

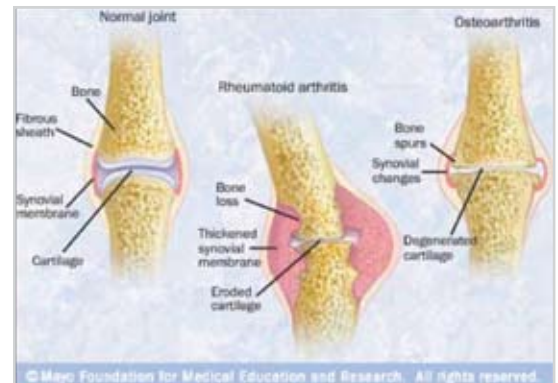


Rheumatoid Arthritis Fact Sheet

Rheumatoid arthritis (RA) is one of the most common and serious forms of arthritis. RA is a chronic disease, mainly characterized by inflammation of the lining, or synovium, of the joints. It can lead to long-term joint damage, resulting in chronic pain, loss of function and disability.

Symptoms of Rheumatoid Arthritis

- Symptoms first begin in the small joints of the fingers, wrists and feet, with warm, swollen and tender joints that are painful and difficult to move.
- People with RA often experience fatigue, loss of appetite and low-grade fever.
- Over time, damage to the cartilage and bone of the joints may lead to joint deformities.



Causes of Rheumatoid Arthritis

- The cause of RA is not yet known.
- The immune system plays an important role in RA. Cells of the immune system invade joint tissues (the synovium), causing inflammation and over time damage the cartilage and bone.
- Genetic factors are thought to play a major role in RA.

Diagnosis of Rheumatoid Arthritis

- Rheumatoid arthritis belongs to a family of forms of arthritis referred to as inflammatory arthropathies. Evaluation by a rheumatologist, an arthritis specialist, is recommended to distinguish RA from other members of this family.
- A diagnosis of rheumatoid arthritis can generally be made following a thorough medical history and physical examination, looking for distribution of joints affected, joint swelling, warmth and range of motion, as well as the presence of nodules under the skin.
- Imaging studies such as X-rays, sonograms or magnetic resonance imaging may be used to detect the degree of joint involvement or joint damage.
- A blood test can indicate the presence of an antibody called rheumatoid factor, which is found in 80 percent of people with RA; however, it can also be present in people who do not have RA.



Impact of Rheumatoid Arthritis

- RA affects 1.3 million Americans.
[Helmick, C., Felson, D., Lawrence, R., Gabriel, S., et al. Estimates of the Prevalence of Arthritis and Other Rheumatic conditions in the United States. *Arthritis & Rheumatism* 58(1), 15-25. 2008].
- There are 2.5 times as many women as there are men with RA.
[Lawrence, R. C., Helmick, C. G., Arnett, F. C., Deyo, R. A., Felson, David T., Giannini, E. H., Heyse, S. P., Hirsch, R., Hochberg, Marc C., Hunder, G. G., Liang, M. H., Pillemer, S. R., Steen, V. D., and Wolfe, F. Estimates of the Prevalence of Arthritis and Selected Musculoskeletal Disorders in the United States. *Arthritis & Rheumatism* 41(5), 778-799. 1998].
- Onset of RA is usually middle-age, but it often occurs in the 20s and 30s.
- The average age of persons with RA is 66.8 years.
[Helmick, C., Felson, D., Lawrence, R., Gabriel, S., et al. Estimates of the Prevalence of Arthritis and Other Rheumatic conditions in the United States. *Arthritis & Rheumatism* 58(1), 15-25. 2008].
- There is a high risk of disability and mortality in people with RA.
- Rheumatoid arthritis joint damage occurs early, often within the first two years of the disease.
[El-Miedany Y. The evolving therapy of rheumatic diseases, the future is now. *Curr Drug Targets Immune Endocr Metabol Disord*. 2002 Apr;2(1):1-11. Review].
- Arthritis and related conditions, such as RA, cost the U.S. economy nearly \$128 billion per year in medical care and indirect expenses, including lost wages and productivity.
[CDC (2007) At a Glance –Targeting Arthritis. January 2007]
- RA accounts for 22% of all deaths from arthritis and other rheumatic conditions.
[Sacks JJ, Helmick CG, Langmaid G. Deaths from arthritis and other rheumatic conditions, United States, 1979-1998. *J Rheumatol* 2004;31(9):1823-1828].
- Persons with RA are two times more likely to die than persons of the same age without RA in the general population.
[Wolfe F, Mitchell DM, Sibley JT et al. The mortality of rheumatoid arthritis. *Arthritis Rheum*, 1994;37(4):481-494].

Management of Rheumatoid Arthritis

- The goals of treatment of RA are to reduce joint pain and swelling, relieve stiffness and prevent joint damage.
- Evaluation by a rheumatologist for the development and monitoring of a treatment plan is required in most people with RA.
- Treatment plans often include a combination of rest, physical activity, joint protection, use of heat or cold to reduce pain, and physical or occupational therapy.
- People with RA are often treated with disease-modifying anti-rheumatic drugs (DMARDs), such as methotrexate or leflunomide.
- Biologic response modifiers (BRMs) are a class of drugs that inhibit proteins called cytokines which contribute to inflammation and joint damage in RA. BRMs must be injected under the skin or given as an infusion into a vein.
- Many people with rheumatoid arthritis might consider surgery, including arthroscopic surgery and joint replacement surgery, as part of their treatment plan.