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.

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.

The Rheumatoid Patient Foundation (RPF) is a 501(c)(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

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ABOUT THE RPF

Anticipating a Better Future through Research

Improving the lives of people with Rheumatoid Disease

A resource guide from the Rheumatoid Patient Foundation
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.”

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-inflammatory drugs (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.

**TREATING SYMPTOMS OF RA IS IMPORTANT, TOO**

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.

**CONSIDERING THE USE OF POWERFUL MEDICATIONS**

**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 autoimmunity 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.