Understanding Rheumatoid Arthritis: A Patient Primer

What is rheumatoid arthritis (RA)?

- RA is a chronic condition that damages the joints of the body. Chronic conditions are long lasting (greater than 3 months), and they do not go away easily or quickly. More than twice as many women than men get RA. Although it may occur at any age, RA usually starts in patients when they are between 30 and 60 years old. RA causes continuing joint damage in many patients. To reduce complications, RA should be diagnosed and treated early, and optimally it should be managed throughout life.

What are the symptoms?

Early signs of RA include:

- Swelling, stiffness, aching, or pain of one or more joints
- Morning stiffness that lasts for at least 30 minutes and often for several hours
- Difficulty grasping objects as strongly as you used to

RA commonly affects the small joints of the fingers, wrists, and feet, but it may also affect other joints as the disease progresses, including the ankles, knees, hips, elbows, and shoulders.

- RA is NOT osteoarthritis (OA), which generally develops with older age. It is possible, however, to have both OA and RA together.

What causes RA?

- It is not known what causes RA, but it is an autoimmune disease. This means that the body attacks itself.
- Normally, the body’s immune system fights off infections caused by invading bacteria and viruses.
- In autoimmune diseases like RA, the body responds as if its normal tissues, such as cells in the joints, are foreign invading cells, such as bacteria and viruses, and attacks them.
- Genetics may play a part in the development of RA, but many people who get RA do not have any relatives with the condition.

Are other parts of the body affected besides the joints?

Joints affected:

- Jaw
- Spine/Neck
- Shoulder
- Wrist, hand, fingers
- Elbow
- Hip
- Knee
- Ankle, foot, toes

Other organs that may be affected if RA is not treated early:

- Eyes: dryness and damage to delicate structures
- Lungs: much greater risk of getting serious infections and other complications
- Heart disease: may occur about 10 years sooner than in people without RA
- Skin: risk of rash, ulcers, blisters, and lumps under the skin
- Double the risk of some types of cancer, so increased screening is advisable

Early diagnosis and treatment may prevent these complications.
What happens when RA causes an autoimmune response?
When an immune response is triggered, inflammation occurs in the areas that are attacked by the immune system.
- Inflammation causes redness and warmth, swelling, stiffness, and pain in the affected joints.
- If the autoimmune response is not slowed or stopped, it can permanently damage the affected joints and other tissues over time.

Can RA be prevented or cured?
Because we do not know why RA happens, there is no way to prevent the disease. Although there is no cure for RA, new drugs can help put the disease into remission (that is, to “quiet down” the disease so that you feel better and don’t experience complications).

Early diagnosis and early treatment are the best ways to fight RA
- Treatment is first focused on reducing inflammation and relieving pain.
- When a diagnosis of RA is confirmed, treatment also aims at stopping or slowing joint damage and damage to other parts of the body.

How can RA be controlled?
There has been great improvement in the drugs used to treat RA.
- A class of drugs referred to as DMARDs (disease-modifying antirheumatic drugs) acts to slow or stop the progression of RA to more advanced stages of the disease.
- The graph below shows that when a DMARD is not used (the line with squares), the problems caused by RA increase rapidly, especially in the first 2 years.
- However, when treated with DMARDs (the line with diamonds), the disease progresses much more slowly, and fewer problems occur.

What happens next?
If your health care provider thinks you may have RA, he or she will prescribe medication to reduce the pain and inflammation in the joints. He or she will also refer you to a rheumatologist, which is a doctor who specializes in RA and related diseases.
The rheumatologist will confirm the diagnosis of RA and prescribe appropriate medication to slow or stop the autoimmune process and joint damage, and he or she may order some blood work or x-rays.
Depending on the extent of injury caused by RA, you may be referred to a physical or occupational therapist, a podiatrist, or other physician specialists, such as an orthopedic surgeon.

Learn more about RA
Rheumatoid Arthritis Resources and Information
The American College of Rheumatology
http://www.rheumatology.org/
The Arthritis Foundation
http://www.arthritis.org/
The National Library of Medicine/Medline Plus
The Mayo Clinic
http://www.mayoclinic.com/health/rheumatoid-arthritis/DS00020

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