

## Rheumatoid arthritis sufferers can now live a "normal" life

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A hand affected by rheumatoid arthritis. Credit: James Heilman, MD/Wikipedia

MedUni Vienna researchers Daniel Aletaha and Josef Smolen have published a review on the status of rheumatoid arthritis in *JAMA* to coincide with World Arthritis Day on 12 October. The main positive finding: in recent years there has been a significant improvement in outcomes for sufferers. "Eighty percent of sufferers can lead a normal



life with the aid of medication. In the past, rheumatoid arthritis meant being condemned to a wheelchair," says arthritis expert Daniel Aletaha from the Department of Medicine III, Division of Rheumatology.

This progress has been achieved through innovative diagnostic techniques and <u>new drugs</u>, as well as better management of rheumatoid <u>arthritis</u>. Now, only 20 percent of sufferers are refractory and still experience serious flare-ups, despite treatment. Aletaha says, "Thirty years ago, this figure was 50 percent. Just as new drugs have changed HIV from a lethal <u>disease</u> into a chronic one, new treatments for rheumatoid arthritis mean that although it is still a chronic disease, it no longer causes permanent damage and hardly puts anyone into a wheelchair."

The aim in treating rheumatoid arthritis is to reduce the activity of the disease by more than 50 percent within three months and to achieve freedom from joint pain and swelling within six months.

Personalised medicine plays an important role in rheumatoid arthritis. It is now possible to determine more accurately which treatment will work best and most quickly for each patient – and which treatments are less suitable. New small-molecule drugs that can be taken as tablets are attractive treatment options – especially from the patient's point of view. In the spirit of precision medicine, these treatments are tailor-made to supress specific molecules inside a cell.

This increases the number of alternatives available to doctors. "The choice of drugs that we now have at our disposal is much bigger than it was about 10 years ago," says Aletaha. "And this enables us to more accurately predict which treatment will be most suitable, if the standard method no longer works – ideally, personalised to the individual patient. The standard approach is to start treating RA with methotrexate. If the disease breaks through, despite the <u>treatment</u>, its management must be



reassessed."

Rheumatoid arthritis is a <u>chronic autoimmune disease</u> that primarily affects women (approximately two-thirds of those affected) and is usually diagnosed between the ages of 40 and 70. Approximately half a percent of the world's population is affected by <u>rheumatoid arthritis</u>. The disease causes inflammation of the joints, resulting in swelling and functional impairment. If left untreated, it leads to gradual destruction of the joints and the surrounding bone, causing misalignment, malformation and progressive permanent disability.

**More information:** Daniel Aletaha et al. Diagnosis and Management of Rheumatoid Arthritis, *JAMA* (2018). DOI: 10.1001/jama.2018.13103

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