



**Rheumatoid arthritis**

A guide to your condition and its treatment

abbvie



## **Being diagnosed with rheumatoid arthritis, or RA, can be shocking and scary. What is it? What can I expect?**

This booklet will help you understand RA, including some fast facts about your condition, symptoms you may experience, and treatment options available to you.

You should know from the start that there have been many advances made in RA therapy—so while there is no cure, there is hope.

And you should also know that you are not alone. Your doctor and health care team – which could include your rheumatologist, nurse, pharmacist, nutritionist, physiotherapist, occupational therapist and/or a patient organization (for example, the Arthritis Society) – are there to help you and answer questions along the way. Early diagnosis and treatment are key to managing your condition, so you'll work closely with your health care team to decide which options are suitable for you.

Let's begin our discussion by taking a closer look at what's happening inside your body when you have RA.

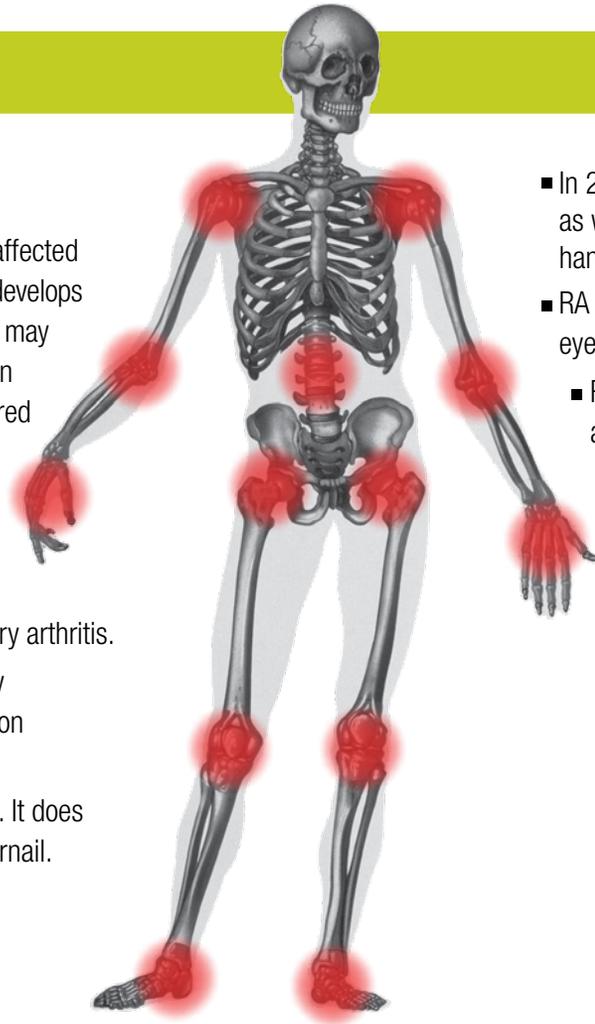
## **What is RA?**

In RA, the body's immune system attacks the lining of the joints, causing inflammation. Pain, redness, heat, and swelling occur, leading to the breakdown of joints and tissues that protect your bones.

## Fast facts about RA

RA affects 300,000 Canadians. Women are affected three times more often than men. RA usually develops in people between 25 and 50 years of age but may occur at any age – from toddlers to seniors. In children, it takes a different form and is referred to as Juvenile Rheumatoid Arthritis.

- RA can affect the hands, wrists, elbows, shoulders, neck, jaw, feet, ankles, knee and hips. The spine is not usually affected.
- RA is the most common type of inflammatory arthritis.
- RA tends to occur on both sides of the body (for example, it is likely to cause inflammation in both wrists and not just in one).
- RA affects the joints of the fingers and toes. It does not usually affect the joint nearest the fingernail.



- In 20% of people with RA, rheumatoid nodules as small as peas or as large as walnuts will form under the skin at pressure points, such as the elbows, hands, feet and Achilles' tendons.
- RA sometimes affects the tear and salivary glands, causing dryness of the eyes and mouth. This is known as Sjogrens Syndrome.
  - RA occasionally affects the lining around the heart and lung. It rarely affects blood vessels.
    - Severe RA can lead to joint deformity, disability, work loss and other health problems.

## What causes RA?

In RA, the body's immune system targets healthy tissues in the same way that it attacks foreign invaders like a virus or bacteria.

While no one knows what causes RA, researchers have learned that:

- RA does not always run in families, but it is more common in people who have relatives with RA
- An inherited gene makes some people more likely to develop RA
- A combination of genetic factors and environmental triggers may play an important role in the development of RA. For example, RA is more common in long-time smokers
- An infection or stress may trigger RA in people who are genetically susceptible



RA affects people in different ways.

In some people, RA progresses steadily over time. Others have flares – episodes of sore and swollen joints that occur from time to time. Some people develop RA in several joints; in others, RA affects just a few joints.

RA may cause little or no joint damage in some people, while others suffer major disability.

## Signs and symptoms

These vary from person to person, and may appear without any particular pattern.

You may have one or many of the following:

- Three or more painful joints at the same time
- Joints that feel warm to the touch
- Pain in your joints that keeps you awake at night
- Pain affecting the same joints on opposite sides of the body, e.g., both wrists, both ankles, both elbows
- A general feeling of illness due to inflammation
- Overwhelming tiredness or fatigue
- Morning stiffness lasting more than 30 minutes
- A low-grade fever
- Weight loss



## Joint damage

Joint damage can occur early in RA, and, if not properly treated, can progress over time. Once it happens, joint damage is irreversible.

- Up to 93% of people with RA for less than 2 years have signs of joint damage
- Up to 75% of all damage may occur within the first 5 years of diagnosis
- Joint damage can happen even when the pain is not severe

## Treating RA

Although there is no cure, RA can be managed with early diagnosis and proper treatment.

Medical therapy, lifestyle changes and complementary therapies all work hand in hand to relieve symptoms and improve your daily life. Your doctor and health care team will help you decide which strategies are best for you, depending on your personal goals.

The following section gives an overview of the different ways your doctor may want you to manage your RA.

## Cardiovascular risk considerations

People who have RA may be at higher cardiovascular (CV) risk than the average person, meaning CV events can occur earlier than they would in the general population.

Proper assessment and understanding of your personal cardiovascular risk profile may be an important part of your overall health care.

The Framingham Heart Study identifies the common factors that contribute to cardiovascular disease by following its development over a long period of time in a large group of participants. It has led to the development of a number of “calculators” that provide an estimate of future risk of cardiovascular events, given a particular set of personal parameters.

One of these is the Coronary Heart Disease 10-year Risk Calculator, which estimates the likelihood of an individual developing coronary heart disease (impairment of blood flow through coronary arteries), which may cause angina or a heart attack.

This calculator can be found at <http://www.framinghamheartstudy.org/risk-functions/coronary-heart-disease/hard-10-year-risk.php>.



## Lifestyle

Building your health care team is important. Besides your rheumatologist, nurse and pharmacist, getting acquainted with a physiotherapist, nutritionist and occupational therapist is a great way to take control of your disease.

A physiotherapist is a medical professional trained to assess problems in a person's movement and mobility. They will evaluate your joints, spine and muscle mobility, advise you on ways to reduce pain and create an individualized plan to help improve your mobility, function, muscle strength and flexibility, and overall quality of life. They can also recommend safe ways to participate in hobbies and sports in such a way as to minimize pain and discomfort.

Participating in a daily exercise program, including stretching, muscle strengthening exercises and aerobics, is an effective way to improve range of motion, reduce joint stiffness and pain, and increase endurance. Even if you feel well with your current medication, exercising daily may help maintain your overall function.

Group exercise programs or individual programs can be developed for you by the physiotherapist. Low impact activities such as walking, Nordic pole walking, swimming, bicycling or use of an elliptical machine are usually recommended.

Aerobic exercise and strength training may also be recommended to improve overall well-being, including decreasing pain, fatigue, stress, and improving sleep.

It is not recommended that spinal manipulation be utilized due to risk of spinal fractures.

If you currently are a smoker, participation in a regular exercise program will assist in maintaining or reducing your weight and could help you quit smoking.

For more information on exercise, visit <http://arthritis.ca/manage-arthritis/educational-resources-tools/printed-publications/top-10-exercises>

### **Make sure to consult your doctor before starting any exercise program.**

When it comes to day-to-day activities, the ability to engage independently has been shown to increase well-being. An occupational therapist is a highly trained health care professional who can provide you with strategies to help you cope with pain, and identify, engage in and improve your function in activities of daily living.

They will assess and evaluate you in relation to occupational performance, and recommend ways to protect your joints and increase independence in performing activities like housework, shopping, and even working. They can also suggest new sleeping positions and the use of pillows to help keep pain from disturbing your sleep and to maximize rest. An occupational therapist will teach you new ways of

doing things to enable you to regain your previous lifestyle as much as possible. Don't forget to pay attention to what you put in your body! Extra weight puts an extra burden on your weight-bearing joints (back, hips, knees, ankles and feet). You should consider a balanced diet as a way to achieve and maintain a healthy weight. A nutritionist will give you professional advice on the most sensible diet to follow. They will teach you how to plan your meals and navigate food labels to ensure you are getting adequate nutrients. Remember that healthy eating, based on Canada's Food Guide, also fuels your body with proper nutrients, providing adequate energy to complete your daily activities.

## Complementary therapies

Not all complementary therapies work in all people. They do not replace your RA medications. The Arthritis Society offers a guide at <http://arthritis.ca/manage-arthritis/educational-resources-tools/printed-publications/an-introduction-to-complementary-and-alternative-therapies>. Talk to your doctor about which of the following complementary therapies are suitable for you:

- Acupuncture (make sure you find a qualified practitioner who works with people with RA and recognizes the importance of using strict aseptic techniques)
- Heat and cold (page 14)
  - Biofeedback (with or without hypnosis)
  - Creams and gels, which may contain either ASA (the active ingredient in aspirin) or capsaicin (found in hot chilli peppers)
  - Distraction and flow, a relaxation technique that gets your mind off pain
    - Music therapy
    - Yoga
    - Self-hypnosis, focusing, and guided imagery or visualization are relaxation techniques that use your brain power to lessen pain
    - Laughter
    - Swedish or “classic” forms of massage (make sure you find a qualified practitioner who works with people with RA)
    - Vitamin or mineral supplements (always check with your doctor and pharmacist about the possibility of drug interactions)



## Heat and cold

**HEAT** can help relieve muscle pain and joint stiffness. A warm shower in the morning or before bed, especially when combined with stretching exercises, can be very helpful.

Other ways to apply heat include a hot water bottle, warm wheat pillow and electric blanket. However, be careful not to apply direct heat to a swollen joint – this may cause more swelling!

**COLD** may help reduce joint swelling and pain. Wrap an ice pack or bag of frozen peas in a tea towel and apply to the swollen joint. Cold, particularly icy cold, can burn the skin, so do not leave ice packs in place for more than 10 minutes. Observe the rule of 10s – 10 minutes on, 10 minutes off.

## Surgery

Some people with severe, advanced RA that have not responded to treatment may benefit from surgery. Surgery can ease joint pain and restore joint function and mobility. In some cases, surgery can improve the physical appearance of deformed joints. People with RA have surgery to repair damaged or ruptured tendons, replace a damaged hip or knee joint, remove a chronically inflamed

joint lining (synovectomy), fuse bones to ease pain, or remove worn out bone to restore mobility. Postoperatively you will likely require physiotherapy and rehabilitation. It is important to discuss goals of therapy as well as modifications to any existing exercise program such that you may protect the joint and reduce the risk of injuries.

## Drug treatment options

The goal of medication is to slow disease progression and reduce joint swelling, pain, tenderness, and stiffness. Ask your doctor how medications differ and to explain their benefits and side effects.

Four types of medication are used to treat RA:

- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Corticosteroids (steroids)
- Disease-modifying antirheumatic drugs (DMARDs)
- Biologic response modifiers (biologics)

Your doctor may suggest one or a combination of these therapies to reduce your pain and to prevent RA from getting worse over time. Whatever your medication, it is very important to take it as prescribed and not to change

without speaking to your health care team. RA requires ongoing treatment – even when symptoms appear to have gone away.

**Your doctor will recommend a therapy that is best suited to you, taking into consideration your other medical problems and other medications.**

## Nonsteroidal anti-inflammatory drugs (NSAIDs)

NSAIDs are used to treat the pain and swelling of arthritis and other inflammatory disorders. People taking NSAIDs may experience benefits within a few weeks.

This group of drugs includes:

- Over-the-counter painkillers, such as ASA (e.g., Aspirin<sup>®</sup>, Anacin<sup>®</sup>) and ibuprofen (e.g., Motrin<sup>®</sup>, Advil<sup>®</sup>)
- Prescription NSAIDs include naproxen (e.g., Anaprox<sup>®</sup>), diclofenac (Voltaren<sup>®</sup>), indomethacin and piroxicam. They are used to treat moderately to severely painful, swollen joints
- COX-2 inhibitors, such as Celebrex<sup>®</sup>, may be prescribed to people who cannot tolerate traditional NSAIDs

All NSAIDs produce about the same anti-inflammatory effects, but individuals

react differently to different drugs, and you may find that one NSAID provides more relief than another.

Common side effects of NSAIDs include: upset stomach, heartburn and nausea. Taking two different NSAIDs at the same time is generally not recommended as this increases the risk of side effects. NSAIDs are not for everyone, even if some are available over the counter. You should always consult your doctor before using NSAIDs.

## Corticosteroids (steroids)

Corticosteroids are potent anti-inflammatory medications that can be taken orally (as a pill) or injected.

Oral corticosteroids, such as prednisone, help to decrease joint swelling and slow joint damage in severe RA. They are usually taken for limited periods of time, because of side effects. For severe pain and swelling, your doctor may inject a corticosteroid directly into a painful, swollen joint for immediate but short-term relief.

Side effects of corticosteroids include: facial rounding, greater appetite and weight gain, susceptibility to infection, and bone loss (osteoporosis).

## Disease-modifying antirheumatic drugs (DMARDs)

DMARDs can be prescribed to treat several types of inflammatory arthritis (e.g., rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis) as well as inflammatory bowel disease (ulcerative colitis and Crohn's disease).

Early treatment with DMARDs can prevent the joint damage that occurs over time in RA. DMARDs cannot reverse joint damage that has already happened, but they can save joints and other tissues from destruction. DMARDs may need to be taken for weeks to months before there is a noticeable difference in pain and joint swelling.

Methotrexate, hydroxychloroquine (Plaquenil®) and sulfasalazine (Salazopyrin®) are commonly prescribed DMARDs. Although they can be taken alone, they may also be taken with NSAIDs. Other common DMARDs are gold therapy (Myochrysin®), leflunomide (Arava®) and azathioprine (Imuran®). Tofacitinib (Xeljanz™) is also a DMARD.

People with mild RA are usually prescribed a single DMARD. For moderate to severe RA, your doctor may prescribe two or three DMARDs to take at the same time for greater benefit.

Common side effects of DMARDs include: upset stomach, vomiting, diarrhea, and dizziness.

Regular blood work is needed for the monitoring of cell counts and liver function.

## Biologic response modifiers (biologics)

Biologics are used to treat a variety of conditions such as rheumatoid arthritis, Crohn's disease, ankylosing spondylitis, psoriasis and psoriatic arthritis. Biologics help ease joint swelling and pain, and help prevent damage to your joints. They work within days or weeks in some people, but may take 3-6 months in others.

Biologics come from different sources (e.g., human or animal), and use different mechanisms of action to control the inflammatory process.

They are generally prescribed to people who fail to respond to other RA therapy, such as NSAIDs or DMARDs. Biologics are often combined with DMARDs to treat the most severe forms of RA.

The following biologics are currently available in Canada to treat RA:\*

- Humira® (adalimumab)
- Enbrel® (etanercept)
- Simponi® (golimumab)
- Simponi® I.V. (golimumab)
- Cimzia® (certolizumab pegol)
- Remicade® (infliximab)
- Inflectra™ (infliximab)
- Remsima™ (infliximab)
- Rituxan® (rituximab)
- Orencia™ (abatacept)
- Kineret® (anakinra)
- Actemra® (tocilizumab)
- Brenzys™ (etanercept)
- Kevzara™ (sarilumab)

\*Current as of March 2017

Common side effects of biologics include: mild skin reactions at the injection site, upper respiratory tract infection and an increased susceptibility to infections. Biologics may make it more difficult for you to fight off infections, because they suppress the immune system. Rarely, people who take biologics may develop serious infections, lupus-like reactions, nervous system diseases and cancer (including lymphoma).

## Help your friends and family help you

If you are living with a chronic inflammatory illness, it is very important to open the lines of communication with family, friends and co-workers to help them understand what you're feeling.

Encourage your loved ones to learn about your condition, understand your symptoms better, and even attend appointments with you. There are many sources of reliable information to assist everyone, including libraries, websites, blogs and The Arthritis Society. You can even give them this booklet to read!

Ask them to be there for you and to lend an ear if you need to talk. If sometimes you are limited by your condition, make sure to communicate that, and keep in mind that, with inflammatory conditions, there are always good days and bad days.

And if you've ever had to say, "You don't know what it's like," remember to sincerely express your feelings. This will give others the opportunity to help you.

## Your doctor will help you decide what to do next

We hope you have found this information to be helpful and suggest that you speak to your doctor and the rest of your health care team about the most appropriate treatment for your condition. Don't hesitate to ask questions and get involved in decision-making regarding your RA. And keep in mind there are many options available to you, so if one approach doesn't work, another one might.

## Useful websites

The Arthritis Society  
Canadian Arthritis Patient Alliance  
RheumInfo  
Joint Health  
Institut de Rhumatologie de Montréal

arthritis.ca  
arthritispatient.ca  
rheuminfo.com  
jointhealth.org  
irmarthritis.com (available only in French)





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## Questions to ask my doctor:

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