



Patient Information

Reining in Rheumatoid Arthritis

Arthritis is a disease involving the joints. There are many different types of arthritis, with varying symptoms and different treatments. One of the most common types is *rheumatoid* (**roo**-ma-toyd) arthritis, also known as RA, which affects more than two million Americans. RA is a chronic, or long-term, disease that irritates the lining of the joints, which is called the *synovium* (suh-**no**-vee-uhm). Over months and years, the synovium thickens—breaking down cartilage and bone, weakening surrounding tissues, and causing joints to swell and stiffen.

RA is known as an *autoimmune* (ah-toe-im-**yo**on) disease because it develops when the body's immune system, which normally protects the body from infection or disease, attacks the joint tissues. Scientists aren't sure what causes the immune system to turn against the body and harm the joints, but they believe it is a combination of a person's heredity and environment.

How do I know if I'm at risk?

RA can affect anyone at any age, including children and young adults. Usually, however, it develops between the ages of 30 and 50. Women develop the disease more often than men—in fact, two to three times as many women have the disease. Breastfeeding appears to protect against the disease and, in women who already have RA, pregnancy seems to improve symptoms. Because of this, scientists believe that female hormones may play a part in RA development.

What are the warning signs?

If your joints are tender, reddened, swollen, warm, and stiff, you might have RA. If so, you may find that joints are most painful when you wake up in the morning or after you sit for a long time. In the later stages of the disease, round, painless nodules may appear under the skin at the affected joints. Although RA can affect any joint on the body, it most often begins in the smaller joints of the wrists, fingers, and feet. And if it affects a joint on one side of your body, it will affect the same joint on the other side.

Some symptoms of RA resemble the flu, such as low fever, muscle pain, dry eyes and mouth, and a general sense of feeling unwell. Sometimes a person with RA will develop *anemia* (uh-**nee**-mee-uh), a blood disorder in which there is a drop in the production of red blood cells. Rare but serious complications of RA include inflammation of the blood vessels, the lining of the lungs, or the outer lining of the heart.

The type and intensity of the RA symptoms differ for each person who has the disease, but those who experience joint pain daily often have feelings of sadness, depression, or anxiety. If you have been diagnosed with RA and feel this way, talk with your doctor. He or she can help you find ways to cope.

What tests do I need?

If you have symptoms of RA, your doctor will probably take your medical history, perform a physical exam, and draw

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a sample of your blood through a needle in your arm, which will be sent to a laboratory for testing. Additionally, your doctor may take pictures of your bones and joints by using X-rays, joint ultrasound, or magnetic resonance imaging (more commonly known as MRI), or insert a needle into the space around your affected joints to collect a sample of the fluid surrounding them for analysis.

How can I avoid the problem?

Although there is no way to prevent RA from developing, extensive joint damage can be delayed if RA is detected and treated early. If you have a family member who has RA, inform your doctor. If you are overweight, ask your doctor about a diet and exercise plan that can help you slim down and reduce the stress on your joints and bones. Generally, eating a well balanced diet that's rich in vegetables, fruits, and whole grains is important to maintaining a healthy weight.

How is it treated?

RA is treated with different types of medications that work to reduce inflammation in the joints, reduce joint pain, prevent joint damage, or suppress the immune system. Since there is no one type of medication that does all of these things at once, you may be required to take several medications—in pill or injection form. As these medications have some harmful effects too, your doctor will need to take samples of your blood on a regular basis. For this reason, it's important to keep all of your scheduled appointments with your doctor.

Although surgery is not an initial treatment for RA, in some cases, it becomes necessary. Surgical treatments include

synovectomy (sin-uh-**vek**-tuh-mee), which removes some of the diseased synovium, and joint replacement surgery, in which a plastic or metal joint is substituted for part or all of a diseased one. *Arthroscopic* (ahr-thrah-**skah**-pik) surgery also may be an option, especially if you have RA of the shoulder or knee. In this procedure, a thin tube with a light on one end is inserted into the damaged joint. The surgeon uses this lighted tube to examine the extent of the damage and to remove loose cartilage and diseased synovium.

The individual patient can play an active and important role in his or her own treatment. For example, exercising on a daily basis—by stretching, walking, using a stationary bike, or swimming—can help you control your weight, strengthen your muscles and bones, avoid joint pain and injury, feel more energetic, and fight depression. Working with a physical therapist, who can help you perform certain exercises and advise you of other exercises to do on your own, may be an option.

You may find that you can relieve joint pain by applying a heating pad or a cold pack to the painful areas or by taking a hot or cold shower or bath. Heat can relax painful muscles and cold can reduce swelling, pain, and muscle spasms. Talk with your doctor about appropriate self-treatments for you. To learn more about RA, visit the web site of the Arthritis Foundation (www.arthritis.org). ●

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