

A Simple Guide to Understanding and Managing Rheumatoid Arthritis (RA)



Who Is This Guide For?

This guide is for anyone living with rheumatoid arthritis (RA), whether you've just been diagnosed or have been managing it for years. It explains RA in a way that's easy to understand and gives you practical steps to work with your healthcare team to feel better and live well.

What is Rheumatoid Arthritis (RA)?

RA is a long-term condition where your body's immune system attacks your joints, causing pain, swelling, and stiffness. It usually affects smaller joints first, like those in your hands, wrists, and feet, but can also impact larger joints like knees or shoulders. Over time, RA can damage joints, making it harder to move or do daily tasks. It can also cause problems outside your joints, like tiredness, lung issues, skin nodules, or even heart problems.

RA is more common in women and often starts between ages 30 and 60. It can run in families, and smoking or being overweight can make it worse. Unlike regular arthritis from wear and tear, RA is an autoimmune disease, meaning your body mistakenly attacks itself.

Why is it important to catch it early?

RA can start damaging your joints within the first 3 months, so finding it early is key to preventing permanent damage. Early treatment can reduce pain, keep you moving, and improve your quality of life. Without treatment, RA can make it hard to work, do hobbies, or even dress yourself. It can also lead to other health issues like heart disease or weak bones. In areas with fewer healthcare resources, RA can be harder to manage, so seeing a doctor quickly is extra important.

How Do Doctors Figure Out If You Have RA?

If you have joint pain or swelling, especially in your hands or feet, your doctor may suspect RA. Here's what they do to check:

Ask about your symptoms:

- Pain or swelling in multiple joints, especially small ones like fingers or toes.
- Morning stiffness that lasts an hour or more.
- Symptoms that are worst in the early morning.
- Joint pain that's been around for 6 weeks or longer.
- Family members with RA.

Do a physical exam:

- Check for swollen or tender joints.
- Test if it's hard to make a fist or if squeezing your hand joints hurts.

Run tests:

- **Blood tests:** To look for signs of inflammation (like C-reactive protein or ESR) or specific RA markers (like rheumatoid factor or anti-CCP antibodies).
- **X-rays:** To check for joint damage, though early RA might not show up yet.
- **Ultrasound or MRI:** These can spot joint inflammation or damage that X-rays miss, but they're not always needed.

How Do Doctors Figure Out If You Have RA? (continued)

Doctors use a checklist (called the 2010 ACR/EULAR criteria) to confirm RA. For example, you might score points for having swollen joints, positive blood tests, or long-lasting symptoms. A score of 6 or higher out of 10 means you likely have RA. They'll also rule out other conditions, like lupus or osteoarthritis.

If you have joint pain but no clear swelling, you might have “clinically suspect arthralgia” (CSA). If you have three or more signs (like morning stiffness or family history), your doctor may refer you to a rheumatologist to watch for RA.

How Do Doctors Know How Bad Your RA Is?

To see how active your RA is, doctors use simple tools at every visit:

- **CDAI Score:** Counts how many joints are tender or swollen (out of 28, like hands, wrists, and knees), plus how you and your doctor rate your RA on a 0–10 scale (0 = doing great, 10 = very bad). The score shows if your RA is:
 - Remission (under control, score 2.8 or less).
 - Low activity (score 10 or less).
 - Moderate or high activity (needs stronger treatment).
- **SDAI Score:** Similar to CDAI but includes a blood test for inflammation.
- **DAS-28 Score:** Another way to measure joint pain, swelling, and inflammation.
- **HAQ-DI Survey:** A questionnaire every 6–12 months to see how RA affects daily tasks, like dressing or opening jars.

Doctors also use X-rays to check for joint damage, especially at the start. A chest X-ray might be done to rule out lung issues or infections like tuberculosis (TB). Ultrasound or MRI can help if there's uncertainty, but they're not needed regularly.

How is RA Treated?

1. Team Up with Your Doctors

- **See a rheumatologist:** This is a doctor who specializes in RA. They'll lead your care and may work with:
 - Physical or occupational therapists to help you move better.
 - A podiatrist for foot problems.
 - A counselor for emotional support.
 - A rheumatology nurse to explain treatments and answer questions.
- **Make a plan together:** You and your doctor will pick treatments based on your health, lifestyle, and goals.
- **Learn about RA:** Understanding your condition helps you feel in control. A nurse or support group can share tips.

The goal is to stop pain and swelling, protect your joints, and help you live a full life. Ideally, your RA should be in “remission” (CDAI 2.8 or less) or at least “low activity” (CDAI 10 or less). Here's the plan:

2. Live Healthy

- **Exercise:** Activities like walking, swimming, or strength training reduce stiffness and keep you strong. A physical therapist can suggest safe moves.
- **Stop smoking:** Smoking makes RA worse and raises your risk for heart and lung problems.
- **Lose weight if needed:** Extra weight can worsen RA and other health issues. A healthy diet can help.
- **Join a support group:** Talking to others with RA can give you ideas and encouragement.

3. Medicines

Medicines are tried step by step, starting with simpler ones:

STEP 1: Methotrexate (MTX)

- **What it is:** A pill or injection in the skin, taken once a week to calm your immune system and reduce joint swelling. It's the first choice for most people.
- **How it works:** You start with a low dose (7.5–15 mg) and may go up to 25 mg. It's taken with folic acid to reduce side effects like nausea.
- **What to know:** It can take a few weeks to work. Side effects include upset stomach or tiredness, but serious issues (like liver or lung problems) are rare. You'll need regular blood tests to stay safe.
- **If it doesn't work:** If methotrexate doesn't help after 3 months, or you can't tolerate it, your doctor may try sulfasalazine or leflunomide instead. For mild RA, a drug called chloroquine might be used.

STEP 2: Combination Medicines

- **What they are:** If methotrexate alone isn't enough, your doctor may combine it with other drugs, like sulfasalazine and chloroquine (called "triple therapy") or leflunomide.
- **How they work:** These drugs team up to control RA better. You'll still need blood tests to watch for side effects.

STEP 3: Stronger Medicines (Biologics or Targeted Drugs)

- **What they are:** Medicines that target specific parts of your immune system. Examples include:
 - **TNF inhibitors** (like adalimumab, etanercept): Help with joint pain and swelling.
 - **Non-TNF biologics** (like rituximab, tocilizumab): Good for joints and other issues like lung problems.
 - **JAK inhibitors** (like tofacitinib): Pills that calm inflammation.
- **When you need them:** If you've tried two or more simpler medicines for 3 months and still have active RA (CDAI above 10), or if you have severe issues like lung disease.
- **How they're chosen:** Your doctor picks based on your symptoms, other health conditions (like infections or heart issues), and whether you prefer shots or pills. For example, rituximab is better if you've had TB or cancer.
- **Before starting:** You'll be tested for TB, hepatitis, HIV, and checked for vaccinations. Your doctor will also discuss pregnancy plans.
- **Checking if they work:** After 3 months, your doctor checks if your RA is better (e.g., CDAI drops to 10 or less). If not, they may switch to a different strong medicine.
- **Easing off:** If your RA is under control for 6–12 months (CDAI 2.8 or less), your doctor might slowly lower the dose. Stopping completely can cause RA to flare up, so you'll usually keep a low dose of a simpler medicine.

STEP 4: Pain and Anti-Inflammatory Medicines

- **NSAIDs** (like ibuprofen): These ease pain and stiffness but don't stop joint damage. Use the lowest dose for the shortest time, as they can cause stomach, heart, or kidney problems. Your doctor might add a stomach-protecting pill.
- **Paracetamol:** A safe painkiller (up to 4 g daily) for when you need it.
- **Steroids** (like prednisone): Used in low doses (7.5 mg or less) for short periods to control flares, often while waiting for other medicines to work. Long-term use can cause infections, weak bones, or diabetes, so they're tapered off quickly. Steroid shots into a single joint can help with flares.

4. Keep an Eye on Other Health Problems

RA can raise your risk for:

- **Heart disease:** Inflammation and some medicines can affect your heart. Your doctor will check blood pressure, cholesterol, and other risks.
- **Weak bones (osteoporosis):** RA and steroids can weaken bones. Bone scans (DEXA) may be done, especially for women after menopause.
- **Infections:** You'll be tested for TB, hepatitis, or HIV before starting strong medicines. Tell your doctor if you have fever, weight loss, or other infection signs.
- **Lung problems:** RA can affect your lungs, so a chest X-ray may be done.
- **Mental health:** Tiredness, pain, or feeling down is common. Ask for help if you feel sad or anxious.
- **Other issues:** Skin nodules, eye inflammation, or weight gain may need attention.

Regular checkups (every 1–3 months when RA is active, then every 3–6 months) help catch problems early. Blood tests for liver, kidney, or sugar levels may be done yearly.

This guide is based on the South African Rheumatism and Arthritis Association's 2024 recommendations. Talk to your doctor or a rheumatology nurse for more details, and ask about patient support groups in your area.

Key Things to Remember

- **Get checked early:** If you have joint pain, swelling, or morning stiffness, see a rheumatologist as soon as possible.
- **Work with experts:** A rheumatologist and support team can create a plan tailored to you.
 - **Move your body:** Exercise keeps your joints flexible and strengthens muscles.
 - **Stick with medicines:** Taking medicines as prescribed keeps RA under control.
 - **Live healthy:** Quit smoking, eat well, and stay active to feel better.
 - **Watch your health:** Regular checkups catch heart, bone, or other issues early.
 - **Find support:** Join a group to connect with others who understand RA.