

Inflammatory arthritis and Diabetes Mellitus : Managing both disease

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Background

Diabetes mellitus is a key predictor of mortality in rheumatoid arthritis (RA) patients. Both RA and diabetes increase the risk of cardiovascular disease (CVD).

Rheumatoid arthritis (RA) is an autoimmune disease. The classic sign of any autoimmune condition is inflammation. In diabetes, the immune system attacks the pancreas.

Materials and methods

A female 46 years old with rheumatic arthritis and obese (non usual). Fasting and post prandial blood glucose is high. Hepatic and renal function in normal limit. Therapy for patients was Methotrexate, Prednisone, Calcium and folic acid, and rapid acting insulin. On follow up after immunosuppressant treatment the blood glucose and A1C was control over time.

Other case, a female 52 yo with overt rheumatic arthritis and fracture osteoporosis have uncontrolled diabetes mellitus. Patient treated intensive due to severe joint inflammation and pain, and severe high blood glucose. After managing, the RA and diabetes mellitus was controlled respectively.

Discussion

The relative risk for diabetes was increased by approximately 50% in patients with RA or PsA compared to people who don't have these diseases.

Physical activity is essential. The benefits of exercise include improved physical function and mobility, reduced blood glucose levels, and weight control.

In the case of inflammatory arthritides, inhibiting proinflammatory cytokines and reducing joint damage are the primary goals of treatment. These same inflammatory biomarkers are also increased in people with diabetes.

Conclusion :

Being in control of both arthritis and diabetes is possible through medical management, self-care and consistent physical activity