Taking Control of Rheumatoid Arthritis (RA)

Rheumatoid arthritis (RA) is a progressive and disabling autoimmune inflammatory condition that affects 35-70 million people worldwide.1,2

In RA, the immune system attacks the cells that line your joints, causing them to become chronically inflamed, painful, and swollen.

This means people with RA can become increasingly disabled.

More than half of people with RA taking csDMARDs or a csDMARD in combination with biologics say they do not take their treatment as prescribed because of side effects including nausea, vomiting, diarrhoea, mouth ulcers, hair loss, and skin rashes.

Because of this, it is likely that treating RA with just one medicine that is most suited to the patient will be important in helping patients get the most benefit from their treatment.

In a recent survey, nearly half of all RA patients would like to have more input into their treatment decisions.

The goal of RA treatment is to:
- Control inflammation
- Relieve pain
- Prevent or slow joint damage
- Improve physical function, such as walking, or performing household tasks

The European treatment guidelines support the early introduction of effective therapy in RA as soon as possible following diagnosis, to minimise permanent joint damage.

There are multiple options for RA treatment including:
- Conventional synthetic disease-modifying anti-rheumatic drugs (csDMARDs) are usually first used to treat RA and control inflammation.
- Biologics work in different ways to csDMARDs. Unlike csDMARDs, they target specific parts of the immune system known to be important in the inflammation associated with RA.

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This highlights the importance of regular and open conversations between patients and their doctors about their personal treatment needs and expectations.