



TESTING FOR PEOPLE LIVING WITH RA

Although there is no single test which can diagnose RA or measure disease activity, several tests are important to people with RA. The anti-CCP test is the most specific test to identify RA, but may still be negative in some cases. Less specific but also significant is the Rheumatoid factor (Rf). Erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) are helpful to detect systemic inflammation in some patients, but remain negative in other patients, even during damaging disease activity.



Regular blood and urine tests can help determine whether medications are being tolerated well. Patients on immune-suppressing treatments should be periodically tested for tuberculosis exposure. Specially developed questionnaires (Patient Outcome Measures) can be used by doctors to assess disease activity or functional status (how the disease is affecting a person's ability to do things). X-rays can detect bone erosions and expert use of musculoskeletal ultrasound (MSUS) or magnetic resonance imaging (MRI) can detect inflammation in bone or soft tissue that is not visibly apparent. MSUS is not yet available in many areas. Nuclear bone scans (scintigraphy) can also be used to detect inflammation.



ANTICIPATING A BETTER FUTURE THROUGH RESEARCH

New RA treatments will hopefully bring relief to people who do not respond to currently approved medications. New oral medications could make treatment more convenient for some. The most important research explores the genetic and environmental triggers for Rheumatoid Disease so that one day it can be prevented and cured. The Rheumatoid Patient Foundation is working to increase the low level of funding for research specifically concerned with Rheumatoid Disease.



ABOUT THE RPF

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>



Treatment Management for Rheumatoid Disease



A resource guide from the Rheumatoid Patient Foundation



rheum4us.org

UNDERSTANDING THE DISEASE



Rheumatoid Arthritis (RA) or Rheumatoid Disease is a systemic illness in which immune cells attack healthy cells in the body. Researchers are only beginning to understand the complex effects of RA. **RA can attack blood vessels, eyes, or other organs but the most obvious symptom of RA is its effect on joints.** RA can cause pain, swelling, weakness or damage in any joint. Usually, RA is symmetrical, affecting joints on both sides of the body, but not always.

Rheumatoid Disease causes systemic inflammation so a person may experience fatigue, stiffness, fever, or a flu-like feeling. It can also affect the heart and lungs in various ways, even in a person who seems otherwise healthy. In some people, the disease can cause problems with depression or brain fog. The malfunctioning immune system can also make it more difficult to fight infection.

Patterns of disease activity vary over time and between patients, but RA is considered progressive and destructive, worsening over time. **Some experience periods of more active disease called flares and others endure more constant symptoms.** Long-term remissions rarely occur naturally.

USING MEDICINES TO HELP “CONTROL” THE DISEASE PROCESS OF RA

There is not a cure known for Rheumatoid Disease, but treatment involves medications to “control” the disease by reducing excess immune activity. Disease-modifying anti-rheumatic drugs (DMARDs) originally used to treat cancer or malaria, or prevent organ rejection, can help slow Rheumatoid Disease activity. DMARDs include **methotrexate (Rheumatrex, Trexall), hydroxychloroquine (Plaquenil), leflunomide (Arava), sulfasalazine (Azulfidine), and azathioprine (Imuran).**

Biologic response modifiers are treatments specifically designed to alter certain components of immune activity. Biologics are given by injection or intravenous infusion because they contain fragile proteins that could be destroyed by harsh digestive enzymes. They include **Enbrel, Humira, Remicade, Rituxan, Actemra, Orencia, Cimzia, and Simponi.**

New oral medications may be approved by the FDA in the near future. **These will be the first new oral treatments for RA to be approved in many years.** They are part of a new class of drugs created from synthetic chemicals which target different segments of the immune system than the Biologics.

In autoimmune diseases like RA, treatments like Biologics and DMARDs can significantly improve symptoms. However, all RA treatments vary in effectiveness due to the uniqueness of each person’s immune system. Often, trial and error of several medications is necessary to find the most effective treatment combination. Some patients continue to have an inadequate response to currently available treatments and researchers find one-third of people with RA are considered “non-responders.”



TREATING SYMPTOMS OF RA IS IMPORTANT, TOO

Symptoms of the disease frequently persist, so disease treatment is not enough to provide relief. The most common medications used as symptom-treatments for Rheumatoid Disease are non-steroidal anti-inflammatories (NSAIDs) and steroids such as prednisone. There are many types of NSAIDs available by prescription or over the counter such as ibuprofen, naproxen, diclofenac, or meloxicam. Steroids can be given orally or by injection to either treat systemically or reduce inflammation in a specific area. Symptom-treatments also include narcotic and non-narcotic pain relievers, skeletal muscle relaxants, and various types of physical therapy.

CONSIDERING THE USE OF POWERFUL MEDICATIONS

Most people experience some improvement from RA disease treatments, such as a reduction in pain or joint damage. Researchers are studying whether suppressing disease activity with DMARDs may even help reduce long-term effects of the disease on the heart. At first, it can be difficult for patients to gauge the effect of treatments, especially if their symptoms vary in a flaring pattern. It is important to know that DMARDs and Biologics are slow-acting drugs, so changes in treatment may not be noticeable for several weeks.

Patients weigh benefits of treatments against risks such as unpredictable side effects or that damage may still occur in spite of treatment. They also consider lifestyle issues such as plans for pregnancy. And, unfortunately, RA medications can become less effective even after a period of successful treatment.

MANAGING SIDE EFFECTS

Sometimes it can be difficult to sort side effects from symptoms with a disease as complex as RA, but side effects can happen with any medicine. Many side effects are temporary or can be reduced with practical strategies such as timing of doses or use of supplements (visit rheum4us.org for more information). Other side effects can be more serious, so it’s a good idea to keep track of all side effects and communicate them clearly to doctors. Patient support groups and pharmacists can also be valuable resources for advice about side effect management and drug interactions.



PREDICTING LONG-TERM PROGNOSIS

The natural course of Rheumatoid Disease is destructive and progressive. Indicators of poorer prognosis include low functional status and a high anti-CCP test (for a presence of an autoimmune antibody that is highly specific to RA). As U.S. mortality rates have improved for the general public, they have not improved for people with RA. Much more research concerning prognosis is needed.

In the past, about 50 percent of patients have become “disabled” and unable to work within 10 years of disease onset. Early aggressive treatment and comprehensive medical care will hopefully improve these rates. In fact, the need for surgeries to repair damaged joints appears to have been reduced in recent years.