



PATIENT FACT SHEET

Rheumatoid Arthritis



CONDITION DESCRIPTION

Rheumatoid arthritis (RA) is the most common autoimmune type of arthritis. In RA, your body's immune system doesn't act the way it should and inflammation flares out of control. This can cause joint pain, stiffness, swelling and decreased flexibility of the joints.

RA often strikes small joints in your wrists, hands and feet. Sometimes RA can affect your elbows and knees

or organs, such as the eyes, skin or lungs. About 75% of RA patients are women. It usually starts between ages 30 and 50 but can happen to people at any age.

RA is chronic – it lasts for a lifetime. There is no cure at this time, but early diagnosis and the right treatments can ease symptoms, and prevent joint damage or disability.



SIGNS/ SYMPTOMS

Stiffness for a long time in the morning is a clue that you may have RA, as this is not common in other conditions. It may last one to two hours (or even the whole day) but generally improves with movement of the joints. For instance, osteoarthritis most often does not cause prolonged morning stiffness.

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 hands

There are diseases that can be mistaken for RA. It is important to get the correct diagnosis without unnecessary testing. A rheumatologist will help find a treatment plan that is best for you.



COMMON TREATMENTS

Diagnosing RA requires a physical exam, and possibly blood tests and scans like X-rays, MRI or ultrasound.

Once diagnosed, treatments for RA aim to lower inflammation, ease symptoms like pain or swelling, and prevent long-term joint damage. No single treatment works for all patients, and many people may change their treatment at least once during their lifetime.

A disease-modifying anti-rheumatic drug (DMARD) is usually the first treatment usually prescribed for RA. Common DMARDs include methotrexate (Rheumatrex, Trexall, Otrexup, Rasuvo), leflunomide (Arava), hydroxychloroquine (Plaquenil) and sulfasalazine (Azulfidine). Nonsteroidal anti-inflammatory drugs

(NSAIDs) and/or low-dose corticosteroids may be used with DMARDs. Janus kinase (JAK) inhibitors are another type of DMARD. People who cannot be treated with methotrexate alone may be prescribed a JAK inhibitor such as tofacitinib (Xeljanz).

If DMARDs alone don't control RA inflammation, a rheumatologist may prescribe a biologic drug. FDA-approved biologics include abatacept (Orencia), adalimumab (Humira), anakinra (Kineret), certolizumab (Cimzia), etanercept (Enbrel), golimumab (Simponi) infliximab (Remicade), rituximab (Rituxan, MabThera) and tocilizumab (Actemra).



CARE/ MANAGEMENT TIPS

People with RA can do a lot to manage their RA and have a good quality of life, such as:

- Take all medications as prescribed, and speak up if drugs cause any side effects or problems.
- Stay physically active most of the time, scale back activities when the disease flares.
- Do low-impact aerobic exercises, such as walking, and exercises to boost muscle strength. Gentle range-of-motion exercises, such as stretching will keep the joint flexible.

Activity and a healthy diet can keep weight under control to put less strain on joints. A physical therapist (PT) can help guide exercises that are safe for joints. RA can cause stress, anxiety or depression too. Discuss these normal feelings with your health care providers. They can provide helpful information and resources.