Arthritis Foundation®

DMARDs

About DMARDs

Disease-modifying antirheumatic drugs (DMARDs) can help reduce inflammation, ease pain and stiffness, and protect your joints and organs from damage.

These powerful medicines target the overactive parts of the immune system that cause harm in autoimmune, inflammatory types of arthritis. By calming this overactivity, DMARDs help you feel better and maintain your ability to do everyday activities. They are used to treat many types of arthritis and related conditions, including rheumatoid arthritis (RA), juvenile idiopathic arthritis, psoriatic arthritis, ankylosing spondylitis and lupus.

DMARDs are prescription medicines that come as pills, injections or infusions.

Types of DMARDs

There are three main types of DMARDs:

Conventional (traditional) DMARDs: These work broadly to calm the immune system and are taken by mouth or injection.

Biologics and biosimilars: Made from living cells, these target specific parts of the immune system. Biosimilars are highly similar to their original biologic medicines and are just as safe and effective. Biologics are given by injection or infusion.

Targeted synthetic DMARDs: These are newer medicines taken by mouth that focus on specific immune system molecules.

Sometimes, doctors prescribe "combination therapy," using more than one DMARD or adding temporary medicines like NSAIDs or corticosteroids to help manage symptoms until the DMARDs take full effect.

Conventional DMARDs

Biologics & Biosimilars

Targeted Synthetic DMARDs

DMARDs Combination Therapy

Sometimes one medication is all that's needed to control inflammatory arthritis. Usually, though, two or more are used to relieve symptoms and prevent permanent joint damage. Methotrexate is the most commonly used DMARD. It is typically combined with other DMARDs, including biologics.

Research shows that, in many cases, a biologic is more effective if it a conventional DMARD (or another biologic) is added. DMARDs are often prescribed with corticosteroids or NSAIDs for fast inflammation and pain relief. DMARDs may take several weeks or months to take effect.

For More Information

Drug Guide
arthritis.org/drug-guide

Arthritis Foundation Helpline:
800-283-7800
arthritis.org/helpline

The information in this fact sheet was reviewed by Donald Miller, PharmD, FASHP, professor emeritus, North Dakota State University.

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Taking DMARDs

Starting a DMARD, especially a biologic or biosimilar, can feel overwhelming, but these medicines can help reduce inflammation, ease pain, and protect your joints and organs — benefits that usually outweigh the concerns. Starting a DMARD, especially a biologic or biosimilar, can feel overwhelming, but these medicines can help reduce inflammation, ease pain, and protect your joints and organs — benefits that usually outweigh the concerns. Biologic and biosimilar drugs come in the form of an injection or IV infusion. A patient (or parent) gives shots at home, and infusions are given by a professional in a clinic or doctor's office. Many injection biologics and biosimilars use prefilled syringes with an easy-to-use auto-injector. They need to be refrigerated.

Side-Effects of DMARDs

Most people will never experience serious side effects of DMARDs. These medicines do suppress the immune system, which can slightly increase the risk of infections and may in rare cases affect organs like the heart, liver or kidneys. Some people may notice easier bruising or minor changes in the skin or eyes. Very rarely, certain DMARDs have been linked to an increased risk of some cancers. Your doctor will not prescribe a medication if you are already a risk for certain conditions. They will monitor you closely for risks, including pregnancy or breastfeeding.

The important thing to remember is that leaving arthritis untreated carries far greater risks — ongoing inflammation can permanently damage joints and organs. For most people, the benefits of DMARDs in protecting health and improving quality of life far outweigh the potential risks.

Before You Start ...

- Tell your doctor about any current medical conditions you have. That's especially true if it's a disease of the kidney, liver, lungs, stomach, nervous system or eye or blood problems.
- Let your doctor know if you have an infection or if you've lived in areas where certain fungal infections are common, like parts of the Ohio and Mississippi River valleys, Texas or central New York. This helps your care team choose the safest treatment for you.
- Stay up to date on vaccines but ask your doctor about risks with live vaccines.
- Be sure your doctor knows if you are sexually active; some medications shouldn't be taken if you may become pregnant.

FAQs

How long does it take for DMARDs to take effect?

DMARDs won't stop symptoms immediately. Some may take up to three months to take full effect. That's why your rheumatologist may also prescribe a corticosteroid or NSAID to reduce inflammation until the DMARD kicks in.

How will my doctor decide which DMARD I should take?

Rheumatologists (doctors who specialize in treating these diseases) will gauge how active your disease is to decide whether you need a more or less powerful medicine. The goal is remission (little to no disease activity). Your doctor will monitor your disease activity and adjust your medicines as needed if symptoms are not improving. Be sure you understand each medication and take part in deciding your treatment plan. Talk to your doctor about what you do and don't want.

Why are so many DMARDs expensive? Some DMARDs, especially biologics and newer medicines, are complex to develop and make, which can make them costly. The good news is that many of these medicines are covered by private insurance and Medicaid. There are also programs from nonprofit organizations, drug makers and government agencies that can help with costs. If you are unable to afford your medications, reach out to your physician and the Arthritis Foundation Helpline, 800-283-7800 or arthritis.org/helpline.