



NEW RA GUIDELINES

ABOUT THE RPF

RA classification is established through a point system. A patient is classified as having definite RA if there is a score of six or more using the criteria listed in the chart below. Points are scored individually for each section so that a patient would receive the single highest score for which he qualifies in a particular section.

JOINT INVOLVEMENT

1 Med / Large Joint	0
2-10 Med / Large Joints	1
1-3 Small Joints	2
4-10 Small Joints	3
>10 Joints (at least one small)	5

SEROLOGY

Neither RF nor ACPA positive	0
At least one test low positive	2
At least one test high positive	3

DURATION OF SYNOVITIS

<6 Weeks	0
>6 Weeks	1

ACUTE PHASE REACTANTS

Neither ESR nor CRP abnormal	0
Abnormal ESR or CRP	1



Rheumatoid Patient Foundation

Improving the lives of people with Rheumatoid Disease

The Rheumatoid Patient Foundation (RPF) is a 501c(3) non-profit organization dedicated to improving the lives of patients with Rheumatoid Diseases such as Rheumatoid Arthritis and Juvenile Arthritis through a variety of means, including research, public awareness, patient education and patient-led advocacy.

For more information, or to become a member, visit our website: <http://rheum4us.org>.



ABOUT RA

What is Rheumatoid Disease?



A resource guide from the Rheumatoid Patient Foundation



Rheumatoid Patient Foundation

rheum4us.org





WHAT IS RHEUMATOID DISEASE?

Rheumatoid Arthritis (RA) is a progressive inflammatory disease that causes damage to organ and joint tissues, causing pain, disability, and deformity. Through a very complex process, various kinds of immune cells attack and eventually destroy otherwise healthy tissues.

In **Moderate to Severe Rheumatoid Arthritis**, many joints, or every joint in some cases, become painfully stiff, weakened, or swollen. In contrast, **Mild RA** involves fewer joints, such as those in the hands or feet. In many cases, tissues which support and connect joints, and eventually the bone tissues themselves can be gradually destroyed. All too often, the result is dislocation, disability, and deformity, often leading to multiple joint replacements.

WHAT CAUSES RA?

The cause of RA is unknown. However, investigators have found genetic links that account for 60% of the likelihood of being diagnosed with RA. Researchers are also discovering environmental triggers which may cause the disease to become active.

Cigarette smoking has been shown to be associated with RA. People who smoke or have smoked are more likely to have RA and those who continue smoking are more likely to have more severe RA. A link between Rheumatoid Arthritis and periodontal disease has also been recently explored.

RA DIAGNOSIS AND TREATMENT

RA or Rheumatoid Disease is usually diagnosed and treated by a rheumatologist. The American College of Rheumatology has published guidelines for classifying Rheumatoid Arthritis, which includes a stronger emphasis on blood tests (serology). However, diagnosis can be a challenge since blood tests are normal in a considerable percentage of RA patients.

If you think you may have RA, you should see a rheumatologist as soon as possible. If the diagnosis is unclear, a second opinion may be required. Some people see several doctors before getting a diagnosis of RA. Since there is not yet a definitive objective test for RA, it is diagnosed in the judgment of rheumatology specialists with the help of clinical guidelines and patients must be proactive about seeking follow-up care.

Early diagnosis with subsequent early treatment is believed to be most effective at achieving remission or low disease activity. Medical treatment consists of a variety of medications that decrease immune activity, relieve pain, or decrease inflammation. A combination of medications is usually required.

**See the RPF brochure: Treatment Management for Rheumatoid Disease.*



RA DISEASE COURSES

RA can vary a great deal between patients, and even in the same patient over time. General patterns or disease courses help classify RA patients: **Mild, Moderate, and Severe** refer to how active and widespread the disease appears to be. With mildly active RA, the disease improves a great deal between flare periods. In severely active RA, disease activity is more constant.

RA damage is usually progressive, even in patients with periodic remissions. Researchers are learning that the disease can progress even while obvious joint symptoms are less active. Rheumatoid Arthritis can affect various organs including eyes, lungs, heart, mouth, kidneys, liver, blood vessels, nerves and skin. The disease also causes a higher incidence of heart disease, stroke, periodontal disease, osteoporosis, anemia, lymphoma and other serious health conditions.

LIVING WITH RA

The most common symptoms of RA are pain, fatigue, stiffness, swelling and fever. Symptoms are constant in some patients or they may alternately worsen and improve in a pattern that doctors call "flare." Few patients experience a complete remission of symptoms.

Some people have a mild course of the disease and live a mostly normal life. However, they often live with regular doctor visits, expensive medications, side effects of those medications and severe physical limitations. People with severe RA may experience deformity, damage or disability even early in the disease. Most are somewhere in the middle.

Although RA is a serious illness, it is often not visible to others. This can make it difficult for RA patients to receive various kinds of necessary assistance or accommodations. It is very important that RA patients receive emotional support and are able to grieve any loss of ability.