

### Imaging tests

Your doctor may recommend X-rays to help track the progression of rheumatoid arthritis in your joints over time. MRI and ultrasound tests can help your doctor judge the severity of the disease in your body.

### Treatment of rheumatoid arthritis

There is no cure for rheumatoid arthritis. But clinical studies indicate that remission of symptoms is more likely when treatment begins early with medications known as disease-modifying antirheumatic drugs (DMARDs).

### Medications

The types of medications recommended by your doctor will depend on the severity of your symptoms and how long you've had rheumatoid arthritis.

**NSAIDs.** Nonsteroidal anti-inflammatory drugs (NSAIDs) can relieve pain and reduce inflammation.

**Steroids.** Corticosteroid medications, such as prednisone, reduce inflammation and pain and slow joint damage.

**Disease-modifying antirheumatic drugs (DMARDs).** These drugs can slow the progression of rheumatoid arthritis and save the joints and other tissues from permanent damage.

**Biologic DMARDs.** Often administered by injection

Please note that all these drugs can have serious side effects.

### Therapy

Your doctor may send you to a physical or occupational therapist who can teach you

exercises to help keep your joints flexible. The therapist may also suggest new ways to do daily tasks, which will be easier on your joints. For example, you may want to pick up an object using your forearms.

Assistive devices can make it easier to avoid stressing your painful joints. For instance, a kitchen knife equipped with a hand grip helps protect your finger and wrist joints. Certain tools, such as buttonhooks, can make it easier to get dressed. Catalogs and medical supply stores are good places to look for ideas.

### Surgery

If medications fail to prevent or slow joint damage, you and your doctor may consider surgery to repair damaged joints. Surgery may help restore your ability to use your joint. It can also reduce pain and improve function. Rheumatoid arthritis surgery may involve one or more of the following procedures:

**Synovectomy.** Surgery to remove the inflamed lining of the joint (synovium) can be performed on knees, elbows, wrists, fingers and hips.

**Tendon repair.** Your surgeon may be able to repair the tendons around your joint caused by inflammation.

**Joint fusion.** Surgically fusing a joint may be recommended to stabilize or realign a joint and for pain relief when a joint replacement isn't an option.

**Total joint replacement.** During joint replacement surgery, your surgeon removes the damaged parts of your joint and inserts a prosthesis made of metal and plastic.

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# Rheumatoid Arthritis



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## What is rheumatoid arthritis?

Rheumatoid arthritis is a chronic inflammatory disorder that can affect more than just your joints. In some people, the condition can damage a wide variety of body systems, including the skin, eyes, lungs, heart and blood vessels.



An autoimmune disorder, rheumatoid arthritis occurs when your immune system mistakenly attacks your own body's tissues.

Unlike the wear-and-tear damage of osteoarthritis, rheumatoid arthritis affects the lining of your joints, causing a painful swelling that can eventually result in bone erosion and joint deformity.

The inflammation associated with rheumatoid arthritis is what can damage other parts of the body as well. While new types of medications have improved treatment options dramatically, severe rheumatoid arthritis can still cause physical disabilities.

## What are the symptoms of rheumatoid arthritis?

Signs and symptoms of rheumatoid arthritis may include:

- Tender, warm, swollen joints

- Joint stiffness that is usually worse in the mornings and after inactivity
- Fatigue, fever and loss of appetite
- Early rheumatoid arthritis tends to affect your smaller joints first — particularly the joints that attach your fingers to your hands and your toes to your feet.

As the disease progresses, symptoms often spread to the wrists, knees, ankles, elbows, hips and shoulders. In most cases, symptoms occur in the same joints on both sides of your body.

About 40 percent of the people who have rheumatoid arthritis also experience signs and symptoms that don't involve the joints. Rheumatoid arthritis can affect many non-joint structures, including:

- Skin
- Eyes
- Lungs
- Heart
- Kidneys
- Salivary glands
- Nerve tissue
- Bone marrow
- Blood vessels

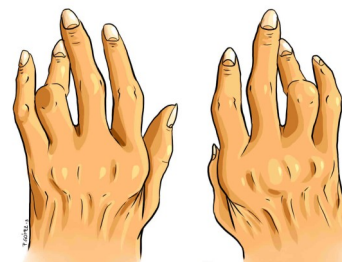
Rheumatoid arthritis signs and symptoms may vary in severity and may even come and go. Periods of increased disease activity, called flares, alternate with periods of relative remission — when the swelling and pain fade or disappear. Over time, rheumatoid arthritis can cause joints to deform and shift out of place.

Make an appointment with your doctor if you have persistent discomfort and swelling in your joints.

## What are the causes of rheumatoid arthritis?

Rheumatoid arthritis occurs when your immune system attacks the synovium — the lining of the membranes that surround your joints.

The resulting inflammation thickens the synovium, which can eventually destroy the cartilage and bone within the joint.



The tendons and ligaments that hold the joint together weaken and stretch. Gradually, the joint loses its shape and alignment.

Doctors don't know what starts this process, although a genetic component appears likely. While your genes don't actually cause rheumatoid arthritis, they can make you more susceptible to environmental factors — such as infection with certain viruses and bacteria — that may trigger the disease.

## What are the risk factors?

Factors that may increase your risk of rheumatoid arthritis include:

**Your sex.** Women are more likely than men to develop rheumatoid arthritis.

**Age.** Rheumatoid arthritis can occur at any age, but it most commonly begins in middle age.

**Family history.** If a member of your family has rheumatoid arthritis, you may have an increased risk of the disease.

**Smoking.** Cigarette smoking increases your risk of developing rheumatoid arthritis, particularly if you have a genetic predisposition for developing the disease.

**Environmental exposures.** Although poorly understood, some exposures such as asbestos or silica may increase the risk of developing rheumatoid arthritis.

**Obesity.** People — especially women age 55 and younger — who are overweight or obese appear to be at a somewhat higher risk of developing rheumatoid arthritis.

## How is rheumatoid arthritis diagnosed?

Rheumatoid arthritis can be difficult to diagnose in its early stages because the early signs and symptoms mimic those of many other diseases. There is no one blood test or physical finding to confirm the diagnosis.

During the physical exam, your doctor will check your joints for swelling, redness and warmth. He or she may also check your reflexes and muscle strength.

### Blood tests

People with rheumatoid arthritis often have an elevated erythrocyte sedimentation rate (ESR, or sed rate) or C-reactive protein (CRP), which may indicate the presence of an inflammatory process in the body. Other common blood tests look for rheumatoid factor and anti-cyclic citrullinated peptide (anti-CCP) antibodies.