

What is Rheumatoid arthritis?

Rheumatoid arthritis (RA) is a chronic, systemic autoimmune disease that primarily affects joints. Synovitis, inflammation of the lining of the joints, is the primary area of pathology.

Onset of RA is usually insidious, with pain, morning stiffness and swelling typically in small joints of hands, wrists and small joints of feet.

Patients with RA have a high prevalence of comorbidities: these include dryness of eyes, dryness of mouth (Sjogren's syndrome), lung involvement (interstitial lung disease), ischemic heart disease, bone density loss and depression.

If not adequately treated RA is associated with poor quality of quality of life, progressive disability and premature death. Primary care physicians are in the best position to recognize RA early and make a timely referral.

What are the most common symptoms of RA?

- **Pain** - Most often starts in small joints of hands - metacarpal phalangeal (MCP) and proximal interphalangeal (PIP) joints, wrists and small joints of feet; knees and ankles may also be involved.
- **Symmetrical pattern** - (May not be seen in early disease).
- **Polyarticular pattern** - Typically involves more than 3 joints but this may not be seen in early disease.
- **Morning stiffness of joints** - Typically lasting several hours.
- **Lung, eye, and skin manifestations** - Classic history of these organ involvement is after the onset of joint symptoms.
- **Constitutional symptoms** - Such as fatigue and flu like symptoms may accompany joint symptoms.

What are the most common signs of RA?

- **Joint swelling** - in fingers, wrists, toes, knees, and ankles.
- **Multiple joints with swelling** - (may not be seen in early disease).
- **Tenderness** - across the MCPs and PIP joints, ulnar aspects of wrists, and across the small joints of feet.
- **Rheumatoid nodules** – Most commonly noted as subcutaneous swelling over forearms; can occur in fingers and toes.

Who is at risk for RA?

- No one is sure what causes RA or other autoimmune diseases.
- RA starts between 30 and 50 years of age.
- Women are much more likely than men to get RA.
- People who smoke are at increased risk.
- Those with close family members with RA are at increased risk.

Need for early treatment of RA

- **Advances in the treatment of RA have made remission a realistic goal for patients.**
- While disease progression can vary among patients, **early treatment leads to greater improvement in clinical outcomes and reduces risk for joint damage and disability.**
- Treating to target (T2T) has been demonstrated to provide the best outcomes in patients with RA.
- T2T involves early use of disease-modifying anti-rheumatic drugs (DMARDs) with frequent reassessments and adjustments of treatment to ensure that patient is at pre-determined goal.



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