

## LOOKING AFTER YOURSELF

Living and coping with a chronic condition can be difficult. At times you may feel angry, depressed and isolated. It is not easy to accept the loss of good health or accept constant pain and changes in your physical appearance.

Talking about how you feel with someone who is close to you is very important. But sometimes you may feel the need to confide in someone who really understands. Arthritis New Zealand employs skilled Educators, who are always on hand. They can give you information and advice, put you in touch with support and exercise groups throughout the country and help you obtain special equipment and aids for daily living.

## LIVING WITH ARTHRITIS

A variety of known techniques can help people control and reduce the effects of arthritis. Research has shown that people who exercise regularly, practise relaxation and/or use other self-management techniques have less pain and are more active than those people who are not self-managers.

Self-management courses are available through Arthritis New Zealand. They are designed to give people the skills needed to take a more active part in their arthritis care, together with a healthcare team. Medication, physical activity, joint protection, stress management, acupuncture, heat/cold therapy and weight control to prevent extra stress on weight bearing joints, are just some of the components of self management.

## ARTHRITIS NEW ZEALAND

Arthritis New Zealand is a not-for-profit organisation whose main aim is to enable a better quality of life for people affected by arthritis. Arthritis New Zealand works in the areas of education, public awareness, direct support, lobbying and funding research.

There are local Service Centres and 32 Arthritis Educators, who offer education, advice, information and guidance on services and special equipment. Arthritis Educators run highly regarded self management courses.

For more information look in the telephone directory for local contacts or contact:

ARTHRITIS NEW ZEALAND

PO BOX 10-020

WELLINGTON

TELEPHONE 04 472 1427

[www.arthritis.org.nz](http://www.arthritis.org.nz)

## REACTIVE ARTHRITIS



*Discover You Can*

ARTHRITIS  
NEW ZEALAND  
ENABLING A BETTER QUALITY OF LIFE

KAIPONAPONA AOTEAROA  
*Te whakapiki i te kounga ora*

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## WHAT IS REACTIVE ARTHRITIS?

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Reactive arthritis, also known as Reiter's syndrome, is an inflammatory condition that occurs as a reaction to an infection elsewhere in the body, such as in the genital, urinary or gastrointestinal system. Usually the infection occurs 2 to 4 weeks before the development of the arthritis.

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## WHAT CAUSES REACTIVE ARTHRITIS?

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Reactive arthritis may be triggered by a number of different bacterial infections. Most cases take one of two forms, urogenital or gastrointestinal. In urogenital (genitourinary) reactive arthritis, or uroarthritis the triggering infection originates in the penis, vagina, bladder or urethra. If the infection is the result of something that you eat or handle, such as raw meat contaminated by bacteria, your condition is called gastrointestinal (enteric) reactive arthritis, or enteroarthritis. 1 to 2% of people involved in any food poisoning outbreak may develop joint inflammation a few weeks later. Most people who get reactive arthritis were born with the HLA-B27 gene that makes them more likely to get this type of arthritis.

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## WHO GETS REACTIVE ARTHRITIS?

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Reactive arthritis is most common in men aged 20 to 40 years. Men are far more likely than women to develop reactive arthritis that has been triggered by a sexually transmitted disease (STD) such as chlamydia, or gonorrhoea, however both men and women are equally likely to develop the condition as a result of food poisoning.

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## WHAT ARE THE SYMPTOMS OF REACTIVE ARTHRITIS?

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### *Joint inflammation*

Pain and swelling, usually of the knees, ankles, or toes are often the first signs of reactive arthritis. Other joints, including fingers, wrists, elbows and joints at the base of the spine and tendons around joints such as the Achilles tendon can also become inflamed.

### *Urogenital tract symptoms*

Reactive arthritis most typically results in inflammation of the urogenital tract, affecting the prostate or urethra in men and the urethra, uterus, or vagina in women. Men may experience a feeling of urgency to urinate and have a fluid discharge from the penis. Both men and women may experience a burning sensation during urination.

### *Eye inflammation*

Conjunctivitis (inflamed mucous membrane that covers the eyeball and eyelid) may occur before, or at the onset of arthritis. Symptoms include painful, irritated, red eyes and blurry vision.

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## HOW IS REACTIVE ARTHRITIS DIAGNOSED?

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Since there is no specific diagnostic test for reactive arthritis, diagnosis is made primarily by excluding the presence of other disorders that have similar symptoms to this condition. Your doctor will use your medical history, current symptoms and the results of any evaluations such as blood tests to help with the diagnosis.

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## TREATMENT OPTIONS

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### *Non-steroidal anti-inflammatory drugs (NSAIDs)*

NSAIDs are used as first-line therapy to reduce joint pain and inflammation (redness and swelling) and should be taken regularly to achieve a good anti-inflammatory effect. Commonly used NSAIDs are naproxen, indomethacin, ibuprofen, ketoprofen, diclofenac, piroxicam, tenoxicam, sulindac, mefenamic acid and tiaprofenic acid. Your doctor will decide which one is the most suitable for you.



### *Corticosteroids*

Severe joint inflammation not relieved by NSAIDs may be treated with corticosteroid injected directly into the affected joint. The injection is not usually particularly painful and the medication speedily relieves the joint pain by reducing inflammation. Low, well-spaced doses of injected corticosteroid are thought to produce little risk of significant side effects.

### *Antibiotics*

Antibiotics may be prescribed to treat the bacterial infection that triggered the reactive arthritis. The specific antibiotic used will depend on the type of bacteria causing the infection. It is essential to complete taking the full course as prescribed by your doctor.

### *Disease modifying anti-rheumatic drugs (DMARDs)*

In some cases severe symptoms of arthritis that do not respond to NSAIDs or corticosteroids may be treated with a DMARD, such as sulfasalazine or methotrexate.

### *Side-effects of medication*

Every medicine can cause side effects. It is important to discuss with your doctor or pharmacist what these are, the likelihood of these happening and the possible results.

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## HOW LONG DOES REACTIVE ARTHRITIS LAST?

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The symptoms of reactive arthritis usually last 3 to 12 months, however a small percentage of individuals may experience a recurrence of symptoms and development of a long-term condition.