

Rheumatoid Arthritis



**VERSUS
ARTHRITIS**

WE ARE VERSUS ARTHRITIS

We're the 10 million people living with arthritis. We're the carers, researchers, health professionals, friends and parents all united in our ambition to ensure that one day, no one will have to live with the pain, fatigue and isolation that arthritis causes.

We understand that every day is different. We know that what works for one person may not help someone else. Our information is a collaboration of experiences, research and facts. We aim to give you everything you need to know about your condition, the treatments available and the many options you can try, so you can make the best and most informed choices for your lifestyle.

We're always happy to hear from you, whether it's with feedback on our information, to share your story, or to find out more about the work of Versus Arthritis. Contact us at content@versusarthritis.org

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Words **shown in bold** are explained in the glossary on page 38.



PHIL'S STORY

At the time I was doing what I do now, which is co-running a charity video production company, and living in South London with my (now late) wife, a dog and a parrot. I was living a fairly active life, playing badminton, sailing and trying to learn to ski.

My initial symptoms weren't that bad, to be honest. There was some swelling in one finger that I went to the GP about, as it was impacting my work. It was on the little finger on my right hand, which, although it sounds minimal, was important in terms of the particular camera I was using at the time. Looking back though, there had been other shorter-term episodes where I had acute joint pain in hands and wrists, which I just put down to ongoing busy work.

I'm not currently on any medication, as my partner and I are trying for our second child. And being on no treatment is not working! I have quite a lot of pain, stiffness and I am really tired at the

moment, but hopefully this will only be for a short while. I'm taking NSAIDs and the occasional steroid injection to manage my symptoms.

My hobbies have definitely been impacted by having arthritis. I love sailing, but being able to manage ropes, helming and hanging on in a rough sea all require good grip strength. However, I find it's about leaving a bit more time to do things and planning ahead. Particularly if I'm single-handed on the boat, I'll be more cautious about the forecast and plan accordingly.

'I was diagnosed with rheumatoid arthritis in 2006, as far as I can remember.'

I play badminton, although at the moment I'm finding my joints a bit too painful to play. I'm sure, compared to someone else my age, I am slower in getting things done, or a bit more cautious about how I do it, but mostly it's just a case of getting on with it and not fussing. I generally don't speak about my arthritis, as I'm reasonably stubborn and hate the idea of being pushed around by something outside of my control. This can be to my detriment though, as sometimes I will just keep going and I'll be exhausted the next day.

My advice to anyone who has been recently been diagnosed with rheumatoid arthritis is that your condition doesn't define you. It's very easy to let a diagnosis like this overshadow everything else, but it's just a part of my life. Sometimes it will be a dominant part, but sometimes it will just be ticking along in the background.

I have also accepted that there will be a trade off. Although my symptoms and long-term effects can be managed, there are often side effects from the medications I use. There is no perfect solution, so I just accept this and crack on with life.



KERI'S STORY

I was in my third year of university, studying to be a primary school teacher. Suddenly, one morning, my thumbs became very painful. Then my elbows became stiff and sore, and I couldn't straighten my arms.

At first I only had symptoms in the morning, but eventually I had them all the time. Quite a few of my joints were stiff and painful, which meant I couldn't get around very well. I was also tired a lot. When this happened, my GP referred me to a rheumatologist.

I graduated from my teacher training course two years later than planned, but have not been able to work as a teacher yet, due to my arthritis. However, I have used my teaching skills to volunteer for Versus Arthritis, leading self-management courses in Northern Ireland, which I find extremely enjoyable and rewarding. I am also the Chairperson of my local Versus Arthritis support group.

Baking is one of my hobbies, although using certain kitchen equipment can be difficult. Being social is important to me too and I enjoy going to cafés to catch up with my friends. When I'm in pain, I can distract myself by reading or listening to music.

Exercise is important to me too, as I find that doing some gentle exercises makes my joints less painful. There are a few chair-based exercises I do regularly and I also enjoy going for short walks. Swimming is great too and I find that doing exercises in the heated water of the hydrotherapy pool makes me feel less stiff and sore.

'I was diagnosed with rheumatoid arthritis at the age of 21.'

Medication-wise, I'm currently using a biological injection called Enbrel. I've been using it for five years and inject myself once a week. It's really helped to control my condition and my flare-ups happen less often.

At the moment, I'm doing ok. There are good days and bad days. I still experience pain every day, but I am doing much better than when I was first diagnosed. I have fewer flare ups, which shows that the medication I'm using is really helping me.

My advice to anyone who has recently been diagnosed with rheumatoid arthritis would be to join a support group. Talking to another person who has the same condition as you and knows what you're going through is really useful and reassuring. It's helped me a lot in my journey.

I'd also say that getting a good night's sleep is important, as it can help your body recover from the effects of your arthritis. It's also important for me to learn more about my condition, as it helps me to understand what my body is going through. I really do believe that knowledge is power!

What is rheumatoid arthritis?

Rheumatoid arthritis (roo-ma-toy-d arth-ri-tus) is a condition that can cause pain, swelling and stiffness in joints.

It is known as an **autoimmune condition**. This means that the **immune system**, which is the body's natural self-defence system, gets confused and starts to attack your body's healthy tissues. In rheumatoid arthritis, the main way it does this is with **inflammation** (in-fla-may-shun) in your joints.

Rheumatoid arthritis affects around 400,000 adults aged 16 and over in the UK. It can affect anyone of any age. It can get worse quickly, so early diagnosis and intensive treatment are important. The sooner you start treatment, the more effective it's likely to be.

To understand how rheumatoid arthritis develops, it helps to know how a normal joint works.

How does a normal joint work?

A joint is where two bones meet. Most of our joints are designed to allow the bones to move in certain directions and within certain limits.

For example, the knee is the largest joint in the body and one of the most complicated. It must be strong enough to take our weight and lock into position, so we can stand upright.

It also has to act as a hinge, so we can walk, and needs to twist and turn when we run or play sports.

Figure 1 shows a healthy joint.

The end of each bone is covered with **cartilage** (car-ti-lidge) that has a very smooth, slippery surface. The cartilage allows the ends of the bones to move against each other, almost without rubbing.

Figure 1. A healthy joint

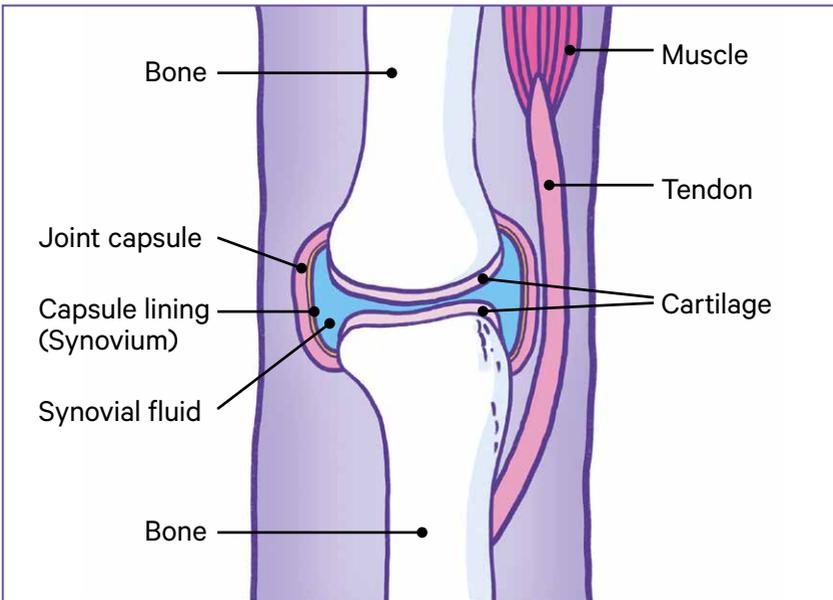
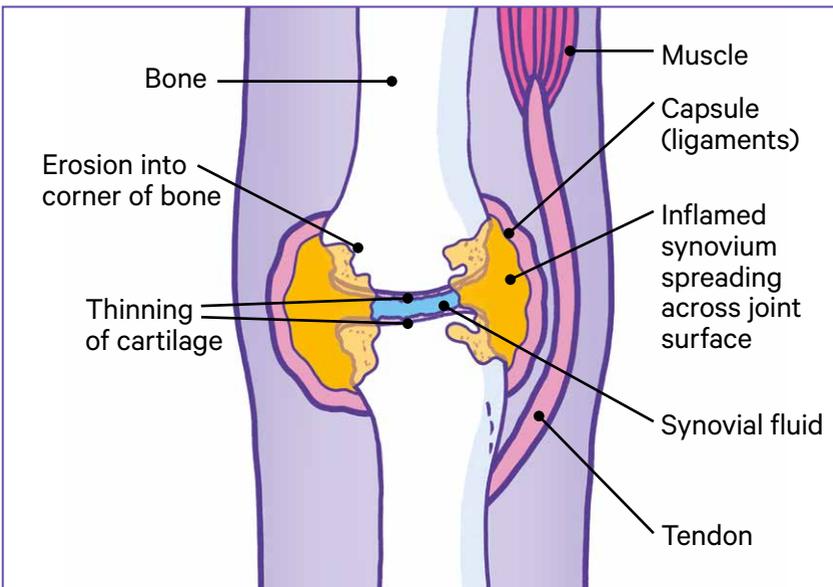


Figure 2. A joint affected by rheumatoid arthritis



The joint is held in place by the **synovium** (sin-oh-vee-um), which contains thick fluid to protect the bones and joint.

The synovium has a tough outer layer that holds the joint in place and stops the bones moving too far.

Strong cords called **tendons** anchor the muscles to the bones.

What happens in a joint affected by rheumatoid arthritis?

If you have rheumatoid arthritis, your immune system can cause inflammation inside a joint or a number of joints. Inflammation is normally an important part of how your immune system works.

It allows the body to send extra fluid and blood to a part of the body under attack from an infection. For example, if you have a cut that gets infected, the skin around it can become swollen and a different colour.

However, in rheumatoid arthritis, this inflammation in the joint is unnecessary and causes problems.

When the inflammation goes down, the **capsule** around the synovium remains stretched and can't hold the joint in its proper position. This can cause the joint to become unstable and move into unusual positions.

DMARDs are slow acting, so it's important to keep taking them, even if they don't seem to be working at first.

Symptoms

The main symptoms of rheumatoid arthritis are:

- joint pain
- joint swelling, warmth and redness
- stiffness, especially first thing in the morning or after sitting still for a long time.

Other symptoms can include:

- tiredness and lack of energy – this can be known as fatigue
- not feeling hungry
- weight loss
- a high temperature, or a fever
- sweating
- dry eyes – as a result of inflammation
- chest pain – as a result of inflammation.

Rheumatoid arthritis can affect any joint in the body, although it is often felt in the small joints in the hands and feet first. Both sides of the body are usually affected at the same time, in the same way, but this doesn't always happen.

A few people develop fleshy lumps called **rheumatoid nodules** (roo-ma-toy-d nod-yules), which form under the skin around affected joints. They can sometimes be painful, but are not usually.

Causes

The following can play a part in why someone has rheumatoid arthritis:

Age

Rheumatoid arthritis affects adults of any age, although most people are diagnosed between the ages of 40 and 60.

Around three-quarters of people with rheumatoid arthritis are of working age when they are first diagnosed.

Sex

Rheumatoid arthritis is two to three times more common among women than men.

Genetics

Rheumatoid arthritis develops because of a combination of genetic and environmental factors. If you have a genetic predisposition to rheumatoid arthritis, it means you have an increased likelihood of developing the condition based on your genetic makeup. It is unclear what the genetic link is, but it is thought that having a relative with the condition increases your chance of developing the condition.

Weight

If you are overweight, you have a significantly greater chance of developing rheumatoid arthritis than if you are a healthy weight.

The **body mass index (BMI)** is a measure that calculates if your weight is healthy, using your height and weight.

For most adults, an ideal BMI is in the 18.5 to 24.9 range.

If your BMI is:

- below 18.5 – you're in the underweight range

- between 18.5 and 24.9 – you're in the healthy weight range
- between 25 and 29.9 – you're in the overweight range
- between 30 and 39.9 – you're in the obese range.

To work out your BMI, use the healthy weight calculator on the NHS website.

Smoking

Rheumatoid arthritis develops through a combination of genetic and environmental factors. Cigarette smoking is classed as an environmental factor and significantly increases the risk of developing the condition. If you would like to stop smoking, visit the Smokefree website for advice.

Diet

There is some evidence that if you eat a lot of red meat and don't consume much vitamin C, you may have an increased risk of developing rheumatoid arthritis.



How will rheumatoid arthritis affect me?

Because rheumatoid arthritis can affect different people in different ways, we can't predict how the condition might develop for you.

If you smoke, it's a very good idea to quit after a diagnosis of rheumatoid arthritis. This is because:

- rheumatoid arthritis may be worse in smokers than non-smokers
- smoking can weaken how well your medication works.

Physical activity is also important, as it can improve your symptoms and benefit your overall health. The Versus Arthritis website has suitable exercises you can try.

Blood tests and **x-rays** will help your doctor assess how fast your arthritis is developing and what the outlook for the future may be. This will also help your doctor to decide which treatment to recommend.

The outlook for people with rheumatoid arthritis is improving all the time, as new and more effective treatments become available. It is possible to lead a full and active life with the condition, but it's important to take your medication as prescribed and make necessary lifestyle changes.

Diagnosis

A diagnosis of rheumatoid arthritis is based on your symptoms, a physical examination and the results of x-rays, scans and blood tests.

It can be difficult to diagnose because there isn't a test that can prove you definitely have it. There are also quite a few conditions that have the same symptoms.

Your doctor will ask about your symptoms and do a physical examination. They will look for swollen joints and check how well your joints move. Rheumatoid arthritis can affect different parts of your body at once, so it's important to tell your doctor about all the symptoms you've had, even if they don't seem to be related.

If they think you have rheumatoid arthritis, you will be referred to a rheumatologist, and may arrange blood tests to help confirm a diagnosis.

Blood tests

There's no single blood test that can confirm you have rheumatoid arthritis. However, there are a few tests can show possible signs of the condition.

Some of the main tests are outlined below.

Erythrocyte sedimentation rate (ESR)

A sample of your red blood cells are put into a test tube of liquid. The cells are timed to see how long they take to get to the bottom of the tube. If the cells sink faster than usual, you may have levels of inflammation that are higher than normal. Rheumatoid arthritis is just one possible cause.

C-reactive protein (CRP)

This test can show if there is inflammation in your body. It does this by checking how much CRP there is in your blood. If there is more CRP than usual, you have may have inflammation in your body.

Full blood count

A full blood count measures the number of red blood cells you have. These carry iron around your body, and a low number of red blood cells means you have a low iron content. This may mean you have anaemia (an-ee-me-er) and is common in people with RA. Anaemia is common in people with rheumatoid arthritis, although having anaemia doesn't prove you have the condition.

Rheumatoid factor and anti-CCP antibodies

About half of all people with rheumatoid arthritis have a positive rheumatoid factor in their blood when their condition starts. However, around 1 in every 20 people without rheumatoid arthritis also tests positive for rheumatoid factor.

There is another antibody test called anti-CCP that you can take. People who test positive for anti-CCP are very likely to get rheumatoid arthritis. However, not everyone that has the condition has this antibody.

People who test positive for rheumatoid factor and anti-CCP may be more likely to develop severe rheumatoid arthritis.

Scans

Scans may be used to check for joint inflammation and damage. These can be used to diagnose rheumatoid arthritis and check how the condition is developing.

These may include

- X-rays – these will show any changes in your joints
- ultrasound scans – a picture of your joints is created using high-frequency sound waves
- magnetic resonance imaging (MRI) scans – pictures of your joints are produced using strong magnetic fields and radio waves.

Treatment

There are a variety of treatments available for rheumatoid arthritis. The earlier that intensive treatment is started, the more likely it is to work.

There are three main ways to treat rheumatoid arthritis:

- drugs
- physical therapies
- surgery.

Drugs

There are four main groups of drugs that are used to treat rheumatoid arthritis. These are:

- painkillers
- non-steroidal anti-inflammatory drugs (NSAIDs)
- disease-modifying anti-rheumatic drugs (DMARDs)
- **steroid treatment** (also known as corticosteroids).

Many people with rheumatoid arthritis need to take more than one drug. This is because different drugs work in different ways.

Your drug treatments may be changed from time to time. This can depend on how bad your symptoms are, or because something relating to your condition has changed.

Drugs may be available under several different names. Each drug has an approved name – sometimes called a generic name.

Manufacturers often give their own brand or trade name to the drug as well. For example, Nurofen is a brand name for **ibuprofen** (eye-byoo-proh-fen).

The sooner you start treatment, the more effective it is likely to be.

The approved name should always be on the pharmacist's label, even if a brand name appears on the packaging. Check with your doctor, rheumatology nurse specialist or pharmacist if you're not sure about anything.

Painkillers

Painkillers can help to relieve the pain caused by rheumatoid arthritis, but should not be the only treatment used.

There are many types and strengths of painkillers available – some can be bought over the counter from a pharmacy, while some are only available on prescription. For guidance, ask a healthcare professional in charge of your care.

Non-steroidal anti-inflammatory drugs (NSAIDs)

NSAIDs can be used to help control symptoms of pain, swelling or stiffness. They can be used in combination with painkillers.

NSAIDs start working within a few hours, and the effects can be felt for up to a whole day.

Ibuprofen is a commonly prescribed NSAID.

NSAIDs can be taken as a:

- tablet
- capsule
- liquid
- suppository, which will be inserted into your bottom
- cream
- gel.

Disease-modifying anti-rheumatic drugs (DMARDs)

You will probably be offered a combination of DMARDs as part of your rheumatoid arthritis treatment.

There are three types of DMARD. These are:

- conventional synthetic DMARDs (sometimes called csDMARDs)
- biological therapies (sometimes called bDMARDs)
- targeted synthetic DMARDs (sometimes called tsDMARDs).

You will need to have regular blood tests if you take DMARDs, as they can affect your liver.

It may be a while before you notice your DMARD working – possibly a few months. It is important to keep taking your medication during this time.

The table overleaf shows the DMARDs available for the treatment of rheumatoid arthritis. You may be prescribed one of these drugs under a brand name. For example, abatacept can be prescribed under the name Orencia.

For more information on the types of drugs used to treat rheumatoid arthritis, see our drugs leaflets.

Steroids

Steroids are sometimes known by their full name: **corticosteroids** (core-tee-coss-te-royds).

Steroids help to reduce the pain, stiffness and inflammation caused by rheumatoid arthritis.

They can be used as:

- a tablet
- an injection directly into a painful joint
- an injection into your muscle.

They're usually used to provide short-term pain relief. This could be during a flare-up or while you're waiting for your DMARD medication to start working.

Corticosteroids are normally only used in this way because long-term use can have serious side effects, including weight gain, **osteoporosis** (os-tee-oh-per-row-sis) and thinning of the skin.

You shouldn't stop taking your steroid tablets or change the dose unless advised to by your doctor. It can be dangerous to stop taking steroids suddenly.

Name	Type of DMARD
Azathioprine	Conventional synthetic DMARD
Gold injections	Conventional synthetic DMARD
Hydroxychloroquine	Conventional synthetic DMARD
Leflunomide	Conventional synthetic DMARD
Methotrexate	Conventional synthetic DMARD
Sulfasalazine	Conventional synthetic DMARD
Etanercept	Biologic; Anti-TNF
Infliximab	Biologic; Anti-TNF
Rituximab	Biologic; Anti lymphocyte monoclonal antibody
Baricitinib	Targeted synthetic DMARD
Tofacitinib	Targeted synthetic DMARD
Sarilumab	Biologic; Anti IL6
Certolizumab pegol	Biologic; Anti-TNF
Adalimumab	Biologic; Anti-TNF
Golimumab	Biologic; Anti-TNF
Abatacept	Biologic T cell co-stimulator
Tocilizumab	Biologic; Anti IL6

Managing symptoms

Flare-ups

When your symptoms get worse, this is known as a **flare-up**. These can happen at any time, but can occur after you have been stressed or had an infection.

Over time, you may get better at noticing the early signs of a flare-up.

If you're having regular flare-ups, you should mention this to your doctor. It may be that you need to review your treatment.

Here are a few things you can do to help yourself during a flare-up:

- Keep taking your medication at the doses you've been prescribed.
- Do gentle exercises.
- Put heated items on your joints – these can include a hot water bottle or electric heat pad.

Tips for using heated items

Items that could help your joint pain include a hot water bottle or electric heat pad. Wrap these in a towel, then place on a painful joint. You could also try having a hot or warm shower or bath.

Other heated items that people have found useful are wheat bags, heat pads, deep heat cream, or a heat lamp.

Make sure these items are warm but not hot, as you could risk burning or scalding yourself. Gentle heat will be enough.

A towel should be placed between the heated item and the skin for protection. Check your skin regularly, to make sure it is not burning.

- Put cold items on your joint – these can include a bowl of cold water with ice cubes, a pack of frozen peas wrapped in a towel, or a damp towel that has been kept in the fridge.
- Let people around you know, so they can help and support you.

How to use an ice pack

Some people find that using an ice pack can help their joint pain. You can buy one from a pharmacy, or you can make one at home, by wrapping ice cubes in a plastic bag or wet tea towel.

Here's how to apply an ice pack:

- Rub a small amount of oil over where you'd like the ice pack to go. Any type of oil can be used. If your skin is broken – for example, if you have a cut – don't use the oil, and cover the area with a plastic bag. This will stop the cut getting wet.
- Put a cold, wet flannel over the oil.
- Put the ice pack over the flannel and hold it there.
- After five minutes, check the colour of your skin. Remove the ice pack if your skin has turned bright pink or red. If it hasn't, leave it on for another 5 to 10 minutes.
- You can leave the ice pack on for 20 to 30 minutes. Don't leave it on for any longer, as you could damage your skin if it is left on for too long.

Doing gentle exercises during a flare-up can improve your symptoms.

Physical activity

Keeping physically active can improve your rheumatoid arthritis symptoms, including pain.

You may find it difficult to be physically active in the first place, especially if you are having a flare-up. However, if you find the right activities, help and support, you can be active in a way that suits you.

Not keeping active can lead to stiff joints and weak muscles. It could also cause you to gain weight.

If you are new to exercise, or haven't exercised in some time, you may feel a bit sore the first few times you try a new activity. As you get used to it, this will get better.

However, if a type of exercise always causes a flare-up, it's probably best to find another one. High-impact exercises such as step exercises, or contact sports, such as rugby and football, are more likely to cause problems. Swimming, walking, gentle cycling and aqua aerobics generally put less strain on your joints.

Yoga and tai chi (tie-chee) are generally thought to be suitable for people with rheumatoid arthritis. However, there are many different styles, so it is best to check which is suitable for your condition before you sign up to a class.

You should also break up long periods of sitting with light activity. This could be a walk to the shop or postbox, a few stretches, or even getting up to put the kettle on.

Physiotherapy

A **physiotherapist** (fizz-ee-oh-thair-row-pist) can suggest suitable exercises for you and support you in keeping active.

People with rheumatoid arthritis should have access to specialist **physiotherapy** (fizz-ee-oh-thair-row-pee) to help manage their condition and improve their fitness, flexibility and strength. You should also have follow-up reviews.

Find a physiotherapist through The Chartered Society of Physiotherapy at: csp.org.uk



Hydrotherapy

You may also find that **hydrotherapy** (high-droh-thair-row-pee) helps to ease your symptoms. This involves doing special exercises in a warm water pool, under the supervision of a trained physiotherapist. Hydrotherapy can also be called 'aquatic therapy' or 'aquatic physiotherapy'.

Any member of your healthcare team should be able to refer you to an NHS physiotherapist if they think you might benefit from hydrotherapy. In some parts of the UK, you can also refer yourself to a physiotherapist, who will assess whether hydrotherapy would be suitable for you.

Check with your GP or call your local rheumatology department to find out if an NHS physiotherapist in your area will accept self-referrals.

You can also use private healthcare, but it's important to be aware that in rare instances, private hydrotherapy may be unregulated. This means that the quality of the changing areas, the water or general environment can vary.

Check before your treatment starts that you're happy with the facility. A qualified physiotherapist will be registered with the Health & Care Professions Council.

It's also recommended that you see someone who's a member of the Chartered Society of Physiotherapists (CSP) and who's accredited by the Aquatic Therapy Association of Chartered Physiotherapists (ATACP).

It can help to improve the pain in your joints, and you may also find it relaxing. Ask your doctor or physiotherapist if they think hydrotherapy would be suitable for you.

Foot problems

Foot problems for those with rheumatoid arthritis include:

- pain
- soreness
- warmth and swelling that lasts at least a few days
- the foot changing shape
- difficulty walking
- your shoes rubbing
- corns or calluses, and nail problems
- infections such as athlete's foot, verrucas or bacterial infections.

If these problems are left untreated, they can lead to the infections spreading and, eventually, to ulcers forming.

It is therefore important to see a podiatrist (poh-die-a-trist), who specialises in general foot care. They can give advice on footwear, information on how to treat foot problems yourself, and can provide special insoles. They can also monitor your foot and general health, and will refer you to a consultant if they find any issues.

There may be a podiatrist in the rheumatology department where you receive your care, or you may get a referral to an NHS podiatrist. GPs can also refer you to community-based services.

You can also access podiatry care privately.

You can find a private podiatrist through the College of Podiatry at: cop.org.uk. All podiatrists should be registered with the Health & Care Professions Council.



Living with rheumatoid arthritis

Occupational therapy

Occupational therapists can help you keep doing the activities you need or want to do – at home or at work. They will work with you to find different ways of doing things.

The benefits of seeing an occupational therapist include:

- improved confidence
- being able to do more things, at home or at work
- being able to live independently at home
- allowing you to return to or stay in work.

Ask your GP about occupational therapists that are local to you. If you regularly see a social worker, nurse or other healthcare professional, they can help you contact an occupational therapist through health or social services.

Be prepared to describe any difficulties you have and how they are affecting your life, or the lives of those who care for you.

You may want to know how long it will be until you get an appointment, so remember to ask if there is a waiting list.

You can also see an occupational therapist privately. You will be able to get an appointment quicker, but it will cost you money.

Find an occupational therapist that works privately through the Royal College of Occupational Therapists, at: rcot.co.uk. All occupational therapists should be registered with the Health & Care Professions Council.



Aids and adaptations

If you have trouble doing everyday tasks, you may find it useful to use certain **aids** and **adaptations**.

Aids can help you manage everyday tasks such as bathing, dressing, and cooking. These can include shoe horns, rails or handles, and shower seats.

Adaptations are bigger items that can help you move around your home. These items include wheelchairs, fixed ramps and baths with built-in handles.

In England, local councils must provide aids and minor adaptations costing £1000 or less free of charge to anyone with an eligible care need. Your council may call this 'community equipment'.

You can also access adaptations that cost over £1000, but you must apply for these through a Disabled Facilities Grant.

Aids and minor adaptations you receive from your local council should not be means-tested, meaning that no matter how much money you have, the local authority has to give them to you.

If you live in Wales, Scotland or Northern Ireland, contact your GP or local council for information about access to these items.

To find out if you can get free aids and adaptations, you need to ask your council for a needs assessment. You can apply for a needs assessment and find out more here: [gov.uk/apply-needs-assessment-social-services](https://www.gov.uk/apply-needs-assessment-social-services)



Living with other conditions

If you are living with rheumatoid arthritis, you may also be living with one or more other conditions.

This is not unusual – 54% of those aged over 65 in England are living with two or more long-term conditions. Depression is the most common condition among people with rheumatoid arthritis, affecting one in six people.

Who can help me?

If you are feeling low, talk to your GP, who can signpost you to the right services.

You can call the Versus Arthritis Helpline for free on 0800 5200 520, where our trained advisors can give you help and support. We're open from 9am to 8pm, Monday to Friday, except for bank holidays.

You can also join our Online Community, where you can connect with real people who share the same everyday experiences as you. You can share your own experiences of managing arthritis or learn more about the challenges and successes others have experienced. For more information, visit: arthritiscareforum.org.uk





Complications

It is very important that your arthritis is well controlled. If it isn't, you may develop associated conditions. Some of these are described below.

Carpal tunnel syndrome

This is common in people with rheumatoid arthritis. Carpal tunnel syndrome can happen when you have more pressure than normal on your wrist.

Symptoms includes:

- aching
- numbness
- tingling in your thumb, fingers and part of the hand

Symptoms can be controlled with wrist splints or corticosteroid injections. Surgery may be needed in severe cases.

Inflammation in other parts of your body

Rheumatoid arthritis can cause inflammation to develop in other parts of your body. These areas include the:

- heart – inflammation of the tissue around the heart can lead to pericarditis. This causes chest pain.
- eyes – inflammation of the eyes can lead to scleritis or Sjogren's syndrome (show-grins sin-drome). Scleritis can cause pain and redness in the eyes. Sjogren's syndrome causes dry eyes.
- lungs – inflammation of the lungs or lung lining can lead to pleurisy (ploo-ruh-see) or pulmonary fibrosis. This can cause chest pain, a cough that won't go away and shortness of breath.
- blood vessels – inflammation of the blood vessels is known as vasculitis. This can cause the walls of your blood vessels to become thick, narrow and weak. In serious cases, blood flow to your body's organs and tissues and can be affected.

Early treatment of rheumatoid arthritis means that you are less likely to get inflammation in other parts of your body.

Cardiovascular disease

If you have rheumatoid arthritis, you're at a higher risk of developing cardiovascular disease (CVD) than the rest of the UK population.

CVD is a general term used to describe conditions that affect the heart or blood vessels. This includes heart attacks and strokes.

This is why it's important to make sure your condition is controlled. You can do this by taking your medication and making a few lifestyle changes.

Lifestyle changes that can have the biggest impact on arthritis and CVD include:

- stopping smoking, if you smoke
- having a healthy, balanced diet
- exercising regularly.

Cervical myelopathy

If you've had rheumatoid arthritis for a while, you have a bigger risk of getting cervical myelopathy.

This is caused by the joints at the top of your spine dislocating and causing pressure on your spinal cord. It's a serious condition that can affect your mobility, so it's important that it's treated as soon as possible.

If you have this condition, you may need a special assessment of your neck before having any operation where you're put to sleep. Treatment may involve an operation to make your spine more secure.

Joint damage

If you don't get treatment early enough, or your rheumatoid arthritis isn't controlled, you could permanently damage your joints.

If this happens, you may need to have surgery.

Surgery

Surgery is sometimes needed for those with rheumatoid arthritis. This can be to reduce pain, correct joint shape or restore your ability to use your joint. The types of surgery people with rheumatoid arthritis have are detailed below.

Foot Surgery

Examples of this type of surgery include:

- removal of inflamed tissues around the joints of the forefoot
- removal of the small joints in the ball of the foot
- straightening of toes
- fixing of joints.

Finger, hand and wrist surgery

Examples of this type of surgery include:

- **carpal tunnel** release
- removal of inflamed tissue in the finger joints
- release of tendons in the fingers (this is used to treat unusual bending).

Arthroscopy

Arthroscopy is a procedure used to remove inflamed joint tissue.

During the operation, an arthroscope is inserted into the joint through a small cut in the skin, so the surgeon can see the affected joint. Damaged tissue is then removed. You usually don't have to stay overnight in hospital for this type of surgery, but the joint will need to be rested at home for several days.

Joint replacement

Some people with rheumatoid arthritis need surgery to replace part or all of a joint. This is known as a joint replacement, or arthroplasty. Common joint replacements include the hip, knee and shoulder.

Replacement of these joints is a major operation that involves several days in hospital, followed by rehabilitation, which can take months. The latest joints generally last for 10 to 20 years, and there is no guarantee that the new joint will be fully functional.

For more information on surgery, see our Surgery and arthritis booklet. You can order the booklet by calling the Versus Arthritis Helpline on 0800 5200 520, Monday to Friday, 9am to 8pm, or by visiting: versusarthritis.org/surgery



Diet and nutrition

There's no single diet that will help everyone with rheumatoid arthritis. However, some people find that making changes to their diet helps their symptoms.

For more information, see our Diet and arthritis booklet. You can order the booklet by calling the Versus Arthritis Helpline, or by visiting: versusarthritis.org/diet



Supplements

There is little evidence that taking supplements will improve rheumatoid arthritis, or its symptoms. However, some people think certain supplements work for them.

What is important is that you are not wasting your money on expensive supplements that won't do anything for your condition.

Some supplements may be prescribed by your specialist team or GP. For example, folic acid may be prescribed if you are taking methotrexate (mee-thoh-treks-ate), and calcium and vitamin D may be prescribed if you are taking steroids.

A healthy, balanced diet should contain all the vitamins and minerals you need.

However, Public Health England says that people should consider taking a daily supplement containing 10 micrograms of vitamin D in autumn and winter, as it is difficult to get the amount needed through sunlight at this time of year.

Public Health England also says that people whose skin has little or no exposure to the sun should take a vitamin D supplement throughout the year. This could include people in care homes and people who cover their skin when outside.

Ethnic minority groups with dark skin – from African, Afro-Caribbean and South Asian backgrounds – should also consider taking a supplement throughout the year, as they may not get enough vitamin D from sunlight in the summer.



Complementary and alternative treatments

Complementary treatments can be useful when used alongside prescribed medicines for the treatment of rheumatoid arthritis. However, they should not replace your prescribed medicines and you should talk to your rheumatology team before starting a complementary treatment.

Generally, complementary treatments are not considered to be evidence-based and are therefore not usually available on the NHS.

For more information, take a look at our Complementary and alternative treatments booklet. You can order the booklet by calling the Versus Arthritis Helpline on 0800 5200 520, Monday to Friday, 9am to 8pm, or by visiting: versusarthritis.org/alternative-treatments



Sleep

Getting a good night's sleep can be tough, especially when you are living with the aches, pains and inflammation of rheumatoid arthritis.

For more information on how to get a good night's sleep, see our Sleep and arthritis booklet, or visit the Sleep Council website: sleepcouncil.org.uk



Sex and relationships

Most couples – whether they have arthritis or not – go through phases when their sex life is less exciting or satisfying than it used to be. There may be physical reasons for this, but emotional factors and stress often play a part.

Arthritis can present a number of challenges in a relationship, including the following:

- Pain and fatigue may reduce your enjoyment of sex, as well as other activities and interests that you share with your partner.
- Arthritis may mean that you can't always manage the household jobs you usually do, or you may need help to do them.
- If your arthritis affects your work, it may lead to money worries.
- Having arthritis may affect your mood and confidence.
- Your partner may be concerned about how your condition is affecting you.

For more information, see our Sex, relationships and arthritis booklet. You can order the booklet by calling the Versus Arthritis Helpline on 0800 5200 520, Monday to Friday, 9am to 8pm, or by visiting: versusarthritis.org/sex-and-relationships



Research and new developments

Here, we round up some of the latest developments in rheumatoid arthritis research.

Our previous research has:

- led to the development of a new type of drug. These drugs are called **biologics** and have transformed the lives of people with rheumatoid arthritis over the past 20 years
- highlighted the importance of starting early, intensive treatment for inflammatory arthritis within 12 weeks of symptoms starting. It has also led to the introduction of a best practice tariff for those with rheumatoid arthritis, which means people are being diagnosed quicker.

We're currently funding research projects to find out what causes rheumatoid arthritis, and to develop new and improved treatments. For example:

- our centre for genetics and genomics is trying to understand how genetic factors determine whether certain people are at risk of developing inflammatory arthritis, and what happens when they do
- our rheumatoid arthritis pathogenesis centre of excellence is looking at why rheumatoid arthritis starts, why it attacks the joints, and why the inflammation carries on, rather than switching off
- investigating how the organisms that live on our skin and in our gut differ in those with rheumatoid arthritis, and how this affects a person's response to treatment.

We're continuing to fund different strands of research into the causes and treatments of rheumatoid arthritis. You can find out more on our website at: versusarthritis.org/research



Glossary

Adaptations are made to your home to help you move around. They can include wheelchairs, fixed ramps and baths with built-in handles.

Aids can help you manage everyday tasks such as bathing, dressing, and cooking. They can include shoe horns, rails or handles, and shower seats.

Autoimmune condition is when your body's immune system mistakenly attacks healthy body tissue, rather than germs or viruses.

Biologics are drugs used to treat some long-term conditions, such as rheumatoid arthritis and psoriatic arthritis.

Body Mass Index (BMI) is a calculation based on your weight and height that is used to work out whether you're a healthy weight for your size. An ideal BMI for an adult is between 18.5 and 24.9. A child's BMI also takes account of their age and gender.

Capsule is a layer of tissue that surrounds your joints. It keeps the bones in place and prevents them from moving too far.

Carpal tunnel is a pathway in your wrist that controls the movement and feeling in your hand.

Cartilage is tissue that covers the ends of the bones in your joints. It helps your bones slide over one another as you move.

Corticosteroids, sometimes called steroids, are used to reduce pain and inflammation. They are different to anabolic steroids, which are sometimes used by athletes and bodybuilders to try to improve their performance.

Flare-up, or flare, is a period of time in which the symptoms of a condition come back or get worse.

Hydrotherapy, also known as aquatic therapy, is exercise that takes place in a warm-water swimming pool, with a physiotherapist. It normally takes place in a physiotherapy department at a hospital.

Ibuprofen is a type of non-steroidal anti-inflammatory drug (NSAID). It helps to reduce pain and inflammation in the body.

Immune system defends the body from harmful bacteria, infection and disease.

Inflammation is the body's attempt to heal itself after an infection or injury. It increases the flow of blood and fluid to the affected area making it swollen, red, painful and hot.

Occupational therapists are trained to help improve your ability to do everyday tasks. They can also recommend useful equipment specially designed for your condition.

Osteoporosis is a condition where your bones become weaker and more fragile. This means they can break or fracture more easily.

Podiatrists are healthcare professionals who treat lots of different foot problems. They can tell you how to best look after your feet.

Physiotherapists are a trained specialist who can help you to stay active and independent. They use exercises, massages and other techniques to ease your pain and help your muscles and joints move more easily.

Physiotherapy is a therapy given by a trained specialist (physiotherapist). It's a combination of exercises, massages and other techniques to ease your pain and help your muscles and joints move more easily.

Rheumatoid arthritis is a long-term condition that can cause pain, swelling and stiffness in your joints.

Rheumatoid nodules are small lumps of tissue which form under the skin in people who have rheumatoid arthritis. They're most common on the elbows, hands or feet. They're usually painless but can be troublesome when they develop on the feet.

Steroid treatment – Steroids are a type of drug that can reduce inflammation. They can be given as tablets, liquids, injections and creams. They're different from anabolic steroids, which are sometimes used by athletes and bodybuilders to try to improve their performance.

Synovium is a membrane that lines the joint and releases a fluid which allows the joint to move smoothly.

Tendons are strong bands or cords that attach muscle to bone.

Ultrasound scans use sound waves to create images of the inside of the body.

X-rays are a test that create images of the inside of the body. They're used to look for injury or damage to the bones or joints.

Useful addresses

Chartered Society of Physiotherapy

The professional, educational and trade union body for UK physiotherapists can help you to find a physiotherapist near you.
csp.org.uk/public-patient

Complementary & Natural Healthcare Council

An independent body set up by the government to protect the public by providing a UK register of complementary health practitioners.
Tel: 020 3668 0406
cnhc.org.uk

Disability benefits

For information on benefits you may be entitled to go to:

[gov.uk/disability-benefits-helpline](https://www.gov.uk/disability-benefits-helpline)

or **nidirect.gov.uk/information-and-services/benefits-and-financial-support/disability** in Northern Ireland

Disability Rights UK

An organisation providing advice on independent living, continuing education, training, and employment.

Tel: 0330 995 0400

disabilityrightsuk.org

Driving Mobility

A network of organisations across the UK offering advice to people who have a condition that might affect their mobility.

Tel: 0800 559 3636

drivingmobility.org.uk

Motability

A scheme that allows disabled people to get mobile by exchanging their mobility allowance to lease a new car, scooter or powered wheelchair.

Tel: 0300 456 4566

motability.co.uk

National Rheumatoid Arthritis Society (NRAS)

A charity dedicated to supporting people with rheumatoid arthritis.

Helpline: 0800 298 7650

nras.org.uk

Where can I find out more?

If you've found this information useful, you might be interested in other titles from our range. You can download all of our booklets from our website **versusarthritis.org** or order them by contacting our Helpline. If you wish to order by post, our address can be found on the back of this booklet.

Bulk orders

For bulk orders, please contact our warehouse, APS, directly to place an order:

Phone: 0800 515 209

Email: info@versusarthritis.org

Tell us what you think

All of our information is created with you in mind. And we want to know if we are getting it right. If you have any thoughts or suggestions on how we could improve our information, we would love to hear from you. Please send your views to

bookletfeedback@versusarthritis.org or write to us at:

**Versus Arthritis, Copeman House, St Mary's Court,
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Thank you

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Talk to us

Helpline

You don't need to face arthritis alone. Our advisors aim to bring all of the information and advice about arthritis into one place to provide tailored support for you.

Helpline: 0800 5200 520

Email: helpline@versusarthritis.org

Our offices

We have offices in each country of the UK. Please get in touch to find out what services and support we offer in your area:

England

Tel: 0300 790 0400

Email: enquiries@versusarthritis.org

Scotland

Tel: 0141 954 7776

Email: scotland@versusarthritis.org

Northern Ireland

Tel: 028 9078 2940

Email: nireland@versusarthritis.org

Wales

Tel: 0800 756 3970

Email: cymru@versusarthritis.org

Rheumatoid arthritis

Rheumatoid arthritis is a condition that can cause pain, swelling and stiffness in joints. In this booklet, we explain what rheumatoid arthritis is, how it develops and how it's treated. We also give some hints and tips on managing arthritis in your daily life.

For more information please visit
our website: versusarthritis.org

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