

Rheumatoid Arthritis

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ARTHRITIS 
NEW ZEALAND

ENABLING A BETTER QUALITY OF LIFE

KAIPONAPONA AOTEAROA

Te whakapiki i te kounga ora

Did you know?

- RA is the **second most common** form of arthritis
- Approximately **40,000** New Zealanders have RA
- RA **can occur at any age**, but most often appears between the ages of 25 and 50
- RA **affects women three times more often** than men
- People with RA have a **higher risk** of developing **heart disease**
- **Smokers have a higher rate of RA** than non-smokers

Managing Rheumatoid Arthritis (RA) involves a team of people, and you are the most important member of that team. The more your doctors and health professionals know about how arthritis is affecting you, the better they can meet your treatment needs.

This booklet will help you get started. In here you will find answers to the following:

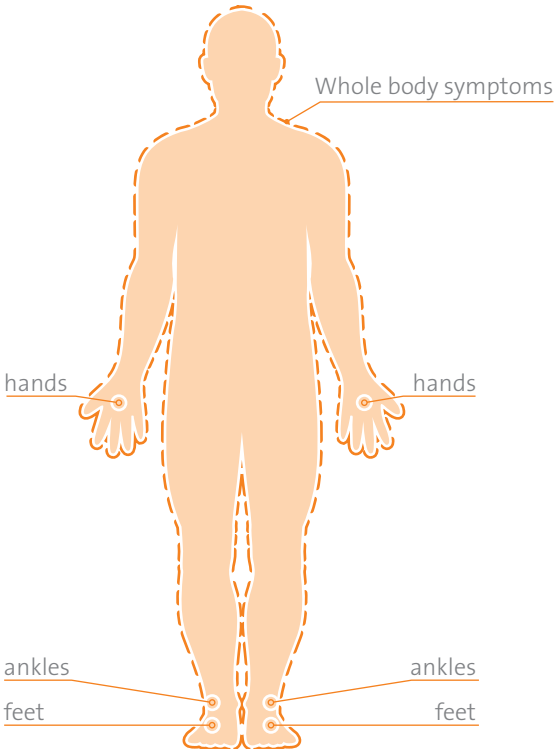
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What is rheumatoid arthritis (RA)?

RA is a disease where your immune system mistakenly targets your own body. It especially affects the lining of the joints between your bones.

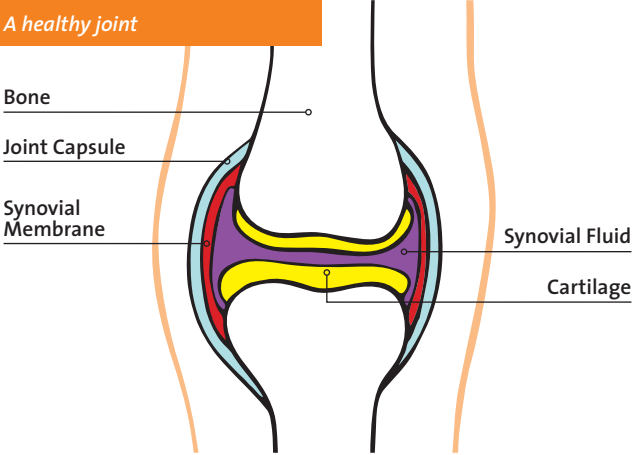
Early symptoms include swelling, heat, tenderness, pain or stiffness in your joints.

In some cases, when the swelling goes down, the joint capsule remains stretched and can no longer hold the joint in its proper position. As a result the joint becomes unstable and this can lead to joint damage. The extent to which this happens varies a great deal from person to person. Most people with RA have some damage in a number of joints, and a few have quite severe damage in a lot of joints.

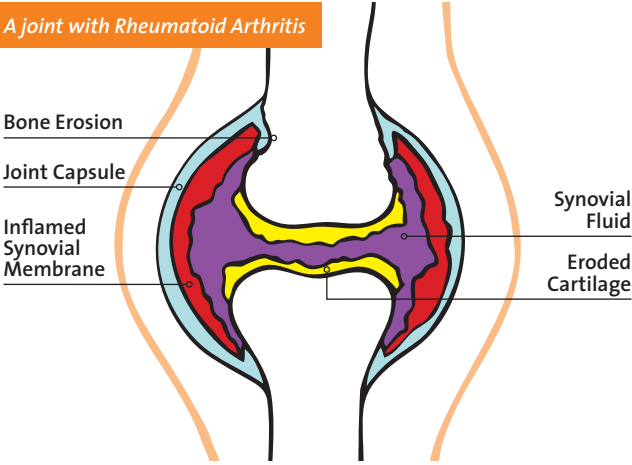


Sometimes other organs are involved. There may be inflammation in the eyes, causing eyes to become dry and irritable. Inflammation may also affect the lungs and rarely, the membrane around the heart. Rheumatoid nodules (fleshy lumps) may appear, usually just below the elbows, but may also occur on hands and feet. A lack of red blood cells (anemia) is very common. Occasionally this can be a side-effect of the drugs used to treat RA, but it is more often caused by the disease itself.

A healthy joint



A joint with Rheumatoid Arthritis



Symptoms of RA

In most people RA affects symmetrical joints (the same joints on both sides of the body). Usually it starts quite slowly. A few joints often the fingers, wrists or the balls of the feet become uncomfortable and may swell, often intermittently. You may feel stiff when you wake up in the morning. For some people the disease develops very rapidly. There may be a sudden onset of pain and swelling in a lot of joints, with severe morning stiffness and you may experience great difficulty doing everyday tasks.

Along with pain and swelling in the joints you may feel tired, depressed or irritable, even with mild arthritis. Fatigue can be one of the most difficult aspects of rheumatoid arthritis for people to deal with.

Symptoms for RA tend to come and go with no particular pattern. You may have periods when the joints become more inflamed and painful (flare-ups). Sometimes this has an obvious cause – either physical, illness, or emotional but usually there is no obvious cause. This unpredictability is frustrating and makes it difficult to plan ahead.

**The disease
cannot be 'cured'
at present, but
for most people it
can be controlled.**

How will it progress?

It is very important that you see your doctor as soon as you can if you have any RA symptoms. Blood tests and x-rays will help your doctor to assess how fast the arthritis is developing and how quickly it is likely to progress in the future. This in turn will help decide which form of treatment to recommend.

RA affects people differently. For some people, it lasts only a year or two and goes away without causing any noticeable damage.

Other people have mild or moderate forms of the disease, with periods of worsening symptoms (flare-ups) and periods in which they feel better (remissions). Approximately 1 in 20 people will have RA which becomes progressively worse, often quickly. These people tend to develop inflammation in other parts of the body besides their joints.

RA can affect virtually every area of a person's life from work life to family life. It is very important that treatment for RA is started as early as possible. Current treatment strategies, including medications that slow joint damage, a balance between rest and exercise, and patient education and support programmes, allow most people with the disease to lead active and productive lives.

Regular medical check-ups are an important part of managing RA, including checking blood pressure and monitoring cholesterol and other risk factors for heart disease.

How do doctors diagnose RA?

There is no single test which can make a certain diagnosis of early RA. Doctors have to make what is known as a 'clinical diagnosis', where they put together all the information from listening to you and examining you. This is one of the reasons why you should tell your doctor all the symptoms you have had, not just the ones you think are important.

Your doctor may suggest any of the following tests:

- **Complete blood count** This test measures how many of each type of blood cell are in your blood. This will show anemia as well as abnormalities in white blood cell counts or platelet counts that could be associated with RA.
- **Markers of inflammation** including erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP). Levels of both of these are usually high in RA and may be good indicators of the extent of disease activity.
- **Immunologic tests** Levels of rheumatoid factor (RF), antinuclear antibodies (ANA), and possibly other antibodies (anti-CCP) may be checked. The majority of people have a positive RF result during periods of active disease.
- **X-rays and other imaging techniques** X-rays can reveal damage caused to the joints by RA. Magnetic resonance imaging (MRI) and ultrasound scanning are also used. They are more sensitive in picking up changes and are being studied to see how useful they are for diagnosing early disease and for monitoring its progress.



Treatment of rheumatoid arthritis

It is very important that treatment for RA is started as early as possible and that you see your doctor as soon as you can if you have any RA symptoms. Although there is no cure for rheumatoid arthritis as yet, a variety of treatments are available that can slow down the disease and minimise the joint damage that it causes.

The best medical care combines medication and non-drug approaches.

Treatment with drugs

Each person responds differently to arthritis medicines, which means that you will need to work with your rheumatologist who will tailor your treatment to your symptoms and the severity of your condition. Your doctor may need to trial several different treatments before finding the one, with the least side effects, that is right for you.

Medications commonly prescribed for RA include:

- **NSAIDs** – A group of medicines known as non-steroidal anti-inflammatory drugs
- **Corticosteroid medicines** or injections
- **DMARDs** – a range of medicines that are known as disease-modifying anti-rheumatic drugs, including Biologics.





Non-drug approaches include the following

- **Physiotherapy** helps preserve and improve range of joint motion, increase muscle strength, and reduce pain.
- **Hydrotherapy** involves exercising and relaxing in warm water. Being in water reduces the weight on your joints. The warmth relaxes your muscles and helps relieve pain.
- **Occupational therapy** teaches ways to use your body efficiently to reduce stress on your joints
- **Arthritis Educator clinics**, seminars and self-management programmes will equip you with tools and techniques to self-manage your RA.

Surgery

This is occasionally needed. Operations vary from quite minor ones such as the release of a nerve or a tendon to major surgery such as joint replacement.

Key Messages:

- **Taking care of your joints:** Find the balance between rest and physical activity; rest may make inflamed joints comfortable but without movement your joints will stiffen and muscles will weaken.
- **Exercise:** is a very important part of a complete treatment plan for RA. It helps reduce pain and fatigue, increases a range of joint motion and strength, and keeps you feeling better overall. Talk to your physiotherapist about what exercise regime is the most appropriate for you.
- **Making your working life easier:** You need to find a way to carry out your work tasks that allows you to manage your pain and tiredness and reduce the strain on your joints. The key to success is to do a variety of tasks, in stages, and with rest breaks.
- **Both heat and cold treatments:** can relieve pain and reduce inflammation. Some people's pain responds better to heat and other's to cold.
- **Relaxation techniques:** for releasing muscle tension, which helps relieve pain.
- **Live a healthy life:** Stay physically active, eat a healthy diet, stop smoking and reduce stress to help your overall health and wellbeing.
- **Complementary products:** Ask your doctor about fish oil; some studies have demonstrated beneficial effects of fish oil supplementation in decreasing pain in patients with RA.
- **Support groups:** social events, meeting people with similar problems may help you to deal with day-to-day activities and provide emotional support.

What questions should I ask my rheumatologist?

Become an active participant in your care. Know the pros and cons of all of your treatment options, and work with your health-care professional team to decide on the best options for you.

Here are some common questions you may want to ask your rheumatologist:

- How can I keep track of the blood test results used to monitor my RA?
- How will I know if the medication is working, and how long does this take?
- What are the possible side effects and how often will they occur?
- What should I do to minimise the chance of side effects?
- Whom do I contact if I have concerns about the medication?
- Are there medications that I should stop now that I am beginning this new treatment?

By taking control of your RA and working with your healthcare team, you can approach the disease with a positive attitude.

Where can I learn more?

www.arthritis.org.nz

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