



medfacts

AN EDUCATIONAL HEALTH SERIES FROM NATIONAL JEWISH HEALTH™

Rheumatoid Arthritis

Rheumatoid arthritis, otherwise known as RA, is a disease that causes joint pains and swelling. It primarily involves swelling, also known as inflammation, of the lining of the joints but can also involve internal organs, such as the eyes, the lungs, and the heart.

RA is a chronic disease, which means it lasts a long time. Many people with RA note that their arthritis symptoms change over time. Sometimes people with RA will notice their disease is more active and sometimes they will notice their disease is less active. Early diagnosis and treatment is essential for the prevention of many of the complications of RA.

What are some of the symptoms of RA?

Common symptoms include:

- Joint pains
- Joint swelling
- Joint stiffness
- Fatigue
- Skin nodules (bumps under the skin)

Although the joints are the most likely part of the body to be affected in RA, it is important to remember that the disease is a systemic disorder and can also affect many other organs in the body.

Who gets rheumatoid arthritis?

RA is a common disease. More than 2 million Americans have RA. People of all races and ethnic backgrounds get RA. Approximately 75% of people with the disease are women. It can occur at any age, however, RA often begins when people are between the ages of 30 and 60 years-old.

What causes RA?

The cause of RA is not known. Scientists have learned that there are both genetic and environmental components to developing the disease. In other words, while there are certain genes associated with RA, there are many people with

RA who do not have any specific genetic tendency for the disease. This means that something else, besides a person's genetic make-up, is needed to get the disease.

We also know that RA is an autoimmune disease. This means that the body's natural immune system does not act as it should. Instead of serving to fight off infections from bacteria, viruses and the like, the immune system of a person with RA attacks its own body. Because the body's immune system is attacking itself, inflammation and damage result. In RA, many parts of the body can be attacked by the immune system, but the joints are the most common place that is affected.

How is RA diagnosed?

Often times it is difficult to diagnose RA. Most often, a specialist in RA (known as a Rheumatologist) is required to establish the diagnosis. The diagnosis of RA is made based on the careful analysis of many factors. A thorough history and physical examination are essential for the diagnosis. There are certain laboratory studies that can be helpful when considering the diagnosis. It is important to know that the diagnosis cannot be made based on any specific blood test. Some blood tests are helpful by ruling out other diseases that may have similar features as RA. X-rays are often helpful when considering the diagnosis of RA and to look for any signs of joint destruction.

How is RA managed?

The management of RA has dramatically improved over the past 25 years. Early recognition of the disease is essential to allow for early treatment for people with RA. It is important to recognize that there is no cure for RA, but RA can be managed. Medications and physical therapy are important in the management of RA. In addition, because RA is a chronic disease, people often require medical therapy for many years to keep RA under good control.

There are many medication options for people with RA. Anti-inflammatory medications, such as non-steroidal anti-inflammatory drugs (such as ibuprofen) and corticosteroids (such as prednisone), are often helpful in relieving the pain associated with RA and improving joint swelling and stiffness.

Specific disease-modifying anti-rheumatic drugs (known as DMARDs) may be helpful. Examples include methotrexate, sulfasalazine, azathioprine, and leflunomide. These work by modifying the body's immune system and reducing the inflammation as a result.

In addition to DMARDs, more potent agents, known as biologic agents, have been developed. These target even more specific aspects of the immune system. Biologic therapies, such as infliximab, etanercept, and adalimumab, tend to be used in more advanced cases of RA. Each DMARD and biologic agent has its own side effect and toxicity profile and often requires regular blood testing and clinical monitoring to ensure safety.

In addition to medical therapy for RA, many people benefit from physical therapy and rehabilitation. Under the guidance of rehabilitation therapists, people with RA often learn how to appropriately rest, exercise, strengthen and maintain joint and muscle function.

What is the role of National Jewish Health?

National Jewish Health is one of the world's leaders in the study and management of immune diseases, such as RA. Expertise is required to establish the diagnosis of RA early and to design an individualized treatment plan best suited for each patient.

Rheumatologists at National Jewish Health have many years of experience in taking care of patients with autoimmune diseases, such as RA. They have expertise in the diagnosis and treatment of RA, including expertise in the use of DMARDs and biologic therapies.

In addition, in order to provide for comprehensive care of our patients with RA, National Jewish also provides physical, occupational, and recreational rehabilitative services in our rehabilitation department.

For more information or to schedule an evaluation with one of our Rheumatologists, call LUNG LINE® at 1-800-222-LUNG.

Note: This information is provided to you as an educational service of LUNG LINE® (1-800-222-LUNG). It is not meant to be a substitute for consulting with your own physician.

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