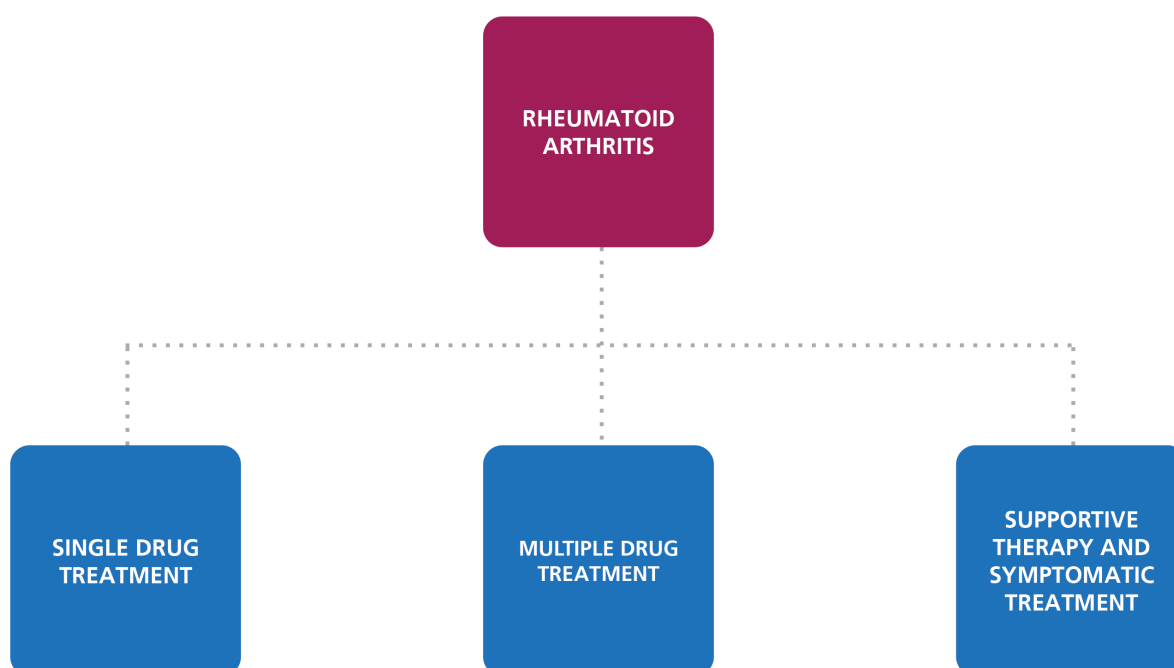


Deciding what to do about rheumatoid arthritis

This short decision aid is to help you decide what treatment to have if you have been recently diagnosed with rheumatoid arthritis. You can use it on your own, or with your doctor, to help you make a decision about what's right for you at this time.

There are three main options for treating rheumatoid arthritis. The choices are:

- **Single drug treatment** - taking one drug to treat rheumatoid arthritis.
- **Multiple drug treatment** - taking several drugs together to treat rheumatoid arthritis. This may help if symptoms are more severe, or if one drug doesn't work well enough.
- **Supportive therapy and symptomatic treatment** - treatments that don't treat the disease, but that can help relieve the pain and other symptoms. This may mean taking extra medication, such as painkillers, or looking after yourself to help you manage your rheumatoid arthritis.



What are my options?

	Single drug treatment	Multiple drug treatment	Supportive therapy and symptomatic treatment
What is the treatment?	<p>Single drug treatment for rheumatoid arthritis means taking a medication to help treat your symptoms and to help slow any damage to your joints. Early treatment can stop some, but not all, joint damage.</p> <p>The main drugs for treating rheumatoid arthritis are disease-modifying anti-rheumatic drugs (DMARDs) such as methotrexate and sulfasalazine. These drugs can help reduce the pain and swelling in your joints, and help make your joints less stiff. They can also help reduce the damage to your joints.</p>	<p>Multiple drug treatment for rheumatoid arthritis means taking two or more different medications to treat your symptoms and to try to slow or stop any joint damage.</p> <p>The main drugs for treating rheumatoid arthritis are disease-modifying anti-rheumatic drugs (DMARDs). Different types of DMARDs that your doctor may suggest you take in combination for your rheumatoid arthritis include methotrexate, sulfasalazine, leflunomide, and hydroxychloroquine.</p> <p>As well as DMARDs, your doctor might suggest that you take a low dose of an anti-inflammatory drug called a corticosteroid.</p>	<p>Supportive therapy and symptomatic treatment includes many things you can do to help relieve the symptoms of rheumatoid arthritis that don't include the usual drug treatment.</p> <p>These treatments will not treat the disease itself but they can help make you more mobile and reduce pain. This may mean occasionally taking extra medications, such as painkillers, getting extra help, or taking self-care measures.</p> <p>Supportive care is not something people do instead of taking medication. Everyone with rheumatoid arthritis can do things to take better care of themselves, such as exercising and eating healthily, while also taking medication for the disease.</p>

	Single drug treatment	Multiple drug treatment	Supportive therapy and symptomatic treatment
What is the effect on symptoms?	<p>Taking methotrexate or sulfasalazine can help improve the pain, stiffness, and tenderness in the joints. These drugs work better if they are taken soon after diagnosis, instead of waiting until symptoms get worse.[1]</p> <p>Taking methotrexate or sulfasalazine may help improve symptoms for at least five years.[2]</p>	<p>Taking disease-modifying anti-rheumatic drugs (DMARDs) can help improve pain, stiffness, and tenderness in the joints. Drug treatments work better if they are started soon after diagnosis, instead of waiting until symptoms get worse.[3]</p> <p>DMARDs may help improve symptoms for at least five years.[4]</p> <p>Taking a combination of DMARDs can reduce pain more than taking one DMARD.[5]</p> <p>Taking a low-dose corticosteroid in combination with a DMARD can help reduce joint damage compared with taking only a DMARD.[6]</p>	<p>Taking corticosteroids for a while, or having a corticosteroid injection, can help improve pain and tenderness in the joints. Corticosteroids are usually only suitable as a short-term treatment, and are often used to treat a 'flare-up'.[7]</p> <p>Taking a low-dose corticosteroid in combination with a DMARD is more effective to treat a flare-up than taking one DMARD.[8]</p> <p>Taking a non-steroidal anti-inflammatory drug (NSAID) can help improve the pain and swelling in your joints.[9] [10]</p> <p>Taking an analgesic (painkiller drug) can help reduce the pain in the joints.[11]</p> <p>Doing exercise can improve fitness and strength.[12] This may help manage the symptoms.</p> <p>Physiotherapy can help improve the pain, stiffness, and tenderness in the joints. [13]</p> <p>Losing excess weight may help put less pressure on the joints.[14]</p> <p>We don't know if one type of diet is better than another for improving symptoms.[15]</p> <p>Using specialist foot-care products like special insoles can help reduce foot pain.[16]</p>

	Single drug treatment	Multiple drug treatment	Supportive therapy and symptomatic treatment
What is the effect on what you can do?	<p>Taking methotrexate or sulfasalazine can help improve how easily people can move their joints, use their limbs, and move around.[17]</p>	<p>Taking disease-modifying anti-rheumatic drugs (DMARDs) can help improve how easily people can move their joints, use their limbs, and move around.[18]</p> <p>Taking a combination of DMARDs can reduce the number of days people miss off work by about 20 days a year, compared with taking one DMARD.[19]</p>	<p>Taking a corticosteroid can help improve grip strength. [20] This may make it easier to do things that require using the hands, such as getting dressed.</p> <p>Taking a non-steroidal anti-inflammatory drug (NSAID) or an analgesic (painkiller drug) to improve pain may help people do more of the things that they enjoy, like socialising and travelling.[21]</p> <p>Doing exercise can improve fitness and strength. Being fitter and stronger may help people do more without getting tired or feeling in pain. Having physiotherapy may help improve grip strength. [22] This may make it easier to do everyday things that require using the hands, such as getting dressed.</p> <p>Wearing comfortable shoes and using specialist foot-care products like special insoles can help with difficulty walking.[23]</p>

	Single drug treatment	Multiple drug treatment	Supportive therapy and symptomatic treatment
What is the effect on controlling joint damage?	<p>Taking methotrexate or sulfasalazine can help reduce damage to the joints.[24] [25] Between 30 in 100 and 55 in 100 people with rheumatoid arthritis who take a disease-modifying anti-rheumatic drug (DMARD), and who get carefully monitored treatment, are in remission (the damage to their joints has slowed or stopped) after 18 months.[26]</p> <p>The effects of taking methotrexate or sulfasalazine in slowing down or stopping joint damage can last for at least five years.[27]</p>	<p>Taking a combination of disease-modifying anti-rheumatic drugs (DMARDs) can help reduce damage to the joints more than taking one DMARD by itself. [28] [29] Between 40 in 100 and 60 in 100 people with rheumatoid arthritis who take a combination of DMARDs and who get carefully monitored treatment are in remission (the damage to their joints has slowed or stopped) after 18 months.[30] The effects of taking DMARDs in slowing down or stopping some joint damage can last for at least five years.[31]</p> <p>Taking a low-dose corticosteroid in combination with a DMARD can reduce people's disease activity score (DAS28) for up to three months.[32]</p> <p>Taking a low-dose corticosteroid in combination with a DMARD may help reduce joint damage more than taking one DMARD by itself.[33]</p> <p>Corticosteroids are not usually suitable as a long-term treatment, because of possible serious side effects.</p>	<p>Lifestyle changes are unlikely to reduce the damage to the joints. Learning how to look after the joints may help reduce joint damage.</p> <p>Taking a non-steroidal anti-inflammatory drug (NSAID) or an analgesic (painkiller drug) won't reduce the damage to the joints.[34]</p> <p>Taking a low-dose corticosteroid may help reduce joint damage for people also taking a DMARD. [35]</p> <p>Taking a corticosteroid on its own will not reduce joint damage.</p>

	Single drug treatment	Multiple drug treatment	Supportive therapy and symptomatic treatment
What is the effect on your daily life?	<p>Women can't take methotrexate while pregnant or breastfeeding. Most disease-modifying anti-rheumatic drugs (DMARDs) can temporarily affect men's sperm and fertility.[36]</p> <p>People taking medication need to see their doctor regularly to check how well the drugs are working and for any side-effect problems. This will include having blood tests.</p>	<p>Women can't take methotrexate or leflunomide while pregnant or breastfeeding. Most DMARDs can temporarily affect men's sperm and fertility.[37]</p> <p>People taking medication need to see their doctor regularly to check how well their drugs are working and for any side-effect problems. This will include having blood tests. They may need to see the doctor regularly to discuss which combination of drugs is best for them as the disease changes.</p>	<p>Having physiotherapy means attending regular appointments with a physiotherapist. Giving up smoking is difficult and requires commitment. People on special diets to control symptoms or lose weight may need to plan meals carefully. Going on an exercise programme means making time to exercise regularly.</p> <p>People using specialist foot-care products such as insoles may need to see a foot-care specialist regularly.</p>

	Single drug treatment	Multiple drug treatment	Supportive therapy and symptomatic treatment
What is the effect on length of life?	<p>Rheumatoid arthritis is not a life-threatening condition in itself, but people with rheumatoid arthritis are more likely to have vascular diseases (problems with blood vessels and circulation) and heart problems than people who don't have rheumatoid arthritis. Taking methotrexate may reduce the chances of having vascular diseases and heart problems. This may help people live longer.[38]</p>	<p>Rheumatoid arthritis is not a life-threatening condition in itself, but people with rheumatoid arthritis are more likely to have vascular diseases (problems with blood vessels and circulation) and heart problems than people who don't have rheumatoid arthritis. Taking methotrexate may reduce the chances of having vascular diseases and heart problems. This may help people live longer.[39]</p> <p>We don't know if taking a combination of drugs to treat rheumatoid arthritis can help people live longer.</p>	<p>Rheumatoid arthritis is not a life-threatening condition in itself, but people with rheumatoid arthritis are more likely to have vascular diseases (problems with blood vessels and circulation) and heart problems than people who don't have rheumatoid arthritis. People can reduce the chances of vascular diseases and heart problems by taking better care of themselves by stopping smoking, eating a healthy diet, and exercising more. This may help them live longer.</p>

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What unwanted side effects or complications does this treatment have?	<p>Taking methotrexate or sulfasalazine may cause side effects, including nausea, loss of appetite, rashes or blisters, diarrhoea, and dizziness. [40] Methotrexate may cause fewer side effects than other disease-modifying anti-rheumatic drugs (DMARDs). [41]</p>	<p>Taking a combination of drugs may be more likely to cause side effects than taking one drug by itself.[42]</p> <p>Taking disease-modifying anti-rheumatic drugs (DMARDs) may cause side effects, including nausea, loss of appetite, rashes or blisters, diarrhoea, and dizziness.[43] Methotrexate is a DMARD that may cause fewer side effects than other DMARDs.[44]</p>	<p>Taking a corticosteroid in a high dose or for long periods may cause serious side effects, including diabetes, high blood pressure, and stomach ulcers.[45]</p> <p>Taking a non-steroidal anti-inflammatory drug (NSAID) may cause stomach problems and damage the kidneys, and may increase the chance of getting a heart attack or stroke.[46]</p> <p>Taking codeine (a painkiller drug) may cause constipation, drowsiness, and nausea.[47]</p> <p>Exercising sensibly, eating healthily, and taking care of the joints is unlikely to cause side effects.</p>

What are the pros and cons of each option?

People with rheumatoid arthritis have different experiences about the health problem and views on treatment. Choosing the treatment option that is best for the patient means considering how the consequences of each treatment option will affect their life.

Here are some questions people may want to consider about treatment for rheumatoid arthritis:

- Is living for as long as possible the most important thing for them?
- Do they find the pain from their arthritis intolerable?
- Do they want treatment that will help them do everyday things more easily than they can manage at present?
- Do they want to be able to work, socialise, and get out more than they can at present?
- Do they want a treatment that is most likely to slow damage to their joints?
- Are they willing to take the risk of side effects and complications from treatment?
- Are they willing to spend time in hospital, or having treatment?