The management of rheumatoid arthritis in adults

Information for the public
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About this information

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

This information explains the advice about rheumatoid arthritis that is set out in NICE guideline CG79.

The information about hand exercise programmes was added in 2015. This information is in the section on managing rheumatoid arthritis.

Does this information apply to me?

Yes, if you are an adult with rheumatoid arthritis.

It does not cover other types of arthritis such as osteoarthritis.

Rheumatoid arthritis

Rheumatoid arthritis is a long-term disease in which joints in the body become inflamed, causing pain, swelling and stiffness. It is known as an 'autoimmune disease' because it is caused when the body's immune system, which normally fights infection, starts to attack healthy joints. At times, rheumatoid arthritis can be very painful and affect a person's ability to carry out everyday tasks.
It is not known why rheumatoid arthritis develops, and there is no cure. However, understanding of
the disease has improved, and there are now effective treatments that can help ease the pain and
symptoms, and slow down the disease. It is very important that treatment is started early to
minimise damage to joints.

Your care team

A range of professionals who specialise in different areas of treatment or support may be involved
in your care. These could include doctors, specialist nurses, physiotherapists and occupational
therapists. All of these professionals will be trained and experienced in providing particular
treatments or support.

Working with you

Your care team should talk with you about rheumatoid arthritis. They should explain any tests,
treatments or support you should be offered so that you can decide together what is best for you.
Your family or carer can be involved in helping to make decisions, but only if you agree. There are
questions throughout this information you can use to help you talk with your care team.

You may also like to read NICE’s information for the public on Patient experience in adult NHS
services. This sets out what adults should be able to expect when they use the NHS. We also have
more information on the NICE website about using health and social care services.

Some treatments or care described here may not be suitable for you. If you think that your
treatment does not match this advice, talk to your care team.

Finding out if you have rheumatoid arthritis

If you have ongoing warmth, redness and swelling in any of your joints, but your GP doesn't know
what's causing these symptoms, you should be offered a referral to see a specialist in rheumatology.

If your healthcare professionals think you might have rheumatoid arthritis, they will look at your
joints, and may offer you blood tests and X-rays to help them make a diagnosis.
If you have rheumatoid arthritis

If you are diagnosed with rheumatoid arthritis, your GP or a member of your healthcare team should discuss the condition with you. They should also give you some written information to help you understand the disease and what you can do to help ease your pain and symptoms.

Questions you might like to ask your healthcare team

- What suggests I may have rheumatoid arthritis?
- What could these blood tests and/or X-rays show, and how would this help?
- Does rheumatoid arthritis only affect the joints?
- Why is it important to refer me to a specialist early?
- I feel tired – is this related to rheumatoid arthritis?

Managing rheumatoid arthritis

There is a range of treatments available to help manage rheumatoid arthritis. These include medication, physiotherapy, occupational therapy and surgery.

Medication

Early treatment of rheumatoid arthritis is important to minimise joint damage and help you to live as normal a life as possible. There are several different types of medication available. Some control the disease itself, and some help to ease symptoms. Your healthcare team will help you to find the best treatments for you.

Your specialist should offer you 'disease-modifying anti-rheumatic drugs' (usually known as DMARDs), including methotrexate. DMARDs also include 'biological' drugs, some of which are called 'anti-TNFs'. DMARDs reduce the immune response that causes the damage to your joints. You may be offered more than one of these drugs at once; this is called combination therapy.

There are several different types of pain-relieving medication that you may be offered. These include non-steroidal anti-inflammatory drugs, which are commonly referred to as NSAIDs (such as aspirin, ibuprofen and drugs called COX-2 inhibitors). These help to reduce inflammation as well as
relieve pain. NSAIDs can affect your digestive system, so to protect it you should also be offered another type of drug (called a proton pump inhibitor).

If you are already taking a low dose of aspirin for another condition, it's unlikely to be enough to ease the pain of rheumatoid arthritis. Therefore your specialist may offer you another type of pain relief, such as paracetamol, instead of another NSAID.

Questions you might like to ask about your treatment?

- Why is this particular type of treatment suitable for me?
- What are the risks and benefits of this treatment?
- Are there any other options?
- What would happen if I chose not to have this treatment?
- How long will I need to have this treatment?
- Will this new treatment affect other medication I'm already taking?
- Why am I being offered several medications at once?
- What will happen if this treatment doesn't work?

Other treatments

You should be offered regular physiotherapy to improve your fitness. Your physiotherapist should teach you exercises to help make your joints more flexible and increase muscle strength. They should also give you information about other forms of pain relief (such as a type of electrotherapy known as transcutaneous electrical nerve stimulation [TENS for short]).

You should be able to see an occupational therapist regularly if your rheumatoid arthritis affects your hands or is causing difficulties in everyday life. Occupational therapy helps you to carry out everyday tasks and activities on your own, at home and at work, through using equipment (such as a device that helps you unscrew jar lids). Occupational therapists can also help you to adjust to living with your condition by, for example, offering to show you relaxation and stress-management techniques.
If you find it painful to use your hands or wrists and your arthritis is stable (which means you’re not on medication or have been on the same medication for at least 3 months), you may be offered a programme of exercises. These hand stretching and strengthening exercises should be designed especially for you and should be given by a therapist with special training in this area.

If you have problems with your feet, you should be offered regular appointments with a specialist in foot problems called a podiatrist. You should also be able to have footwear that helps you with these problems.

**Questions you might like to ask your healthcare team**

- Who will be managing my treatment, and what will they do?
- How can I get specialist help quickly?
- Where can I learn more about managing my rheumatoid arthritis?
- Would a programme of hand exercises help me?
- Are there any groups I can join to help me exercise?

**Diet and complementary therapies**

There is no strong evidence that diet affects rheumatoid arthritis. However, if you want to experiment with what you eat, you could try a Mediterranean-style diet, with less meat and more bread, fruit, vegetables and fish, and products made from vegetable and plant oils (such as olive oil) instead of products such as butter and cheese.

Although some complementary therapies (such as massage) may help your symptoms in the short term, there is little or no evidence that any will help in the long term. If you do decide to try a complementary therapy, you should continue to receive the same care and treatments from your healthcare team.

**Surgery**

If you have severe rheumatoid arthritis or if your symptoms get worse despite trying a number of treatments, you may be offered a referral to discuss the possibility of surgery. The main benefits are pain relief and improving joint function (or preventing further loss of joint function).
Check-ups

You should be offered regular appointments with your healthcare team to check how you are managing on a day-to-day basis. There should be a specific person in this team who will manage the different aspects of your care, and you should be given their name and contact details.

If your rheumatoid arthritis is in the early stages, you should see a member of your healthcare team every month to check how well your treatments are reducing your symptoms and improving your everyday life. At these appointments your healthcare professional will usually ask you questions, offer you a blood test (or look at your blood test results if you’ve already had one) and check your joints. Depending on how well your treatments are working and if you have had any side effects, they may suggest changing the dosages or trying different medications.

Once your symptoms are under control, you should be able to have these check-ups as often as you need. You should also be told when and how to get help quickly if you need it, and be able to see someone if your rheumatoid arthritis flares up in between your normal check-ups.

Once a year, you should have a more in-depth check-up. This involves a member of your healthcare team looking in greater detail at the management of your rheumatoid arthritis, the impact it’s having on your life, how you feel in yourself, and your overall state of health.

Questions you might like to ask your healthcare team

- Why do I need a yearly check-up, and what will it involve?

Sources of advice and support

- National Rheumatoid Arthritis Society (NRAS), 0800 298 7650
  [http://www.nras.org.uk](http://www.nras.org.uk)

- Arthritis Care, 0808 800 4050
  [http://www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)

- Arthritis Research UK
  [http://www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)

You can also go to [NHS Choices](https://www.nhs.uk) for more information.
NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

Other NICE guidance

NICE has also produced the following related information, which you may find useful:

- Osteoarthritis (2014) NICE guideline CG177
- Adalimumab, etanercept and infliximab for rheumatoid arthritis (2007) NICE technology appraisal guidance TA130

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