

Rheumatoid arthritis patients see big boost in quality of life

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Dutch study found substantial drops in anxiety, depression and disability over 2 decades.

(HealthDay)—Rheumatoid arthritis patients can generally look forward to a much better quality of life today than they did 20 years ago, new research suggests.

The observation is based on a comparative multi-year tracking of more than 1,100 [rheumatoid arthritis](#) patients. All had been diagnosed with the often severely debilitating autoimmune disease at some point between 1990 and 2011.

The reason for the brighter outlook: a combination of better drugs, better exercise and mental health therapies, and a greater effort by clinicians to boost patient spirits while encouraging continued physical activity.

"Nowadays, besides research on new drug [treatments], research is mainly focused on examining which treatment works best for which patient, so therapy can become more 'tailor-made' and therefore be more effective for the individual patient," said Cecile Overman, the study's lead author.

Overman, a doctoral student in clinical and health psychology at Utrecht University in the Netherlands, expects that in another 20 years, rheumatoid arthritis patients will have the same quality of life as anyone else "if the focus on the whole patient—not just the disease, but also the person's mental and physical well-being—is maintained and treatment opportunities continue to evolve."

The study was released online Dec. 3 in *Arthritis Care & Research*.

In rheumatoid arthritis, the body's immune system mistakenly attacks the joints, the Arthritis Foundation explains. The resulting inflammation can damage joints and organs such as the heart. Patients experience sudden flare-ups with warm, swollen joints, pain and fatigue. Currently there is no cure but a variety of drugs can treat symptoms and prevent the condition from getting worse.

Up to 1 percent of the world's population currently struggles with the condition, according to the World Health Organization.

The current study was composed primarily of female rheumatoid arthritis patients (68 percent). Women are more prone to developing the condition than men.

Patients ranged in age from 17 to 86, and all were Dutch. Each was monitored for the onset of disease-related physical and mental health disabilities for anywhere from three to five years following their initial diagnosis. Disease activity was also tracked to assess progression.

The observed trend: a dramatic two-decade drop in physical disabilities. The researchers also saw a decline in the incidence of anxiety and depression.

For example, roughly one-quarter of patients diagnosed with rheumatoid arthritis in 1990 could expect to experience anxiety or depression after four years of treatment, compared with 12 percent to 14 percent of patients diagnosed today.

While 53 percent of those diagnosed at the study's launch struggled with some measure of physical disability after four years of therapy, that figure dropped to 31 percent among new patients, the findings showed.

Why? The team suggested that at least some of the quality-of-life boost seen among rheumatoid arthritis patients could be attributed to an overall plummet in disease activity—and ultimately physical disabilities—during the study period. This, they said, was a result of overall improvements in treatment strategies.

But investigators also pointed out that while overall quality of life has gotten markedly better over the years, patient psychological "distress" has not dissipated as much as the onset of physical disabilities. And this, they warned, argues against drawing any clear cause-and-effect conclusions based on the current analysis.

That said, "pharmacological [drug] treatment has improved a lot," Overman noted. "[And] treatment has become more intense. To keep inflammation and disease progression to a minimum, patients start medication as soon as possible, are monitored more frequently and medications are combined for optimal efficacy. Furthermore, effective new anti-inflammatory drugs have become available, such as the biologic agents."

She added that non-medication treatments—including exercise therapy and a form of counseling known as cognitive behavioral therapy—have also been shown to help.

The bottom line, Overman said, is: "Today, [rheumatoid arthritis] patients have a better opportunity of living a valued life than patients diagnosed with this autoimmune disease two decades ago."

Dr. John Hardin—vice president for research at the Arthritis Foundation, and a professor of medicine at the Albert Einstein College of Medicine in New York City—wholeheartedly agreed.

"Today we have a whole new series of drugs that have changed the face of the disease," he said. "All very good drugs. So the challenge now is to find the right drug for the right patient."

Hardin said his foundation is focused on helping to develop tools and techniques that show beforehand which drug is best for which patient, to better tailor treatments.

"And I'm very optimistic going forward," he added, "given the new powers of biomedical research, and genetics. I think we have every reason to believe that even better treatments will continue to come along, and we'll know better and better just how to apply those treatments."

More information: For more on rheumatoid arthritis, visit the [U.S. National Library of Medicine](#).

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