RHEUMATOID ARTHRITIS

We Are Here To Help!

ARTHRITIS FOUNDATION OF SOUTH AFRICA
EST 1973

SARAA
South African Rheumatism & Arthritis Association

This information leaflet is published by the Arthritis Foundation as part of its continuing education programme for all people with arthritis.

Arthritis Foundation is a registered Non-Profit Organisation No 002-847 NPO

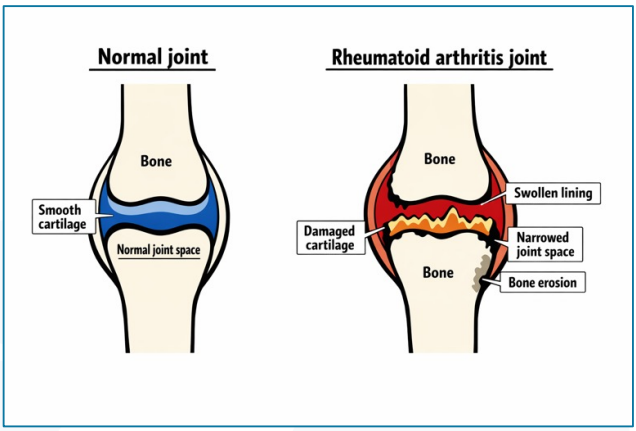
WHAT IS RHEUMATOID ARTHRITIS?

Rheumatoid arthritis (RA) is an autoimmune disease that causes pain and swelling of various joints in your body, commonly the smaller joints of the hands and feet and also the larger joints. Other organs including the lungs, heart, eyes and mouth can also be involved. RA commonly begins between the ages of 30 and 50 but can occur in any age group including children and the elderly. It is a relatively common disease and affects about one percent of the population. It is more common in females.

WHAT IS THE CAUSE OF RHEUMATOID ARTHRITIS?

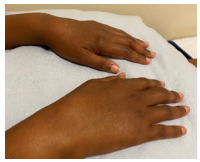
It is not known what causes RA. It is more common in people who smoke and/or have a family history of RA. The normal role of your body's immune system is to fight off infections to keep you healthy. In an autoimmune disease, your immune system starts attacking your own healthy tissues. The immune system mistakes the body's cells for foreign invaders and releases inflammatory chemicals that attack those cells.

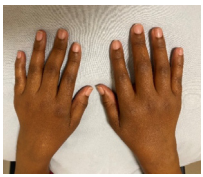
The synovium is the tissue lining around a joint that produces a fluid to help the joint move smoothly. The synovium is attacked by the inflammatory cells, and it becomes inflamed and thickened. This inflamed tissue produces an increased amount of fluid in the joint, and the joint can be sore, feel tender and swollen when touched, and moving the joint may be difficult. Over time, particularly if left untreated, this constant inflammation can cause damage to the joint cartilage and bone.



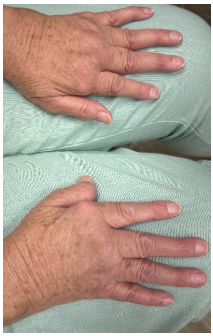
WHAT ARE THE SIGNS AND SYMPTOMS OF RHEUMATOID ARTHRITIS?

- Pain, swelling, warmth and tenderness in the joints.
- This typically starts in the small joints of the hands and/or feet but can start in a larger joint.
- Stiffness, especially in the morning or after resting. This stiffness can last for more than 30 minutes and can sometimes last for hours.
- The stiffness improves with movement.
- RA often affects the joints on both sides of the body.
- Tiredness, low energy or feeling generally unwell is also common.
- Reduced grip strength or difficulty with daily tasks.

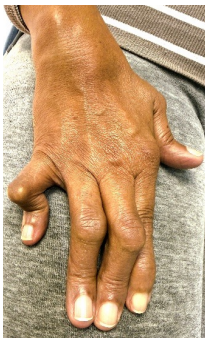




Early RA



Progressive disease



Deforming RA

(patient images, with permission)

HOW IS RHEUMATOID ARTHRITIS DIAGNOSED BY YOUR DOCTOR?

There is no single test to diagnose RA.

- Your doctor will examine your joints and skin and look and feel for warmth, tenderness and swelling.
- Blood tests are often ordered to help confirm the diagnosis eg: rheumatoid factor antibody (RF), anti-CCP antibodies (ACCP), and inflammation markers such as CRP and ESR.
- Blood tests can support a diagnosis, but there are patients who have seronegative RA i.e., their antibodies are negative.
- An ultrasound of the joints can assist in diagnosis of very early disease.
- X-rays may be required since changes may occur if the disease has been present for a longer period of time.

HOW DOES RHEUMATOID ARTHRITIS AFFECT OTHER ORGANS OF THE BODY?

Complications of rheumatoid arthritis can affect 10%-20% of patients but usually indicates severe disease.

Skin	Rheumatoid nodules (8% of cases) on pressure points (elbows). Vasculitis (skin ulcers).
Lung	Interstitial lung disease (inflammation in the lung tissue); lung nodules.
Eye	Sicca symptoms (dry eyes/mouth); episcleritis and scleritis can be red and painful.
Cardiovascular	Accelerated atherosclerosis increasing the risk of heart attacks or strokes.
Systemic	Anaemia of chronic disease, fatigue, fever, weight loss.
Neurological	Peripheral neuropathy, carpal tunnel syndrome, and rare cases of vasculitis affecting nerves (mononeuritis multiplex).
Oesteoporosis	The risk is increased in RA due to the inflammation from the disease but also from corticosteroid use.

WHAT ARE THE TREATMENT OPTIONS FOR RA?

The diagnosis of RA should be made as soon as possible, and treatment should be started as early as possible after the symptoms begin. This is because any joint damage done by the disease is permanent. Therefore, it is vital to start treatment as early as possible to minimise or even prevent any permanent joint damage. Patients should ideally be treated by a rheumatologist or a doctor who has experience with the different treatment options.

There is no cure for RA, but treatment can control inflammation, relieve symptoms and reduce the risk of long-term joint damage. Many people do well when treatment starts early and is reviewed regularly.

Synthetic DMARDs (disease-modifying anti-rheumatic drugs), such as methotrexate, chloroquine (Plasmoquine), sulfasalazine (Salazoyrin), and leflunomide are the first lines of treatment.

Biologic DMARDs or targeted treatments may be used if RA is not controlled with standard DMARDs.

Short-term corticosteroids may help settle flares or control symptoms while other medicines start to work. Oral steroids should be given for as short a period as possible.

Pain relief and anti-inflammatory medicines may help with symptoms, but they do not stop the disease from progressing. Physiotherapy and occupational therapy can help protect joints, improve movement and support everyday activities.

Surgery is sometimes considered if a joint becomes severely damaged, or to fix ruptured tendons.

DMARDS

(disease modifying anti rheumatic drugs)

These medications slow down the progression of the disease and prevent long-term damage (modify the course of the disease).

Methotrexate (MTX)

It works by slowing down parts of the immune system that are causing inflammation. This helps reduce pain, swelling, and further damage. It does not usually work straight away; it often takes several weeks to start working.

MTX is taken in the form of tablets once a week. It can also be given as a subcutaneous injection, if the tablets are not well tolerated.

Folic acid (Vitamin B 9) is given at the same time to reduce side effects like nausea and fatigue.

MTX is the recommended first choice of treatment around the world.

Side effects include upset stomach or tiredness, but serious issues (like liver or lung problems) are rare. Your doctor will request regular blood tests to monitor.

Chloroquine (Plasmoquine)

Is often added to MTX and is used in milder disease. It has minimal side effects, but you should see an eye specialist annually, to assess for maculopathy. This condition can lead to blurred vision, difficulty reading, or trouble seeing fine detail. The risk ranges from 1% to 8% in patients who have used the drug for over 5 to 10 years. It is safe to use in pregnancy.

Salazopyrin (SZP)

This medication has been used to treat RA for decades. It is often added to MTX and chloroquine for better control of the RA. When SZP is used alone, the disease takes longer to respond. It can cause tummy upset and diarrhoea, and because it contains sulphur some people can develop an allergic skin reaction to it. It is safe to be used in pregnancy and while breast feeding.

Leflunomide

Leflunomide is a single tablet, taken daily. This is often added to MTX for more severe forms of RA. It can also be used by itself. Side effects include diarrhoea, nausea and very rarely skin reactions. It should not be used in women who are planning pregnancy, as it can cause abnormalities in the unborn baby.

BIOLOGIC DMARDS

These are newer medications for RA that are more expensive, and not easily accessible in South Africa. They include:

- **TNF inhibitors:**
  adalimumab, etanercept, golimumab and infliximab
- **IL6 inhibitor:**
  tocilizumab
- **CD20 inhibitor:**
  rituximab
- **Co-stimulatory blocker:**
  abatacept
- **JAK inhibitors:**
  tofacitinib, upadacitinib, baricitinib
  These are all tablets.

The doctor chooses the best option based on symptoms, other health conditions (like infections or heart issues, tuberculosis (TB) risk, previous cancer), and preference for injections, infusions or pills. Cost is a huge consideration as well.

All patients will be tested for latent TB, hepatitis, HIV, and checked for vaccinations, before starting a biologic.

WHAT CAN YOU DO TO HELP YOUR RA?

Regular appointments with your doctor

You should ensure that you see your doctor on a regular basis to assess your joints and other organs. You will also need to have your bloods tested regularly while you are taking your medications. Discuss side effects of your medication if you have any. Do not stop or change your medication without discussing it with your doctor. Your disease may flare if you stop them completely.

What else can you do to help your condition?

Consistency is key

Stick to your treatment plan. Even when you feel great, it may just mean that the underlying disease is controlled but a change in medicine can allow inflammation to flare up again. We want to prevent damage before it happens, not just react to pain.

Maintain a healthy weight

A diet rich in Omega-3 fatty acids (fatty fish), fruits, and vegetables supports overall health and may help manage systemic inflammation. Sugars in fruit are good but avoid processed sugars found in sweetened foods and drinks. Too much salt can also increase inflammation.

Morning mobility

Combat morning stiffness - which can last to several hours - with gentle stretching, warm showers, or heat therapy.

Exercise

Exercising helps to keep your muscles strong and your joints moving. As far as possible, try to keep active. The muscles around the joints will become weak if they are not used. Regular exercise may also help to reduce pain and improve joint function. Swimming, yoga, or cycling are good ways to exercise many muscles without straining joints too much.

Joint protection

Become more aware of how you use the joints that ache, both at home and at work. Watch your actions as you perform tasks. Try sharing the load over several joints:

- o Use two hands.
- o Keep as much of your hand as possible in contact with the object.
- o Avoid gripping with your thumb.
- o Don't lift heavy objects.
- o Bend from the knees, and not the back.
- o Regular hand exercises will improve your grip. Do them most days for short periods a couple of times a day. Start slowly and build up the amount of exercise you do over several weeks.

Protect your feet

Good shoes help to protect your feet in the long term. Ask to be referred to podiatrist if you have rheumatoid arthritis and your feet are painful or starting to change shape.

Stop smoking

Smoking increases your risk of heart attacks and strokes and may also make your joint disease worse.

Limit alcohol use

Alcohol can affect your liver, and your medications are broken down in your liver and excreted. The two combined may increase the risk of liver abnormalities.

MANAGING TRIGGERS AND FLARE

Prioritize sleep

Aim for 7–9 hours. Inflammation is naturally higher at night which can be due to various causes but it's good to protect yourself from this. Maintain a consistent routine of reducing stress at night and having a calm environment. Implement a 1-hour 'no screen' rule before bed to minimize blue light, which can affect circadian rhythms. High cortisol associated with stress increases inflammation. Combat this before sleep with deep breathing exercises (e.g., inhale for 4 seconds, exhale for 6 seconds), yoga, or journaling to reduce anxiety. Limit alcohol, caffeine, and highly processed, sugary foods before bed, as they can trigger inflammation. Choose healthy, anti-inflammatory snacks like berries or chamomile tea. Gentle stretching or moving stiff joints before bed can help. Rubbing on topical pain treatments or having a warm showers or bath before bed can help ease aches. Use pillows to support you where needed.

Mental health

Stress management through meditation or support groups isn't 'extra' - it is a core part of your treatment.

Symptom journaling

Tracking daily pain, fatigue, and "brain fog" helps identify personal triggers and guides treatment adjustments.

Vaccinations

People on immunosuppressive therapy should stay current with vaccinations. Preventing any infections that can be prevented with vaccination is the ideal way of fighting them. Some, like the influenza vaccine, are given yearly but others are done a lot less often.

RED FLAGS: WHEN TO SEEK IMMEDIATE MEDICAL ADVICE:

Visit your clinic, GP or specialist if you have any of the following:

- Any signs of severe infection, fever, shortness of breath or chest pain.
- If you develop any allergic-type rashes.
- Sudden onset of severe painful red eyes.

USEFUL WEBSITES

arthritis.org.za
Arthritis Foundation of South Africa

saraa.co.za
South African Rheumatism & Arthritis Association

rheuminfo.com

uptodate.com

awareness.creakyjoints.org/ra-pain

arthritis-uk.org/about-us

We Are Here To Help!

GET IN TOUCH

Email: info@arthritis.org.za

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Donate or leave a bequest towards AFSA work/services:

Account Name:
Arthritis Foundation of South Africa
Bank:
Standard Bank
Account Number:
070965226
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HELPLINE: +27 86130 30 30

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INCREASING AWARENESS, PROVIDING EDUCATION AND OFFERING SUPPORT