

ARTHRITIS NEW ZEALAND

ENABLING A BETTER QUALITY OF LIFE

KAIPONAPONA AOTEAROA

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RHEUMATOID ARTHRITIS



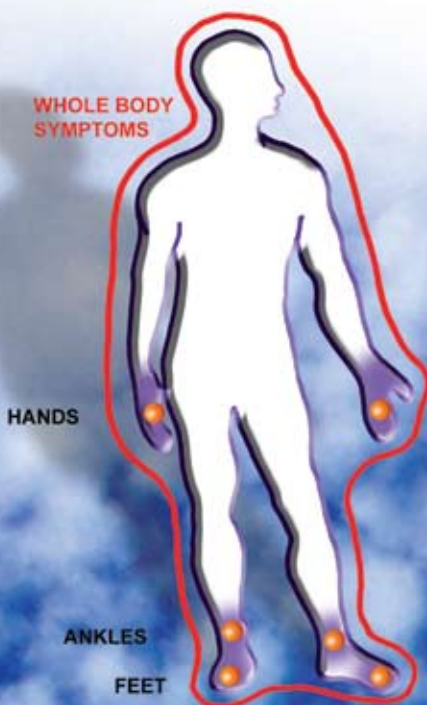
www.arthritis.org.nz

RHEUMATOID ARTHRITIS (RA)

DID YOU KNOW?

- There are more than 140 different types of arthritis.
- RA is the second 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 woman three times more often than men.

RA is a complicated disease which varies a great deal from person to person. Managing 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. The more you know, the more you will be able to contribute effectively to the management of your disease.



WHAT IS RHEUMATOID ARTHRITIS?

RA is an autoimmune disease in which the joints in the body become inflamed. With a normal joint the end of each bone is covered with cartilage which has a very smooth, slippery surface. The cartilage allows the ends of the bones to move against each other almost without friction and acts as a shock absorber.

The joint is surrounded by a membrane called the synovium which produces a small amount of thick fluid (synovial fluid), which acts as a lubricant to keep the cartilage slippery and help the joint to move smoothly. Ligaments around the synovium hold the joint in place and stops the bones moving too much.

When a joint is affected by rheumatoid arthritis inflammation occurs within the synovium. Symptoms are very similar to other forms of inflammation; the joint goes red, it swells and it hurts.

The joint hurts for two reasons: nerve endings are irritated by the inflammation and the capsule is stretched by the swelling in the joint.

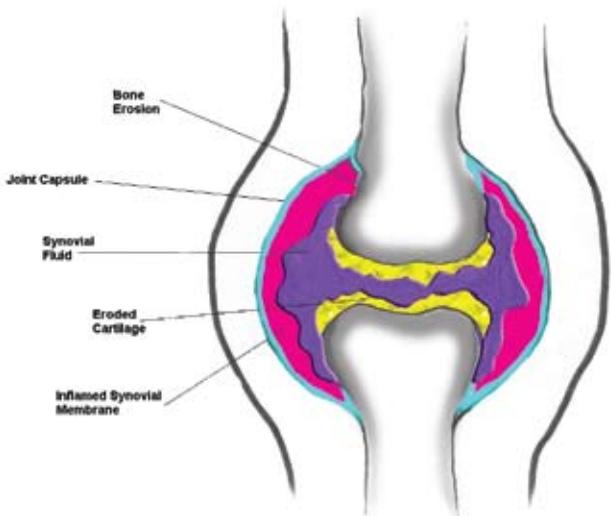


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HOW DOES RHEUMATOID ARTHRITIS AFFECT DIFFERENT PEOPLE?

Our bodies normally produce inflammation to destroy things, such as bacteria which cause illness. We do not know what sets off the inflammation in rheumatoid arthritis, but unfortunately it is not bacteria or other harmful substances which are attacked. The inflammation in RA causes damage to the cartilage and sometimes to the bone itself.

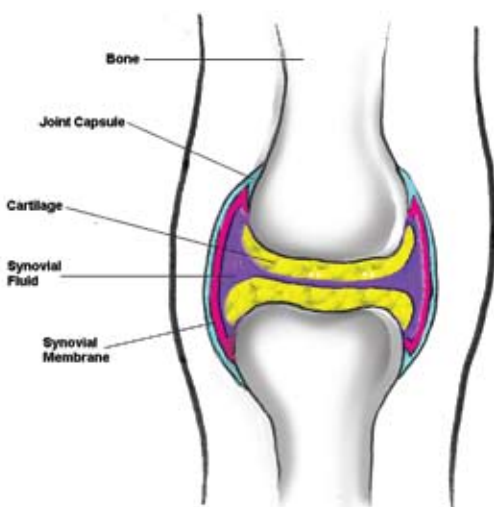
A JOINT WITH RHEUMATOID ARTHRITIS



The extent to which this happens varies a great deal from person to person. Most people with rheumatoid arthritis have some damage in a number of joints, and a few have quite severe damage in a lot of joints. The joints which are most likely to be affected by RA are shown on page 2. Once joints have been damaged by inflammation they do not heal very well.

RA does not just affect the joints. The lubricating system around your tendons is similar to that in the joints themselves, so it is not surprising that they can also be affected. In a few people, other parts of the body such as the lungs and blood vessels may become inflamed.

A HEALTHY JOINT



Joint inflammation can make some people feel generally ill. Sometimes this leads to overwhelming tiredness or fatigue, which may be even more difficult to cope with than the painful joints.

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, illness, or emotional but usually there is no obvious cause. This unpredictability is frustrating and makes it difficult to plan ahead.

HOW DOES RHEUMATOID ARTHRITIS DEVELOP?

In most people RA 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 about 1 in 5 (20%) of those with RA 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.

Even with mild arthritis you may feel tired, depressed or irritable along with the pain and swelling in the joints.

WHEN SHOULD I GO TO THE DOCTOR?

It is very important that treatment for RA is started as early as possible and that you see your doctor as soon as you can if you have any RA symptoms. There can be many other causes of joint pain, but it is important to diagnose arthritis as soon as possible.



HOW WILL IT PROGRESS?

For each individual patient the answer is 'We cannot tell for sure' but we can give some general guidelines. Blood tests and x-rays will help your doctor to assess how fast the arthritis is developing and how quickly it is likely to progress in future. This in turn will help decide which form of treatment to recommend.

Most people follow a pattern of flare-ups with periods of months or even years in between when there is little inflammation. This does not mean there are no problems between flare-ups, as some joint damage happens every time they are inflamed. People whose RA follows this pattern may have to modify their activities a little, but overall they will lead normal lives.

Approximately 1 in 20 (5%) people will have RA which becomes progressively worse, often quickly. These people will tend towards inflammation in other parts of the body besides their joints.

ARE OTHER PARTS OF THE BODY INVOLVED?

Although 'arthritis' means inflammation of the joints, it is not just the joints that are affected. Most people have some general problems such as fatigue and stiffness. 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.

Sometimes other organs are involved. There may be inflammation in the eyes, often becoming 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. If there is any doubt about the cause of the lumps, the doctor may remove a small piece to be checked and identified under a microscope. (This is known as a 'biopsy'.)



HOW DO DOCTORS DIAGNOSE RHEUMATOID ARTHRITIS?

There is no single test which can make a certain diagnosis of early rheumatoid arthritis. 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. There are tests which may help confirm the diagnosis:

blood tests, x-rays and other imaging techniques.

BLOOD TESTS

Blood tests may detect changes in your blood which are produced by inflammation. The original test of this type was called the erythrocyte sedimentation rate (ESR). The most recent test is for a protein called C-reactive protein (CRP). Each of these may show a high value when inflammation is present.

The 'rheumatoid factor' is another blood protein which is produced by a reaction in the immune system. About 8 out of 10 people with rheumatoid arthritis (80%) have positive tests for this protein. However its presence does not make the diagnosis certain – about 1 in 20 people without rheumatoid arthritis (5%) also have positive tests. Although the rheumatoid factor test is sometimes called 'the test for RA', it isn't really. It is just one test that can help doctors make the diagnosis. New tests are being developed for rheumatoid arthritis which will make early diagnosis easier and more accurate.

X-RAYS AND OTHER IMAGING TECHNIQUES

X-rays can reveal damage caused to the joints by RA. You may have x-rays taken of your feet even

if they are not causing you any problems; changes caused by rheumatoid arthritis often show up in x-rays of the feet before appearing in other joints. Magnetic resonance imaging (MRI) and ultrasound scanning are also used. They are more sensitive in picking up changes and are being studied to see how useful they are for diagnosing early disease and for monitoring its progress.

HOW CAN RHEUMATOID ARTHRITIS BE TREATED?

There is no cure for RA but treatment is improving all the time. There are three main ways of treating rheumatoid arthritis:

Taking care of your joints: Find the balance between rest and physical activity; rest may make inflamed joints comfortable but without movement your joints will stiffen and muscles will weaken. Read more about this in the Arthritis New Zealand “Joint Protection” and “Ease your arthritis with physical activity” pamphlets.

Treatment with drugs: These include four main types which are analgesics or pain-killers; Non-steroidal anti-inflammatory drugs (NSAIDs) of which COX-2 inhibitors are part of; Disease-modifying anti-rheumatic drugs (DMARDs); and Corticosteroids, otherwise known as steroids. There is a big difference in the outcome of patients whose arthritis is controlled with inflammation suppressing drugs (DMARDs) and those who do not have these drugs. Failure to control the inflammation adequately will usually result in permanent destructive changes in the joints. Ask your doctor or arthritis educator for more information about these.

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.

HOW ELSE CAN YOU MANAGE YOUR RHEUMATOID ARTHRITIS?

If you have RA you may find it difficult to cope with the disease. Because RA may be unpredictable, is often characterised by long-standing or ongoing pain, and can affect so many joints, you may experience emotional stress or depression. Some feelings of depression are normal, but they can make it more difficult for you to successfully manage the disease. Medications, rest and exercise are the best combination for relieving symptoms, but staying focused on the positive aspects of life can also help. Learn all you can about the disease; discuss it with your family, your GP or Specialist and other healthcare professionals involved in your care. Counseling on how to develop coping and problem solving skills may also help. Knowing that you are not alone and that others understand something about the challenges you face can be your best emotional support.



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WHAT QUESTIONS SHOULD I ASK MY RHEUMATOLOGIST?

The more you learn about the disease and your treatment options, the better off you will be. It is important to get all the information you need to make an informed decision about the right treatment for you.

Be sure to talk with your doctor about your RA and ask questions about the disease and the different kinds of treatment. Before making a decision, you should understand what you can expect from a medication, what its possible side effects are and other important information. Also ask what steps you can take yourself to get your disease under control.

Here are some common questions you may want to ask your doctor:

- What are the possible side effects and how often will they occur?
- What should I do to minimize the chance of side effects?
- How can I keep track of the blood test results used to monitor me?
- How will I know if the medication is working, and how long does this take?
- Whom do I contact if I have concerns about the medication?
- Will this interact with my other medications? Are there medications that I should stop now that I am beginning this new treatment?



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WHERE CAN I LEARN MORE ABOUT RHEUMATOID ARTHRITIS ?

- Contact your local Arthritis New Zealand Centre
- Ring our toll free number 0800 663 463
- Visit the Arthritis New Zealand website

www.arthritis.org.nz



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