



## BASIC INFORMATION

### DESCRIPTION

A long-term illness characterized by joint disease that involves muscles, membrane linings of the joints and cartilage. Sometimes the eyes and blood vessels are affected. It is 3 times more common in women than men. It begins between ages 20 and 60, with a peak incidence between ages 35 and 45.

### FREQUENT SIGNS AND SYMPTOMS

Slow or sudden onset of:

- Redness, pain, warmth and tenderness in any or all active joints in the hands, wrists, elbows, shoulders, feet and ankles.
- Morning stiffness.
- Low-grade fever.
- Nodules under the skin (sometimes).

### CAUSES

Unknown, but probably an autoimmune disease.

### RISK INCREASES WITH

- Family history of rheumatoid arthritis or other autoimmune disorders.
- Genetic factors, such as autoimmune system defects.
- Female age 20-50.
- Native American ethnicity (prevalence is higher in this group).
- Flare-ups may be triggered by emotional stress.

### PREVENTIVE MEASURES

No specific preventive measures.

### EXPECTED OUTCOMES

- The disease may be mild or severe. It is presently incurable, but pain relief, prevention of disability and an active, normal life span are usually possible with early diagnosis.
- Conservative treatment relieves symptoms in 1 year in 75% of patients. About 5% to 10% of patients are eventually disabled, despite treatment.

### POSSIBLE COMPLICATIONS

- Impaired vision.
- Permanent deformity and crippling.
- Drugs used in treatment can induce complications, such as gastric problems, and those associated with long-term steroid use.
- Moderate anemia.



## TREATMENT

### GENERAL MEASURES

- Laboratory blood studies to detect a rheumatoid factor.
- Splints at night may be helpful to support and protect a joint with active disease.
- Gloves at night to retain heat.
- Relieve pain with heat, including hot soaks, heat lamps, heating pads or whirlpool treatments.

- If you don't have a firm mattress, place 3/4-inch plywood between your bed springs and mattress to support your back.

- Consider moving to a dry climate. Damp weather aggravates symptoms.

- Additional information available from the American Rheumatism Association. Telephone (800) 282-7023; or Arthritis Foundation, 1314 Spring Street N.W., Atlanta, GA 30309. Telephone (800) 283-7800.

### MEDICATIONS

- Nonsteroidal anti-inflammatory drugs, including aspirin and other salicylates; gold compounds; immunosuppressive drugs.
- Cortisone drugs usually relieve pain dramatically for short periods, but they are less effective for long-term use. They don't prevent progressive joint destruction, and they sometimes have hazardous side effects. Cortisone injections into joints can temporarily relieve pain.

### ACTIVITY

- Stay in bed, except to use the bathroom, until fever and other signs of an active flare-up disappear.
- Remain active, but include daily rest periods. Sleep for 10 to 12 hours each night. Don't become overtired.
- Stand, walk and sit erectly.
- When able, exercise actively to preserve strength and joint mobility. Build up slowly to the amount suggested. Exercising in a heated pool is good for stiff joints.
- Exercise disabled joints passively to help prevent contractures.

### DIET

Eat a normal, well-balanced diet. Avoid arthritis diet fads, which are common. Lose weight if you are obese. Obesity stresses the joint.



## NOTIFY OUR OFFICE IF

- You or a family member has symptoms of rheumatoid arthritis.
- The following occur during treatment:
  - Fever or symptoms appear in previously unaffected joints.
  - New, unexplained symptoms develop. Drugs in treatment may produce side effects.