

## RA leads to joint deformities and poor quality of life if not treated

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**Dr. Yojana Gokhale, Professor of Medicine, In-charge of Rheumatology, LTMC, Sion shares her views on Rheumatoid Arthritis**



Rheumatoid Arthritis (RA) is the commonest inflammatory joint disease, that affects 1 out of 100 people. Though more common in females, it affects males and children too. The disease leads to joint deformities and poor quality of life if proper treatment is not started early. About 50 years back many patients became wheel-chair bound or bed-ridden due to RA, as effective treatment was not available.

But today even after availability of effective treatment, there are many misconceptions about the disease and patients are reluctant to take prolonged medication. Patients suffering from RA should understand that very effective medicines are now available for treatment of RA and with early institution of correct medicines patients can live normal life. At the same time for those who were improperly treated in the past, it's a good news that RA can be treated at any stage.

Early in the disease patients experience joint pain (any joint may pain, but commonly knees, finger joints, wrist, feet pain), tiredness, and stiffness of joints. Many have seasonal symptoms, like sore joints in winter or monsoon, difficulty in making fist. The affected joint may be swollen, warm, tender (painful on pressing) with limited range of movement.

Diagnosis of RA is clinical, meaning Rheumatologists diagnose it from patients' symptoms and examining the joints. We ask for some blood tests like CBC, ESR, Urine, RF test, anti-CCP etc to support our clinical judgment. The joint X-ray is normal in early disease. Even RF test can be negative in 30-40% patients of RA. MRI scan can be helpful in early diagnosis of doubtful cases.

We treat RA with Disease Modifying Anti Rheumatic Drugs (DMARDs), painkillers (till onset of action of DMARDs), sometimes steroid injection in the inflamed joint. During acute inflammation the joint may be given a splint. As inflammation subsides we give exercise to strengthen surrounding muscles. Since 1999, many new drugs have appeared on the horizon for treatment of RA. These are biologics and recently small molecules. Biologics are injections, whereas small molecules are tablets. These new drugs have revolutionized the treatment of RA. In my opinion with availability of such good medicines for RA, patients should not develop deformities.

They should also remember that the treatment is lifelong in most patients and regular visits for adjustment of drug dose and monitoring side effects of drugs is equally important. Patients should not take indefinite steroids, as it does more harm than good. Patients of RA are at higher risk of heart attack, if there is uncontrolled joint inflammation. This is similar to increased risk of heart attack in poorly controlled diabetes patients. So, that's another reason for proper control of RA.

If patient develops severe joint damage the affected joints may have to be replaced with artificial (metallic) joints. This can be avoided by appropriate treatment.

It is important to know that every joint pain is not RA. Joint pain is not a diagnosis. It is a symptom that can occur in many diseases like RA, lupus, gout, psoriatic arthritis, Chikunguniya etc. Treatment depends on the type of arthritis. Patients should visit Rheumatologists for correct diagnosis and treatment.