

Rheumatoid Arthritis: A Patient Leaflet

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What is Rheumatoid Arthritis?

Rheumatoid arthritis (RA) is a chronic autoimmune condition where the immune system attacks the joints, causing inflammation, pain, and stiffness. It affects about 1% of people at some point in their lives and is more common in women.

RA is not the same as osteoarthritis and can also affect other parts of the body including the lungs, heart, and eyes.

Common Symptoms:

- Joint pain and swelling (often symmetrical)
- Morning stiffness lasting over 30 minutes
- Severe fatigue
- Commonly affected joints: fingers, toes, wrists, knees, shoulders

Diagnosis:

Diagnosis is made by a rheumatologist using:

- Symptoms and joint examination
- Blood tests (RF, anti-CCP, CRP)
- Imaging: X-rays, ultrasound or MRI

Treatment:

Early treatment is essential. It includes:

1. Steroids (e.g., Prednisolone) to quickly reduce inflammation.
2. DMARDs (Disease-Modifying Anti-Rheumatic Drugs):
 - Methotrexate
 - Hydroxychloroquine
 - Sulfasalazine
 - Leflunomide
3. Biologics or JAK inhibitors may be used if RA is severe or not responding.

Managing RA:

- Regular exercise and physiotherapy
- Occupational therapy for joint protection
- Monitoring disease activity (e.g., DAS28 score)
- Mental health support

Key Facts:

- Start treatment within 6 weeks of symptom onset.
- Regular blood tests and reviews are essential.
- Many people achieve remission with the right treatment.

Sources: NICE NG100, BMJ Best Practice, Versus Arthritis

Visual Guide to RA

Note: The following are placeholders. Replace with professional visuals as needed.

[Diagram: Joints commonly affected by RA]

[Infographic: RA treatment timeline]

[Image: Symmetrical joint swelling in RA]

[Infographic: DAS28 scoring explained]