Rheumatoid Arthritis

Rheumatoid arthritis (RA) is the most common type of autoimmune arthritis. Rheumatoid arthritis is an autoimmune disease in which the body’s immune system – which normally protects its health by attacking foreign substances like bacteria and viruses – mistakenly attacks the joints.

**Clinical features**

Joint pain, swelling, warmth, erythema, and lack of function are classic. Palpation of the joints reveals spongy or boggy tissue. Often fluid can be aspirated from the inflamed joint. Characteristically, the pattern of joint involvement begins with the small joints in the hands, wrists, and feet. As the disease progresses, the knees, shoulders, hips, elbows and ankles joints are involved. The onset of symptoms is usually acute. Symptoms are usually bilateral and symmetric. In addition to joint pain and swelling, another classic sign of RA is joint stiffness, especially in the morning, lasting for more than 30 minutes.

**Investigations**

1. ESR and C-Reactive Protein
2. Rheumatoid factor and anti-CCP antibodies
3. Urea, creatinine and liver function tests
4. Full blood count

**Management**

Medical management begins with therapeutic doses of NSAIDs. When used in full therapeutic dosages, these medications provide both anti-inflammatory and analgesic effects. The early use of disease-­modifying anti-rheumatic drugs (DMARDs) therapy improves clinical outcome in RA.

Examples of disease­-modifying anti-rheumatic drugs (DMARDs):

1. Methotrexate
2. Sulfasalazine
3. Hydroxychloroquine
4. Ciclosporin