

Your  
Journal

# Learning about RA

The TV Series

## HEALTHY BODY HEALTHY MIND

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# LEARNING ABOUT RHEUMATOID ARTHRITIS

Rheumatoid arthritis (RA) is a chronic, inflammatory disorder that causes the immune system to attack joints. It is a disabling and painful condition, which can lead to substantial loss of mobility due to pain and joint destruction. RA is not a condition of wear and tear that occurs with aging or injury. It is a disease known as an "autoimmune" disease in which the body's own immune system mistakenly attacks healthy tissue, causing inflammation that damages the joints. Normally, the immune system fights against infections and keeps a person's body healthy. However, in the case of rheumatoid arthritis, the immune system attacks cells in the joints, causing pain and swelling. Over time, people with RA often find that their joints are stiff and do not move properly, causing them considerable pain and discomfort.

In a healthy joint, bones move comfortably with the help of the synovial lining which acts as a lubricant preventing the bones from rubbing against one another. In other forms of arthritis such as osteoarthritis the synovial lining remains in tact however there is friction because the bones are moving against one another. In rheumatoid arthritis the reaction in the joint caused by the patient's antibodies attacking the immune system is inflammation; the inflammation in the synovial lining causes pain, swelling and bone erosion.

Early in rheumatoid arthritis, the most common joints affected are in the wrists, hands, feet and knees. As the disease progresses, the shoulders, hips, elbows, neck and jaw can become involved. In some patients with rheumatoid arthritis, chronic inflammation leads to the destruction of the cartilage, bone and ligaments causing deformity of the joints. Damage to the joints can occur early in the disease and be progressive. Moreover, studies have shown that the progressive damage to the joints does not necessarily correlate with the degree of pain, stiffness, or swelling present in the joints.

Rheumatoid arthritis is a common rheumatic disease. In fact, it is estimated that 2.4 million people in the United States are living with rheumatoid arthritis, and healthcare costs from RA can reach \$65 billion annually. The disease can begin at any age and affects people of all races equally. RA is three times more common in women as in men and most often starts after age forty and before sixty.

Although the cause of rheumatoid arthritis is unknown, the latest scientific findings suggest that RA may be caused by a combination of genetic, environmental, or hormonal factors. Research is rapidly advancing to discover the mechanisms that lead to joint damage and subsequent arthritis, and those mechanisms may reveal targets for treatment.

## Signs and Symptoms

The signs and symptoms of rheumatoid arthritis may come and go over time. They include:

- Pain and swelling in the joints, particularly in the smaller joints of the hands and feet
- Aching or stiffness of the joints and muscles, especially after sleep

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- Loss of motion of the affected joints
- Loss of strength in muscles attached to the affected joints
- Fatigue
- Low-grade fever
- Lack of appetite
- Deformity of the joints over time
- General sense of not feeling well and/or depression

## Diagnosis

Because the symptoms of rheumatoid arthritis differ from person to person and can be similar to those of other types of arthritis and joint conditions, it is difficult to diagnose. Unfortunately, there is no single laboratory test that can be used to diagnose the disease. To get an accurate diagnosis physicians start by examining the joints and evaluating symptoms, medical history, and results of several tests, such as:

- A complete blood count
- Erythrocyte sedimentation rate (ESR)
- C-reactive protein (CRP)
- Genetic typing
- X-rays
- Joint ultrasound
- Magnetic resonance imaging (MRI)

A blood antibody called "rheumatoid factor" can be found in 80% of patients. Citrulline antibody (also referred to as anti-citrulline antibody, anti-cyclic citrullinated peptide antibody, and anti-CCP) is present in the majority of patients with rheumatoid arthritis. A test for citrulline antibodies is most helpful in looking for the cause of previously undiagnosed inflammatory arthritis when the traditional blood test for rheumatoid arthritis, rheumatoid factor, is not present. Another antibody called "the antinuclear antibody" (ANA) is also frequently found in patients with rheumatoid arthritis.

## Treatment

Starting treatment soon after diagnosis of rheumatoid arthritis is strongly recommended. The best medical care combines medication and non-drug approaches. Some non-drug approaches involve: physical therapy (which helps preserve and improve range of motion);

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hydrotherapy (exercising or relaxing in warm water which reduces the weight on the joints); relaxation therapy (helps release muscle tension); and occupational therapy (which teaches ways to use the body efficiently to reduce stress on the joints). In some cases, reconstructive surgery and/or joint replacement operations provide the best outcome.

Pharmacological treatment of RA can be divided into disease-modifying agents of rheumatoid disease (DMARDs), anti-inflammatory agents and analgesics. This group of drugs includes a wide variety of agents that work in many different ways. What they all have in common is that they interfere in the immune processes that promote inflammation in rheumatoid arthritis. DMARDs can actually stop or slow the progression of rheumatoid arthritis. They can also suppress the ability of the immune system to fight infections.

Tumor necrosis factor or TNF is the protein that causes the inflammation and is elevated in patients with rheumatoid arthritis. The line of treatments to combat tumor necrosis factor is called biologics. These newer agents include drugs targeted at stopping the inflammation before it starts. To do that one therapeutic antibody has been designed to focus on b-cells. Rheumatologists believe b-cells are at the center of the inflammation and now they are adding treatments that reduce the b-cells in patients. With the availability of treatments to deplete the b-cells and clinical trials that have been done in depleting b-cells we have seen some remarkable advances in the management of rheumatoid arthritis.

## **In brief**

With technological advancements and the medications available today it should be a sign of encouragement to people facing a diagnosis of rheumatoid arthritis. Even though there is no cure for RA, with the proper treatment, a strategy for joint protection and changes in lifestyle, a person with rheumatoid arthritis can live long, productive lives.

# FREQUENTLY ASKED QUESTIONS

**Q** Is there a cure for hepatitis B, or a vaccine for HCV?

**A** No, there isn't a cure for hepatitis B; which is why prevention is so important. Hepatitis B vaccine is the best protection against HBV. And, there is no vaccine for HCV.

**Q** What other health risks are found in patients with rheumatoid arthritis?

**A** According to the American College of Rheumatology patients who do not get medical attention to control their rheumatoid arthritis also increase their risk for heart disease and stroke.

**Q** What is a rheumatologist?

**A** A rheumatologist is a doctor with special training in arthritis and related diseases.

**Q** Is there a genetic component to the disease?

**A** Yes, there is a genetic component to RA. This means patients and their families have to be aware that each generation must be educated about the disease and how it can be managed before it gets out of control.

**Q** Is rheumatoid arthritis systemic?

**A** Rheumatoid arthritis is referred to as a systemic illness and is sometimes called rheumatoid disease. RA is systemic in that it often also affects many other tissues throughout the body including the skin, blood vessels, heart, lungs, and muscles.

**Q** How important is early detection?

**A** Doctors advise that the earlier the disease is diagnosed the better the prognosis for keeping an active lifestyle. It is important for people to understand that stiffness, pain or the swelling of joints shouldn't be taken lightly.

**Q** Does rheumatoid arthritis affect children?

**A** Juvenile rheumatoid arthritis (JRA) is a form of arthritis in children ages 16 or younger that causes inflammation and stiffness of joints for more than six weeks. Unlike adult rheumatoid arthritis, which is chronic and lasts a lifetime, children often outgrow the condition.

# FREQUENTLY ASKED QUESTIONS

**Q** What are the risk factors for rheumatoid arthritis?

**A** Getting older, being female, inheriting specific genes and cigarette smoking (over a long period of time) are some of the risk factors that make a person susceptible to RA.

**Q** What is erythrocyte sedimentation rate (ESR)?

**A** The erythrocyte sedimentation rate (ESR) is a test that measures how fast red blood cells fall to the bottom of a glass tube; it is used to measure inflammation. People with rheumatoid arthritis usually have a higher sedimentation rate.

**Q** What is C-reactive protein (CRP)?

**A** C-reactive protein indicates that inflammation may be present. Higher levels may indicate that a person has rheumatoid arthritis.

**Q** What are rheumatoid nodules?

**A** Small lumps, called rheumatoid nodules, may form under the skin at pressure points and can occur at the elbows, hands, feet and Achilles tendons. Rheumatoid nodules may also occur elsewhere, including the back of the scalp, over your knee or even in the lungs. These nodules can range in size and are not usually painful.

**Q** What is the difference between osteoarthritis and rheumatoid arthritis?

**A** In contrast to osteoarthritis, which affects only your bones and joints, rheumatoid arthritis can cause inflammation of tear glands, salivary glands, the linings of the heart and lungs, the lungs themselves and, in rare cases, blood vessels.

**Q** How important is support from family and friend for someone with RA?

**A** Patients need a solid emotional support system of family and friends to handle the diagnosis and prepare for the future managing their rheumatoid arthritis. Once patients accept the diagnosis it is possible to maintain an active lifestyle.

# DATA, RESOURCES, HOTLINES, PUBLICATIONS and MEDIA CONTACTS

## Arthritis Foundation

1330 West Peachtree Street  
Atlanta, GA 30309  
(p) 800-283-7800  
[www.arthritis.org](http://www.arthritis.org)

## National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)

1 AMS Circle  
Bethesda, Maryland 20892-3675  
(P) 301-495-4484  
[www.niams.nih.gov](http://www.niams.nih.gov)

## American College of Rheumatology

1800 Century Place, Suite 250  
Atlanta, GA 30345-4300  
(P) 404 633 3777  
[www.rheumatology.org](http://www.rheumatology.org)

## Arthritis National Research Foundation

200 Oceangate  
Suite 830  
Long Beach, CA 90802  
(p) 800-588-2873  
[www.curearthritis.org](http://www.curearthritis.org)

## The American Chronic Pain Association (ACPA)

PO Box 850  
Rocklin, CA 95677  
(P) 800-533-3231  
[www.theacpa.org](http://www.theacpa.org)

## American Pain Foundation

201 North Charles Street  
Suite 710  
Baltimore, Maryland 21201-4111  
(P) 888-615-PAIN (7246)  
[www.painfoundation.org](http://www.painfoundation.org)

## Arthritis Association of Louisiana

10935 Perkins Road, Suite C  
Baton Rouge, LA 70810  
(P) 866-390-8736  
[www.aaola.org](http://www.aaola.org)

## Online Resources and Hepatitis Video

For more resources on the world-wide-web, or to view a 30 minute documentary style program on Learning about RA, visit Healthy Body, Healthy Mind at:

[www.healthybodyhealthymind.com](http://www.healthybodyhealthymind.com)

