

# Living Well with Rheumatoid Arthritis

Knowing Your  
Treatment Options



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## Did you know?

- There are more than 100 kinds of arthritis.
- Arthritis is the most common cause of disability in Canada.
- About one out of 100 Canadians has rheumatoid arthritis (or RA, for short).
- Anyone can get RA at any age, but it most often appears between the ages of 25 and 50.
- RA affects women three times more often than men.
- There is no way to prevent RA. There is no way to cure RA.
- Working with your healthcare team, you can find ways to treat and control RA. This booklet will help you get started.

## What is rheumatoid arthritis?

RA is an autoimmune disease. This means that your immune system attacks other parts of your body.

With RA, your immune system attacks your joint. The place where two bones meet inside your body is a joint. Your elbow is a joint. So is your wrist. RA can affect the joints shown in the picture to the right. It can also attack organs or other parts of your body, such as the eyes, lungs or heart.

People with RA find that their joints are inflamed in a **symmetrical** pattern. This means if the joints in your right hand are inflamed (swollen and painful), the joints in your left hand will also be inflamed. This does not happen as often with other types of arthritis.

RA varies from person to person. If you have a mild case, your joints may be sore or swollen only at certain times. These times are called **flares**. When you have a flare, you may hurt all over and even have a fever. You might not feel hungry, and might lose weight. You may not have any energy.



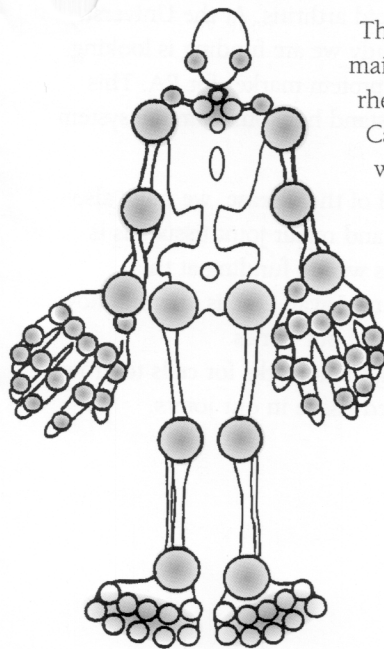
If you have a case of RA that is more severe, you may feel pain all the time. The joint swelling and pain can persist over time.

## What are the warning signs of RA?

- Morning stiffness that lasts longer than 30 minutes.
- Feeling pain in three or more joints at the same time.
- Feeling joint pain all night long.
- Feeling pain in the same joints on both sides of your body.

If any warning sign lasts more than two weeks, see your doctor. RA may start slowly or with a sudden, severe attack. You may feel weak and tired, you may have a fever or lose weight, but joint pain will be the main problem.

If your doctor believes that you have RA, it is important to see a **rheumatologist** right away, to begin treatment. A rheumatologist is a doctor who is an expert on arthritis. You must get a referral from your family doctor to see a rheumatologist.



The Arthritis Society maintains a listing of rheumatologists across Canada. To find out which rheumatologist is nearest to you, call our toll-free Arthritis Information Line at **1-800-321-1433**, or visit our website at **[www.arthritis.ca](http://www.arthritis.ca)**.

## Why do people get RA?

No one knows for sure what causes this form of arthritis. RA is not always passed on within a family, but it is more common to find it in people who have relatives with RA.

Canadian scientists are trying to learn why the immune system attacks healthy body tissues. They are also trying to find medicines to help prevent the joint swelling that happens in RA. In fact, The Arthritis Society funds many leading-edge research projects that bring vital new insights and lead to new and better treatments for RA.



For example, at the University of Sherbrooke, The Arthritis Society is funding a study to define markers in the blood that will tell us who will have the mild or serious form of rheumatoid arthritis. At the University of Western Ontario, a study we are funding is looking at a new, very important protein marker for RA. This study will help us understand how our immune system begins to attack joints.

Along with the control of the disease, we must also learn how to regenerate and repair joint tissue, as is the case with two studies we are funding at the Universities of Calgary and Laval. One is learning how genes control the growth of our bones and the other is building frameworks for cells to grow along and repair damaged tissue in our joints.

## **Why is early treatment for rheumatoid arthritis so important?**

RA can have a serious impact on a person's life and well-being, especially if it is not diagnosed and treated early.

The body's immune system attacks healthy joints. This causes inflammation in the lining of the joints. It can also affect other parts of the body, such as the eyes, lungs or heart. The inflammation can be painful. It can lead to permanent damage if the disease is not treated and controlled.

Joint damage can occur even in cases where the pain is not severe. It can happen even in the early stages of the disease. For many people with RA, damage has shown up on X-rays of the hands and feet within two years of the onset of the disease. But it may be too late to fix by the time X-rays discover the problem. One study found that damage got worse more quickly during the first two years, and 75 per cent of all damage opened in the first five years.

Severe damage can lead to permanent joint deformity and disability. It can cause so much pain and swelling that you may have difficulty walking. You may have trouble using your hands for routine activities, such as dressing and cooking.

*There is no cure for RA, but when you are diagnosed early and start the right treatment, you can take control of your disease and avoid severe damage to your joints. Most people with RA can lead active and productive lives with the help of the right medication, surgery (in some cases), exercise, rest and joint protection techniques.*



## Medications

### A Word about Medication Safety

The need to effectively monitor new drugs once they have been approved and introduced into the market has been a key advocacy issue for The Arthritis Society for several years. This advocacy helps to ensure that unfavorable side effects are reported, documented, and addressed. For regular updates on medications available in Canada, visit [www.arthritis.ca/tip/medications](http://www.arthritis.ca/tip/medications).

All medications have potential side effects whether they are taken by themselves or in combination with other herbal, over-the-counter and prescription medications. It is therefore important for patients to discuss the benefits and potential side effects of all their medications with their doctor.

Health Canada's Marketed Health Products Directorate (MHPD) has recently developed a new website, named MedEffect. MedEffect's goal is to provide centralized access to new safety information about health products in an easy to find, easy to remember location. It also aims to make it as simple and efficient as possible for health professionals and consumers to complete and submit adverse reaction reports. Finally, it helps to build awareness about the importance of submitting adverse reaction reports to identify and communicate potential risks associated with certain drugs or health products. To find out more, visit: [www.healthcanada.gc.ca/medeffect](http://www.healthcanada.gc.ca/medeffect) or call toll-free 1-866-234-2345.



## **What types of medication help rheumatoid arthritis?**

### **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)**

These medications are used to reduce pain and swelling. They include some of the oldest RA treatments, including coated acetylsalicylic acid, also known as ASA (Aspirin®, Anacin®, etc.) and ibuprofen (Motrin®, Advil®, etc.), which you can buy without a prescription. If you have more severe pain and swelling, your doctor may prescribe a different kind of NSAID such as Naprosyn®, Relafen®, Indocid®, Voltaren®, Feldene®, or Clinoril®.

You may need to take NSAIDs for several weeks before they take effect completely. Sometimes these medications can cause stomach upset, diarrhea and abdominal pain. Elderly people, people with high blood pressure, people with kidney problems, people who have had a previous stomach ulcer, and people with congestive heart failure or those who have had a previous heart attack or stroke should talk to their doctor before taking any NSAID.

NSAIDs can also interact with blood thinners such as warfarin. With the exception of small dose ASA for circulation problems, two different NSAIDs should not be taken at the same time.

COX-2 inhibitors (e.g. Celebrex®) are a specific kind of NSAID that may be prescribed if traditional NSAIDs are hard on your stomach, or if you have experienced stomach ulcers. People who have had a heart attack or stroke or experienced serious chest pain related to heart disease should not use NSAIDs or COXIBs. If you are unsure, speak to your doctor to determine if this type of treatment is right for you.

### **Corticosteroids**

These are strong drugs for really bad swelling. Your doctor can give you the drug by a needle into the affected joint. You should rest the joint after treatment, for up to three days.

You can get this drug in a pill form, called Prednisone, to reduce inflammation if many joints are affected at the same time. But the pills are only for serious cases of RA because they can make bones weak. They can also cause thin skin and cataracts with prolonged use.

### **Disease-Modifying Anti-Rheumatic Drugs (DMARDs)**

Persistent inflammation in several joints, due to inflammatory arthritis, for longer than six weeks requires stronger medicine; that's when the so-called DMARDs (pronounced DEE-mardz) are often used. Rheumatologists usually prescribe this class of medication in addition to NSAIDs. While the NSAID reduces day-to-day inflammation, the DMARD slows down the biological processes that are the driving force behind persistent inflammation.

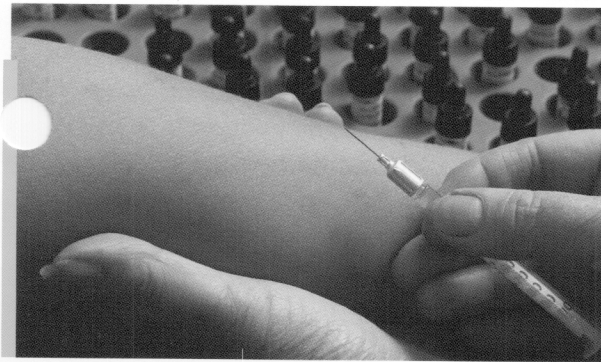
These drugs try to stop cells in your immune system that cause the pain and swelling. If they are started early in the condition, DMARDs can retard or even stop the progression of joint damage—but, they cannot fix joint damage that has already occurred.

It generally takes about one to three months for DMARDs to fully take effect. The fastest acting, best tolerated and most commonly prescribed DMARD is methotrexate (MTX). It is usually taken in pill form, and to be most effective, it should be taken at the same time, once per week. Patients will often choose a day that places the least demands on them since they may feel unwell (e.g. fatigue, nausea, loss of appetite or headache) for 24 hours after treatment. Some patients may require injections of methotrexate if they cannot absorb the medication in pill form.



Rheumatologists often prefer to use DMARDs like MTX on their own. However, many studies have shown that the outcome of two or three of these medications used in combination, is more effective at managing the disease. Other DMARDs used on their own or in combination with MTX, include hydroxychloroquine, sulfasalazine and cyclosporine.

Other DMARDs are azathioprine (Imuran), leflunomide (Arava) and gold therapy (Myochrisine). Azathioprine is an immune suppressant drug, that is taken in pill form once daily. Leflunomide is a new medication and is similar to MTX and azathioprine but works in a slightly different way. It is taken in pill form every day. When first starting leflunomide, you will need to take a high dose for a few days until the drug reaches a good level in your system. After the first three days, you will take a lower dose each day.



Gold injections are a well known, older treatment that is given into the muscle. Doctors usually start with a low test dose, followed by a higher weekly dose over five to six months. If your arthritis has improved, you may gradually reduce the dose and extend the time between treatments. Because there are many newer treatments, Gold is not given as frequently in recent years, but it remains an excellent alternative for some patients.

### **Side effects and blood monitoring**

All DMARDs have potential side effects. Each one is different and you must learn from your doctor what to expect from each drug you try. In most cases, DMARDs require regular blood tests to monitor side effects. Some people require an adjustment to their dosage or a change to a different type of medication.

### **Biologic Response Modifiers ("Biologics")**

In people with rheumatoid arthritis, proteins called Tumour Necrosis Factor (TNF) and Interleukin-1 (IL-1) are present in the blood and joints in excessive amounts where they increase inflammation (pain, swelling, & stiffness). Biologics are specially engineered medications which block the effects of TNF (Enbrel®, Remicade®, Humira®) or IL-1 (Kineret®).

Biologics are used to treat moderate to severe rheumatoid arthritis. These medications work quickly to ease inflammation and are often used in combination with other DMARDs such as methotrexate. Biologics available and approved by Health Canada for the treatment of rheumatoid arthritis include Enbrel®, Humira®, Remicade® and Kineret®. Your physician will explain the differences between these medications should he or she prescribe a biologic for your rheumatoid arthritis.

Depending on the biologic prescribed; they are either given by injection at home or by an intravenous infusion at a clinic. Side effects occasionally seen with these medications include mild skin reactions at the injection site, headaches or dizziness, colds or sinus infections, and nausea or diarrhea. Your doctor will discuss all of the other side effects of these medications before he or she prescribes them.

## What else should I know about Biologics?

### Precaution

Biologics work by suppressing your immune system which can make it slightly harder for you to fight off infections. Please inform your doctor if you are prone to frequent infections. It is advisable to stop your medication and call your doctor if you develop a fever or if you have or think you have an infection. Before starting biologics, your doctor should check for other infections, such as tuberculosis.

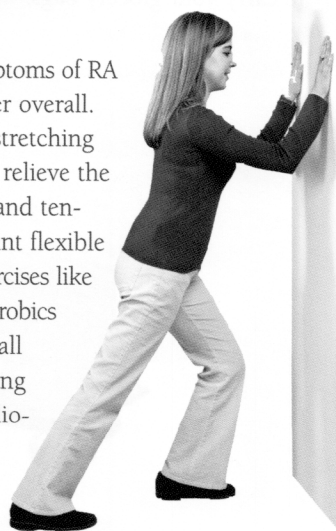
### Cost

Biologic treatments are costly, and can range anywhere from \$15,000 to over \$25,000 per year. Depending on the type of insurance coverage you have, treatments may be fully covered or you may be required to share the cost. Generally, provincial plans or private insurance companies will require patients to attempt conventional treatments before they will cover biologics.

## What else can I do to manage my disease?

### Exercise

Exercise helps lessen symptoms of RA and can make you feel better overall. Appropriate and moderate stretching and strengthening will help relieve the pain and keep the muscles and tendons around the affected joint flexible and strong. Low-impact exercises like swimming, walking, water aerobics and stationary bicycling can all reduce pain while maintaining strength, flexibility and cardiovascular function. Check with your doctor before beginning an exercise program.





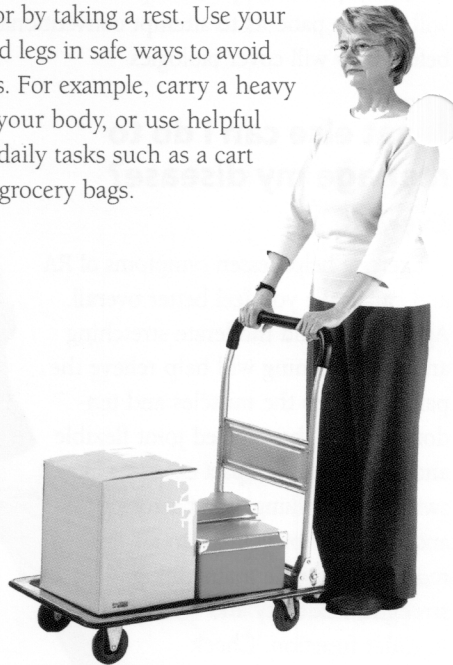
## Heat and Cold

**Heat** applied to an arthritic area can help relax aching muscles, and reduce pain and soreness. It promotes blood circulation, which nourishes and detoxifies muscle fibers. Taking a hot shower is a great way to help reduce pain and stiffness. Heat should not be applied to an already inflamed joint however to avoid making symptoms worse.

**Cold** applied to inflamed joints reduces pain and swelling by constricting blood flow. Applying ice or cold packs appears to decrease inflammation and is recommended when joints are inflamed.

## Protecting your Joints

Protecting your joints means using your joints in ways that avoid excess mechanical stress from daily tasks. Be kind to your body. After doing heavy work, or doing the same task over and over, stop. Slow down by doing an easy task, or by taking a rest. Use your back, arms and legs in safe ways to avoid stress on joints. For example, carry a heavy load close to your body, or use helpful tools in your daily tasks such as a cart to carry your grocery bags.



## Relax

Developing good relaxation and coping skills can give you a greater feeling of control over your arthritis and a more positive outlook. Relaxing the muscles around an inflamed joint reduces pain. There are many ways to relax. Try deep breathing exercises. Listen to music or relaxation tapes. Meditate or pray. Another way to relax is to imagine, or visualize, a pleasant activity such as lying on the beach, or sitting in front of a fireplace.



## Surgery

Surgery is something that you and your doctor may consider if one of your joints becomes badly damaged, or if the pain is too intense. Some people with severe, advanced RA that have not responded to conservative management, may benefit from surgery. Benefits include less pain, better movement and function, and in some cases, better physical appearance. There are a number of different kinds of surgery for RA ranging from minor procedures to complete joint reconstruction.

*Along with the physical symptoms of arthritis, many people experience feelings of helplessness and depression. Learning daily living strategies to manage your arthritis gives you a greater feeling of control and a more positive outlook. To get the best results, people affected by arthritis need to form close ties with their doctors and therapists, and become full partners in their treatment. From our perspective, it's all part of 'living well with arthritis.'*

## What questions should I ask my rheumatologist?

You can really help yourself by getting involved in managing your RA. The more you learn about the disease and your treatment options, the better off you will be now and in the future. It's important to get all the information you need to make an informed decision about the right treatment for you.

*A recent study found that patients who learned more about their treatment and talked to their doctor about it had fewer symptoms, including less pain, and greater mobility.*

Be sure to talk with your doctor about your RA, and ask questions about the disease and the different kinds of treatments. Before making a decision, you should understand what you can expect from a medication, what its possible side effects are and other important information. Also, ask what steps you can take yourself to get your disease under control.

### **To help you get started, here are some common questions you may want to ask your doctor about RA treatment:**

- What are the possible side effects and how often do they occur?
- What should I do to minimize the chances of side effects?
- How can I keep track of the blood test results used to monitor me?
- How will I know if the drug is working, and how long will this take?
- Who do I contact if I have concerns about the medication?
- Will this interact with my other drugs?
- Are there drugs that I should stop now that I am beginning this new treatment?

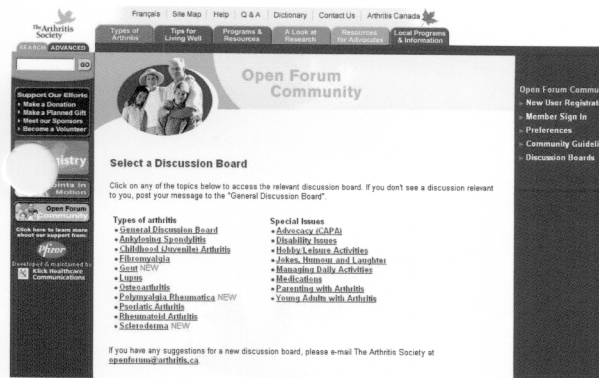


## How can I learn more about rheumatoid arthritis?

Managing arthritis means more than just visiting your doctor and taking the right medicines. The Arthritis Society offers a six-week Arthritis Self-Management Program (ASMP) designed to help you:

- Better understand your arthritis
- Learn ways to cope with chronic pain
- Take a more active role in managing your arthritis

Participating in the ASMP, or using the Open Forum on The Arthritis Society's website, provides an opportunity for you to discuss and share personal experiences, the challenges of managing your arthritis on a day-to-day basis, and other useful insights.



For more information on how  
to live well with rheumatoid arthritis,  
contact The Arthritis Society:



**Sign-up for the  
free Arthritis Registry**



**1.800.321.1433**



**[www.arthritis.ca](http://www.arthritis.ca)**



**The Arthritis  
Society**

*The Arthritis Society provides education, support  
and solutions to people living with arthritis, giving hope  
for a better life — today and tomorrow.*

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