

The health care provider takes a medical history, examines the joints, and orders tests and x-rays.

Tests may include erythrocyte sedimentation rate (ESR), which measures inflammation; complete blood cell count (CBC); and other tests called rheumatoid factor (RF) and anti-cyclic citrullinated peptide (anti-CCP) antibodies. Sometimes, fluid from a joint is tested.

## **How Is RA Treated?**

The best way to manage RA is to use medicines, different therapies, exercise, education, and pacing of activities to prevent fatigue. Medicines called nonsteroidal antiinflammatory drugs (NSAIDs), such as naproxen and ibuprofen, reduce pain and swelling. Disease-modifying drugs such as methotrexate and hydroxychloroquine may slow the RA process and should be started early. Biological agents such as infliximab, adalimumab, and tocilizumab are also effective in decreasing disease progression.

Learning about RA is essential. Exercise is important for joint movement and muscle strength. Being active plus resting helps fatigue. Physical therapy and special exercises can help symptoms, as can hot soaks, heat lamps, heating pads, and whirlpool treatments. Splints may protect joints. Sometimes surgery is needed to fix a joint.

## **DOs and DON'Ts in Managing RA**

- ✓ **DO** tell your health care provider about your other medical problems.
- ✓ **DO** take your medicines as prescribed.
- ✓ **DO** tell your health care provider if you're pregnant or plan to get pregnant.
- ✓ **DO** lose weight if overweight.

- ✓ **DO** talk to someone to help with stress.
- ✓ **DO** exercise.
- ✓ **DO** call your health care provider if you have side effects from medicines or if treatments aren't helping pain, swelling, or fatigue.
- ✓ **DO** call your health care provider right away or go to the emergency room if you have fever with a red, warm joint.
- ⊗ **DON'T** stop taking your medicine or change your dosage because you feel better unless your health care provider says to.
- ⊗ **DON'T** let yourself get run-down.
- ⊗ **DON'T** drink alcohol in excess while being treated.

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FOR MORE INFORMATION

Contact the following sources:

- Arthritis Foundation: Tel: (800) 283-7800; Website: <http://www.arthritis.org>
- American College of Rheumatology: Tel: (404) 644-3777; Website:  
<http://www.rheumatology.org>

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