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## Eular guidelines for treatment of rheumatoid arthritis

Rheumatoid arthritis is a long-term condition that leads to inflammation of tissues, joints and other organs. It develops slowly and there may be no symptoms at first. Scientists still do not know what causes rheumatoid arthritis. It is an autoimmune disease, which causes the immune system to attack healthy tissues and expose tissues to harmful substances. As a result, the body attacks itself. Preventing rheumatoid arthritis is impossible. This disease can occur at any age, but women are at higher risk than men. Wrists, knees, feet, fingers and ankles are the most commonly affected parts of the body. The severity of the disease may vary. Hormones, genes and infections contribute to rheumatoid arthritis. The disease begins slowly and then develops into the serious disease with severe symptoms such as fever, fatigue, weakness and pain. Morning stiffness is also very common. This disease requires permanent treatment, medication, exercise, physiotherapy and even surgery. Early treatment can delay joint destruction. Rheumatoid arthritis (RA) is a chronic inflammatory disease that affects the synovial lining between the joints. Since synovial fluid acts as a lubricant for fluid movement, rheumatoid arthritis can cause severe pain and loss of function. Rheumatoid arthritis of the hands and feet are the most common variations of the disease. Rheumatoid arthritis affects the body in a symmetrical pattern so that if one hand is affected, the other hand will probably be affected. Rheumatoid arthritis is classified as an autoimmune disorder in which the body sends misleading messages to immune cells to attack healthy body tissues. While there is no cure for RA, early diagnosis and treatment can significantly slow the progression of the disease and prevent subsequent loss of mobility. Related definitions Experts don't understand exactly why some people get rheumatoid arthritis, but years of research suggest that the most susceptible people have: A genetic predisposition to RA They have been exposed to a harmful environmental factor (e.g. Smoking) Has suffered significant disruptions in hormonal balance An imbalance of gut microbes, which can be naturally rooted or occur as a result of an infection or other event See Pain medications for genetics painkillers arthritis, external toxins, infections and hormones may put some people at higher risk of developing rheumatoid arthritis. See Rheumatologist for arthritis treatment Many researchers believe RA is more likely to develop in people who have a genetic predisposition to RA and are exposed to certain environmental factors, experience hormonal changes, and/or undergo gut microbial changes. advertising The gene associated with rheumatoid arthritis, HLA-DR4, is found in 60-70% of Caucasians with the disease. In contrast, it is found in only 20% of the general population.<sup>1</sup> While the presence of this specific genetic marker increases the likelihood of developing arthritis, is by no means an accurate diagnostic tool. In fact, most doctors do not order this genetic test when diagnosing rheumatoid arthritis. Environmental and lifestyle factors Daily habits seem to have some influence on people's risk of getting rheumatoid arthritis. The most established research in this area focuses on smoking, diet and body weight. See Lifestyle and fatigue factors associated with rheumatoid arthritis (RA) Exposure to smoking and nicotine One of the biggest environmental risk factors for rheumatoid arthritis is exposure to nicotine, especially smoking. While the direct effect of smoking is not fully understood, prolonged smoking is believed to play a role in increasing the concentration of rheumatoid factor, which is an antibody (protein). The presence of rheumatoid factor in the blood is a sign that the immune system may not function properly. See blood tests to help diagnose rheumatoid arthritis (RA) Diet It is not clear exactly how the diet affects the risk of rheumatoid arthritis. A large clinical study that has followed 121,000 women for decades suggests that: regularly drinking sugary drinks is associated with an increased risk of developing rheumatoid arthritis.<sup>2</sup> Eating a Mediterranean diet, encouraging eating vegetables, fruits, beans, and whole grains does not affect women's risk of developing rheumatoid arthritis.<sup>3</sup> Drinking coffee or tea (both caffeinated and non-caffeinated) is not related to the development of rheumatoid arthritis.<sup>4</sup> Moderate alcohol consumption does not appear to increase women's risk, and may also lower it.<sup>5</sup> See An anti-inflammatory diet for arthritis Body weight People who are overweight or obese appear to have a higher risk of developing rheumatoid arthritis.<sup>6,7</sup> (The results of a study suggest that being overweight increases the risk of RA for women but actually decreases the risk for men.<sup>8</sup> More research is needed in this area). In addition, overweight people seem to have worse symptoms than healthy patients.<sup>9</sup> See ways to exercise when having arthritis Although smoking, diet, and weight affect a person's overall risk of getting RA, there is no direct link: most overweight people and smoking do not get rheumatoid arthritis. Disruption of hormonal balance The fact that women are more likely to get rheumatoid arthritis suggests that hormones are a factor. This idea is further supported by the fact that RA symptoms improve during pregnancy, only to blaze again after birth. There is also evidence that women with irregular or passing meschine through early menopause have an increased risk of RA.<sup>10,11</sup> See pain medications for arthritis Relief from In addition to natural fluctuations in hormones, hormonal drugs and birth control seem to play a role. Oral contraceptives, which may contain doses of the progesterin hormone or a combination of progesterin and estrogen, have been correlated with a woman's likelihood of developing rheumatoid arthritis Advertising Some scientists are researching the link between bacterial and viral infections and the development of rheumatoid arthritis. Clinical research suggests that there may be associations between RA and some infections, such as gingivitis, Epstein-Barr virus and chronic hepatitis C.<sup>12-15</sup> See My joint pain caused by rheumatoid arthritis (RA) or an infection? In addition, some scientists have suggested that a person's microbiome can affect the development of RA.<sup>10,11,16,17</sup> A person's microbiome is the collection of microorganisms, such as bacteria and fungi, that live in the mouth, intestines, airways and elsewhere on the body. These microorganisms have many roles, including influencing metabolism and the immune system. Although experts have identified possible links between the infection and the microbiome and ra, there is not enough evidence to in case clear causes and effects. More research is needed. Page 2 Most people who have rheumatoid arthritis take some type of drug. RA drugs typically fall into five categories: nonsteroidal anti-inflammatory drugs (NSAIDs); steroids; disease-modifying anti-rheumatic drugs (DMARD); organic products; and janus kinase inhibitors (JAK). See Pain medications for arthritis Pain relief A rheumatologist may recommend a tailor-made plan to treat rheumatoid arthritis symptoms. See the role of rheumatologist in patient care When prescribing a drug, a doctor will consider the patient's age, disease activity, and other medical conditions, but each patient is unique. Understanding which drug or combination of drugs works best for an individual can be challenging and often requires a trial and error process. See rheumatologist for advertising arthritis treatment Most people with RA are advised to take a non-steroidal anti-inflammatory drug to reduce pain and inflammation. NSAIDs are sold over-the-counter, with names such as Advil and Aleve, as well as on prescription, with names such as Mobic and Celebrex. See Pill swallowing techniques and alternatives to oral drugs 2. Steroids (Corticosteroids) Fast-acting steroids, such as prednisone, are especially useful during initial treatment, before other RA drugs had a chance to take effect (often 12 weeks or more). One advantage of steroids is that they can be injected into joints. Injected steroids can provide pain relief aimed at one or two painful joints with limited side effects. Experts recommend taking the lowest possible dose of steroids and advise against relying on them longer than necessary. The effectiveness of steroids often decreases over time, which means that the longer a person takes a steroid, the less likely they are to relieve symptoms. people who take steroids continuously for several months or years may experience side effects such as weight gain, blood pressure gain, diabetes and heart disease. See cortisone injections (steroid injections) 3. Metotrexate and other traditional traditional products Disease-modifying antieumatic drugs (DMARD) are used to slow or stop rheumatoid arthritis by suppressing the immune system. Generic names for commonly used DMARD include: Hydroxychloroquine Methotrexate Sulfasalazine Azathioprine Lefludomide Metotrexate is often the first drug prescribed for people newly diagnosed with rheumatoid arthritis. Patients with RA take this drug weekly, alone or in combination with other drugs. High-dose metotrexate is also used to treat certain tumors. RA patients take significantly lower doses than cancer patients. See treatments for rheumatoid arthritis (RA) in hands 4. Biological drugs for rheumatoid arthritis Biological drugs target and prevent a specific reaction from happening again, stopping the inflammatory process. This class of drugs, called biological response modifiers, is technically a subset of DMARD. They can be used with traditional DMARD or as an alternative to them. Organic products: Stop some parts of the cascade of events that lead to RA inflammation and have the potential to stop the process of the disease. Increase a person's risk of infection and tend to be expensive. Due to these potential negative aspects, organic products are used when metotrexate or other DMARD prove insufficient or cause unacceptable side effects. It can become less effective and/or cause worsening of side effects over time. The doctor and the patient can work together to monitor the changes and decide if and when it is advisable to change the drug. See Biological for RA and Other Autoimmune Conditions Biologicals fall into four categories: tumor necrosis factor inhibitors (TNF); Interleukin inhibitors (IL); B cell inhibitors; and T-cell inhibitors. These drugs are administered by injection or infusion. Examples include Remicade, Enbrel, and Humira. See The Science Behind Biologics Testing for Tuberculosis Before taking any type of biological drug, a person must be tested for tuberculosis. People who have latent tuberculosis carry the bacterium Mycobacterium tuberculosis without having symptoms of tuberculosis. If a person with latent tuberculosis takes immunosuppressive biological drugs, the bacterium can multiply and cause symptomatic tuberculosis. See risks and side effects of Biologics 5. JAK enzymes of Janus Kinase inhibitors (JAK) are essential messengers in the inflammatory process of the immune system. When JAK enzymes bind to other cells, called X cells, they trigger inflammation. JAK inhibitors bind to JAK enzymes, preventing them from binding with X cells and stopping the inflammatory process. Advertising The first FDA-approved JAK inhibitor it calls Tofacitinib, and is sold under the names Xeljanz and Xeljanz XR (extended release). As with biological media, people considering taking JAK inhibitors must have a tuberculosis test. People taking JAK inhibitors are advised to work with their doctors to monitor risks and side effects. Effects. Effects.