

Rheumatoid arthritis takes high toll in unemployment, early death

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In the realm of deadly and disabling diseases, conditions such as cancer and Alzheimer's seem to attract the most media attention. But there are others that take a similarly high toll, and rheumatoid arthritis is one of them, Mayo Clinic researchers say. It is a common cause of disability: 1 of every 5 rheumatoid arthritis patients is unable to work two years after diagnosis, and within five years, that rises to one-third. Life expectancy drops by up to five years, they write in the July issue of [Mayo Clinic Proceedings](#) in an article taking stock of current diagnosis and treatment approaches.

Rheumatoid arthritis patients also have a 50 percent higher [risk of heart attack](#) and twice the danger of [heart failure](#), Mayo researchers say. Much progress has been made in recognizing the importance of early diagnosis and prompt and [aggressive treatment](#), but gaps in understanding of the disease remain, say the authors, Mayo Clinic rheumatologists John Davis III, M.D., and Eric Matteson, M.D.

"There are many [drug therapies](#) available now for management of [rheumatoid arthritis](#), but the challenge for patients and their physicians is to decide on the best approach for initial management and then subsequent [treatment](#) modification based on the response," Dr. Davis says. "In our article, we reveal our approach including algorithms for managing the disease that we believe will enhance the probability that patients will achieve remission, improved physical function, and optimal quality of life."

In rheumatoid arthritis, the immune system assaults tissue, causing swollen and tender joints and sometimes involving other organs. The top goal of treatment is to achieve remission, controlling the underlying inflammation, easing pain, improving quality of life and preserving patients' independence and ability to work and enjoy other pursuits. Long-term goals include preventing joint destruction and other complications such as heart disease and osteoporosis.

Dr. Davis and Dr. Matteson offer several tips and observations:

"It is very important to have rheumatoid arthritis properly diagnosed, and treatment started early on. Getting the disease under control leads to better outcomes for the patient, ability to continue working and taking care of one's self, less need for joint replacement surgery, and reduced risk of heart disease," Dr. Matteson says.

- More than medication is needed to best manage rheumatoid arthritis. Educating patients about how to protect their joints and the importance of rest and offering them orthotics, splints and other helpful devices can substantially reduce pain and improve their ability to function. Cognitive behavioral therapy can make patients feel less helpless. Exercise programs that include aerobic exercise and strength training help achieve a leaner body; even modest weight loss can significantly reduce the burden on joints.
- No treatment approach or guidelines can ever take into account every possibility; when a patient describes joint tenderness, fatigue and disease activity worse than the physician thinks they are, the physician should investigate the causes of symptoms. Non-inflammatory causes of pain such as osteoarthritis or regional musculoskeletal pain syndromes may be to blame.
- Unanswered questions in rheumatoid arthritis include the relative benefits and harms of emphasizing initial treatment with

prednisone; the effects of treatment on the risk of developing cardiovascular disease and other potentially deadly complications; and how to better predict how well treatments will work for specific patients and what the side effects will be.

"Our management approach is informed by current evidence and our clinical experience," Dr. Davis says. "We believe it is crucial that [patients](#) and their doctors thoroughly discuss the treatment options and decide on the management plan jointly in view of individual patient preferences, goals and values."

Provided by Mayo Clinic

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