

Rheumatoid Arthritis

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**ARTHRITIS
NEW ZEALAND**

KAIPONAPONA AOTEAROA

*Improving the lives of
people affected by arthritis*

*Te whai kia pai ake te hunga
kua pāngia e te kaiponapona*

Did you know?

- Rheumatoid arthritis (RA) is the **third 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
- RA can be effectively managed.

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.

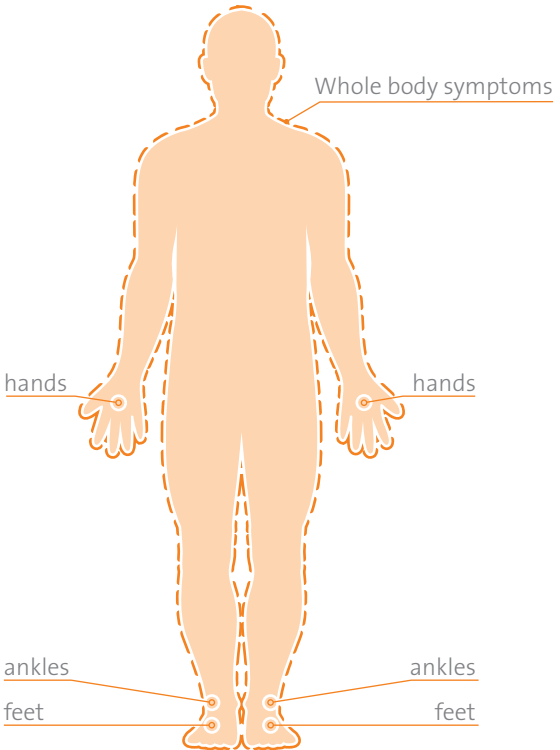
This booklet will help you get started. In here you will find answers to the following:

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What is rheumatoid arthritis (RA)?

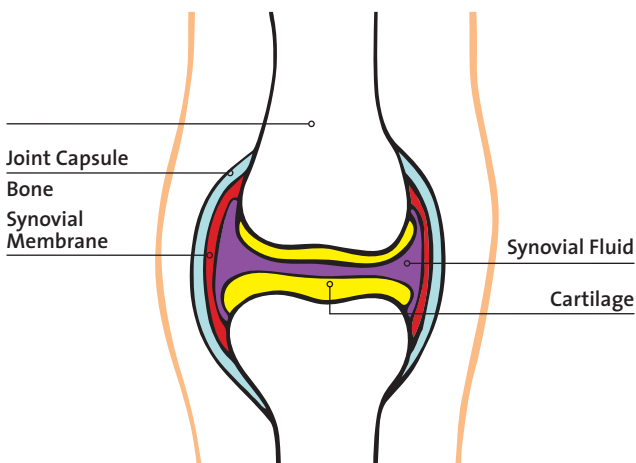
RA is a common, chronic disease affecting 1-2% of the population. RA is a form of inflammatory arthritis and an autoimmune disease. For reasons no one fully understands, in RA the immune system – which is designed to protect our health by attacking foreign cells such as viruses and bacteria – instead attacks the body's own tissues, specifically the synovium, a thin membrane that lines the joints.

If inflammation is not controlled in the early stages of the disease it can lead to damage to bone and cartilage, which can result in instability and secondary degenerative damage.



With the recent advancements in treatments for the disease, many people with RA keep it under control and have a good quality of life.

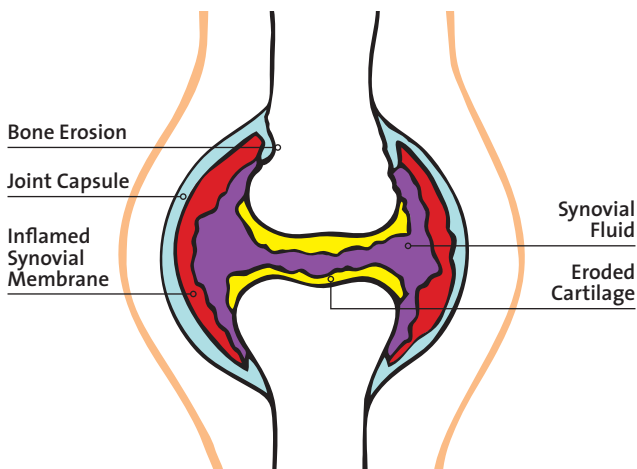
A healthy joint



Other organs

Sometimes other organs are involved. There may be inflammation in the eyes and mouth, causing them 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 joint with Rheumatoid Arthritis



Symptoms of RA

In most people RA affects joints symmetrically (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. Fatigue can be one of the most difficult aspects of RA 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 or emotional but usually there is no obvious cause. This unpredictability is frustrating and makes it difficult to plan ahead.

How will it progress?

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

Other people may have 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.

Blood tests and x-rays will help your doctor assess how fast your arthritis is developing and what the potential outlook for your future is. This will also help your doctor to decide which form of treatment to recommend.

People with RA have a slightly greater chance of having a heart attack or stroke. The risk can be reduced by controlling the disease, for example with drug treatments. High cholesterol and smoking increase the risk, so it's a very good idea to eat a balanced diet and stop smoking.

How do doctors diagnose RA?

There is no single test which confirms 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:

- **Blood tests** – erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) can be high when inflammation is present.
- **Complete blood count** can show if you are anemic, and Rheumatoid factor (RF) and other antibodies (anti-CCP) can be detected, they are produced by a reaction in the immune system. Testing negative for RF does not prove you do not have RA, only about half of all people with RA have a positive RF when the disease starts.
- **X-ray changes** are rare in the early stages of RA, in later stages they can show damage caused to the joints by RA. Magnetic resonance imaging (MRI) and ultrasound scanning can be also used. MRI is more sensitive in picking up changes in the early stages of RA.

Regular blood tests and X-rays can help your doctor to assess how quickly your arthritis is developing and whether you need any changes to your medication.



Treatment of RA

It is very important that treatment for RA is started as early as possible to achieve the best results. With the recent advancements in treatments for the disease, many people with RA keep it under control and have a good quality of life.

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

Treatment with drugs

Each person responds differently to arthritis medicines, your rheumatologist will tailor your treatment to the symptoms and the severity of your condition.

Medications commonly prescribed for RA include:

- **Non Steroidal Anti-Inflammatory Drugs (NSAIDs)** reduce inflammatory symptoms, especially pain and stiffness. NSAIDs are usually taken as tablets or capsules and you should take them with a glass of water, with or shortly after food. You can also get NSAID creams and gels that can be applied directly to the painful area. Always talk to your doctor or pharmacist before taking NSAIDs if you have high blood pressure, stomach, kidney or heart problems as they can sometimes have side-effects.
- **Steroids such as prednisone**, have a very powerful effect in reducing inflammation and although they don't cure the condition they can suppress it. They are given as injections into a joint or a muscle, or as tablets. The side-effects of steroid tablets can include: weight gain, thinning of the bones, a rise in blood sugar or blood pressure. Doses of steroid tablets are kept as low as possible to keep the risk of side-effects to a minimum. Your doctor may also advise that you take calcium and vitamin D supplements or drugs

called bisphosphonates alongside the steroids to help protect your bones against osteoporosis. *You shouldn't stop taking your steroid tablets or alter the dose unless your doctor recommends it. It can be dangerous to stop steroids suddenly.*

- **Disease Modifying drugs (DMARDs) such as methotrexate**, reduce pain, swelling and stiffness over a period of weeks or months by slowing down the disease progression and its effects on your joints. A number of DMARDs affect the immune system so you may be more likely to pick up infections. Because of this your doctor may suggest a flu injection. DMARDs can sometimes affect the blood or the liver, and because of this you'll need regular medical supervision when you're taking them. This may include regular blood and/or urine tests, which are important for your safety. However, with careful supervision, these drugs are well-tolerated and very effective.
- **Biological therapies (biologics)** target individual molecules involved in the processes of inflammation and joint damage. Some biological therapies called anti-TNF drugs, target a protein called tumour necrosis factor, which increases inflammation when excess amounts are present in your blood or joints. Anti-TNF drugs include: adalimumab, etanercept and infliximab. Other biological therapies target different proteins. You'll only be given biological therapies if you haven't responded to conventional DMARDs or you've had side-effects from them. They're often given in combination with a conventional DMARD such as methotrexate.





Non-drug approaches include the following:

- **Exercise** helps to reduce pain and fatigue, increases a range of joint motion and strength, and keeps you feeling better overall. Talk to your physiotherapist about an exercise regime that is the most appropriate for you.
- **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 therapists** will help you with useful strategies for overcoming everyday challenges that you might be experiencing.
- **Arthritis New Zealand self-management programmes**, workshops and seminars will equip you with tools and techniques to self-manage your RA.
- **Wearing shoes with thick soft soles** that act as shock absorbers for the feet, knees, hips and back. For women it is also important to have flat heels, as high heels put additional strain on these joints.

- **Both heat and cold treatments** can relieve pain and reduce inflammation. Some people's pain responds better to heat and other's to cold.
- **Fish oil**, containing anti-inflammatory omega-3 fatty acids, have been shown to be beneficial in decreasing pain in people with RA.
- **Psychological support** – counselling and Cognitive Behavioural therapy can be useful in dealing with pain.

Support groups – social events, meeting people with similar problems may help to deal with day-to-day activities and provide emotional support.

Surgery

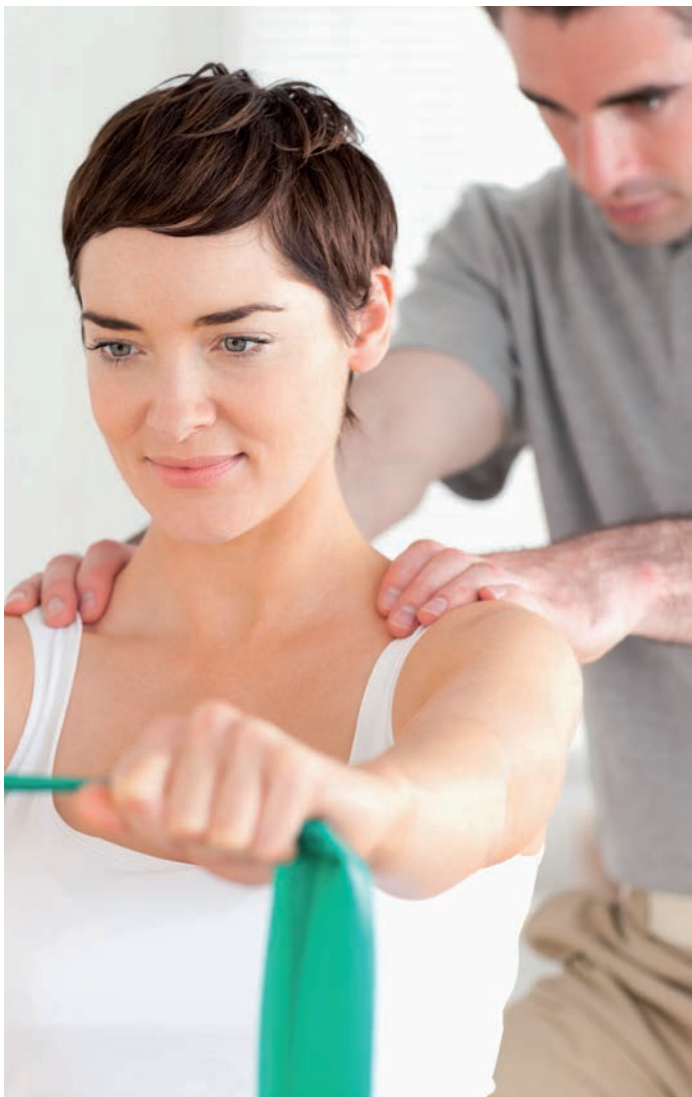
This is occasionally needed. Operations vary from quite minor ones such as the release of a nerve or a tendon to major surgery such as joint replacement.

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 and GP:

- 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?
- Who should I contact – and how quickly – if I have a ‘flare’?



By working with your healthcare team, being active and practicing self-management techniques you can stop RA from taking control of your life.

Key Messages:

- **Take care of your joints** – the key to success is to do a variety of tasks, in stages, and with rest breaks.
- **Be active** – exercise and stretch every day.
- **Live a healthy life** – eat a healthy diet and stop smoking.
- **Have regular checks** with your doctor and specialist.
- **Include relaxation techniques** to your daily routine.
- **There are good days and bad days, have a plan for bad days.**

For more information visit:

- www.arthritis.org.nz
- Australian Rheumatology Association – www.rheumatology.org.au
- www.healthnavigator.org.nz.
- Medsafe – www.medsafe.govt.nz

Where can I learn more?

www.arthritis.org.nz

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