

Chapter 1 : Types of Arthritis

Rheumatic diseases affect your joints tendons, ligaments, bones, and muscles. Among them are many types of arthritis, a term used for conditions that affect your joints.. Sometimes they're.

Overview Lyme disease can sometimes be confused with other conditions, such as rheumatoid arthritis RA. Both Lyme disease and RA can become debilitating if not treated. When treated, Lyme arthritis symptoms usually go away. On the other hand, treatment for RA can slow the progression of the disease, but not cure it. How can you tell which of these you have? If your arthritis symptoms are in one joint and intermittent, it may be Lyme. If your arthritis is in joints on both sides of your body, and pain and stiffness occur every morning, it may be RA. Having RA risk factors makes a diagnosis of RA more likely. Lyme is difficult to diagnose because its wide range of symptoms mimic those of many other ailments. If treated early with antibiotics, it can be cured. RA results in damage to your cartilage and bone that can become progressively worse if not diagnosed and treated early. The damage is irreversible. Treatment includes anti-inflammatory drugs and sometimes antibiotics. Risk factors Lyme risks The basic risk factor for Lyme disease is living in, working in, or visiting an area where there are deer and ticks. About 60 percent of people with untreated Lyme develop arthritis. One small study found that as many as one-third of those with Lyme arthritis were not responsive to antibiotics. In addition, some people develop arthritis post-Lyme, including inflammatory arthritis such as RA. In a French study of people with recently diagnosed inflammatory arthritis, only One study found that 10 to 20 years after Lyme arthritis, more than 50 percent of people still had positive IgM or IgG antibody responses to the Lyme bacteria. One-third of people with early Lyme disease also had positive antibody responses after 10 to 20 years. In a study , about one-third of the participants who had Lyme arthritis later developed an inflammatory arthritis like RA. These presence of these antibodies, known as rheumatoid factors RF , can result in an immune response that attacks healthy tissue. IgM antibodies are not well understood, and they are also found in people with other infections. Specific risk factors for RA include: This is a strong risk factor for RA, especially for more severe RA. This is especially significant in people diagnosed with RA under age Family history of autoimmune disease. Women are two to three times more likely to develop RA than men. Occupational exposure to dust and fibers. Hormonal and environmental factors, including infections and trauma, may be involved. Symptoms Lyme symptoms Lyme arthritis symptoms include achy, stiff, or swollen joints. Usually only one joint is affected – most often a knee. Smaller joints or tendons or bursae may also be affected. The arthritis pain may be intermittent. Lyme has many other symptoms in addition to arthritis.

Chapter 2 : Rheumatoid arthritis - Symptoms and causes - Mayo Clinic

Rheumatoid arthritis is a chronic inflammatory disorder that can affect more than just your joints. In some people, the condition also can damage a wide variety of body systems, including the skin, eyes, lungs, heart and blood vessels. An autoimmune disorder, rheumatoid arthritis occurs when your.

Foods to avoid There are some foods that people with arthritis may want to avoid. Nightshade vegetables, such as tomatoes, contain a chemical called solanine that some studies have linked with arthritis pain. Research findings are mixed when it comes to these vegetables, but some people have reported a reduction in arthritis symptoms when avoiding nightshade vegetables. **Self-management** Self-management of arthritis symptoms is also important. **Managing pain and fatigue:** Learning to manage fatigue is key to living comfortably with arthritis. **Balancing activity with rest:** Eating a healthful diet: Avoid refined, processed foods and pro-inflammatory animal-derived foods and choose whole plant foods that are high in antioxidants and that have anti-inflammatory properties. Take steps to improve sleep hygiene so you find it easier to fall asleep and stay asleep. Avoid caffeine and strenuous exercise in the evenings and restrict screen-time just before sleeping. Do not sit in the same position for long periods. Take regular breaks to keep mobile. **Physical therapies** Doctors will often recommend a course of physical therapy to help patients with arthritis overcome some of the challenges and to reduce limitations on mobility. Forms of physical therapy that may be recommended include: The water supports weight and puts less pressure on the muscles and joints **Physical therapy:** People with arthritis can participate in joint-friendly physical activity on their own or with friends. As many people with arthritis have another condition, such as heart disease , it is important to choose appropriate activities. **Joint-friendly physical activities** that are appropriate for adults with arthritis and heart disease include: **Natural therapies** A number of natural remedies have been suggested for different types of arthritis. There is some evidence that turmeric may help, but more studies are needed to confirm their effectiveness. Various other herbs and spices have been recommended for RA, but again, more research is needed. They include turmeric, garlic, ginger , black pepper, and green tea. Many of these herbs and spices are available to purchase online in supplement form, including turmeric , ginger , and garlic. Anyone who is considering using natural remedies for any type of arthritis should speak to a doctor first. **Causes** There is no single cause of all types of arthritis. The cause or causes vary according to the type or form of arthritis. **Possible causes** may include: Some people may be genetically more likely to develop certain arthritic conditions. Additional factors, such as previous injury, infection, smoking and physically demanding occupations, can interact with genes to further increase the risk of arthritis. **Diet and nutrition** can play a role in managing arthritis and the risk of arthritis, although specific foods, food sensitivities or intolerances are not known to cause arthritis. **Foods that increase inflammation**, particularly animal-derived foods and diets high in refined sugar, can make symptoms worse, as can eating foods that provoke an immune system response. Gout is one type of arthritis that is closely linked to diet, as it is caused by elevated levels of uric acid which can be a result of a diet high in purines. Diets that contain high-purine foods, such as seafood, red wine, and meats, can trigger a gout flare-up. Vegetables and other plant foods that contain high levels of purines do not appear to exacerbate gout symptoms, however. **Risk factors for arthritis** Certain risk factors have been associated with arthritis. Some of these are modifiable while others are not. **Non-modifiable arthritis risk factors:** Gout is more common in males than females. **Modifiable arthritis risk factors:** **Comorbidities** More than half of adults in the U. High blood pressure is associated with heart disease, the most common comorbidity among adults with arthritis. Around 1 in 5 of adults in the U. Smoking is associated with chronic respiratory conditions, the second most common comorbidity among adults with arthritis. **Types** There are around types of arthritis, or musculoskeletal conditions. These are split into seven main groups:

Chapter 3 : Rheumatoid Arthritis in the Elderly: A New Problem or an Old One?

People have long feared rheumatoid arthritis (commonly called RA) as one of the most disabling types of arthritis. The good news is that the outlook has greatly improved for many people with newly diagnosed (detected) RA. Of course, RA remains a serious disease, and one that can vary widely in symptoms (what you feel) and outcomes.

Top of Page What causes RA? The specific causes of RA are unknown, but some factors can increase the risk of developing the disease. Top of Page What are the risk factors for RA? Characteristics that increase risk Age. RA can begin at any age, but the likelihood increases with age. The onset of RA is highest among adults in their sixties. New cases of RA are typically two-to-three times higher in women than men. People born with specific genes are more likely to develop RA. These genes, called HLA human leukocyte antigen class II genotypes, can also make your arthritis worse. The risk of RA may be highest when people with these genes are exposed to environmental factors like smoking or when a person is obese. History of live births. Women who have never given birth may be at greater risk of developing RA. Some early life exposures may increase risk of developing RA in adulthood. For example, one study found that children whose mothers smoked had double the risk of developing RA as adults. Children of lower income parents are at increased risk of developing RA as adults. Being obese can increase the risk of developing RA. Studies examining the role of obesity also found that the more overweight a person was, the higher his or her risk of developing RA became. Characteristics that can decrease risk Unlike the risk factors above which may increase risk of developing RA, at least one characteristic may decrease risk of developing RA. Women who have breastfed their infants have a decreased risk of developing RA. Top of Page How is RA diagnosed? RA is diagnosed by reviewing symptoms, conducting a physical examination, and doing X-rays and lab tests. Diagnosis and effective treatments, particularly treatment to suppress or control inflammation, can help reduce the damaging effects of RA. Top of Page Who should diagnose and treat RA? A doctor or a team of doctors who specialize in care of RA patients should diagnose and treat RA. This is especially important because the signs and symptoms of RA are not specific and can look like signs and symptoms of other inflammatory joint diseases. Doctors who specialize in arthritis are called rheumatologists, and they can make the correct diagnosis. Top of Page How is RA treated? RA can be effectively treated and managed with medications and self-management strategies. Treatment for RA usually includes the use of medications which slow disease and prevent joint deformity, called disease-modifying antirheumatic drugs DMARDs ; biological response modifiers biologicals are medications that are an effective second-line treatment. In addition to medications, people can manage their RA with self-management strategies proven to reduce pain and disability, allowing them to pursue the activities important to them. People with RA can relieve pain and improve joint function by learning to use five simple and effective arthritis management strategies. Top of Page What are the complications of RA? Rheumatoid arthritis RA has many physical and social consequences and can lower quality of life. It can cause pain, disability, and premature death. People with RA are also at a higher risk for developing other chronic diseases such as heart disease and diabetes. To prevent people with RA from developing heart disease, treatment of RA also focuses on reducing heart disease risk factors. For example, doctors will advise patients with RA to stop smoking and lose weight. People with RA who are obese have an increased risk of developing heart disease risk factors such as high blood pressure and high cholesterol. Being obese also increases risk of developing chronic conditions such as heart disease and diabetes. Finally, people with RA who are obese experience fewer benefits from their medical treatment compared with those with RA who are not obese. RA can make work difficult. Adults with RA are less likely to be employed than those who do not have RA. As the disease gets worse, many people with RA find they cannot do as much as they used to. Work loss among people with RA is highest among people whose jobs are physically demanding. Work loss is lower among those in jobs with few physical demands, or in jobs where they have influence over the job pace and activities. RA affects many aspects of daily living including work, leisure and social activities. Fortunately, there are multiple low-cost strategies in the community that are proven to increase quality of life. Experts recommend that ideally adults be moderately physically active for minutes per week, like walking, swimming, or biking 30

minutes a day for five days a week. You can break these 30 minutes into three separate ten-minute sessions during the day. Regular physical activity can also reduce the risk of developing other chronic diseases such as heart disease, diabetes, and depression. Learn more about physical activity for arthritis. Go to effective physical activity programs. If you are worried about making the arthritis worse or unsure how to safely exercise, participation in physical activity programs can help reduce pain and disability related to RA and improve mood and the ability to move. Classes take place at local Ys, parks, and community centers. These classes can help people with RA feel better. Learn more about the proven physical activity programs that CDC recommends. Join a self-management education class. Participants with arthritis and including RA gain confidence in learning how to control their symptoms, how to live well with arthritis, and how arthritis affects their lives. Learn more about the proven self-management education programs that CDC recommends. Cigarette smoking makes the disease worse and can cause other medical problems. Smoking can also make it more difficult to stay physically active, which is an important part of managing RA. Maintain a Healthy Weight.

Chapter 4 : Rheumatoid arthritis - NHS

What is rheumatoid arthritis (RA)? Rheumatoid arthritis, or RA, is an autoimmune and inflammatory disease, which means that your immune system attacks healthy cells in your body by mistake, causing inflammation (painful swelling) in the affected parts of the body. RA mainly attacks the joints, usually many joints at once.

Overview Inflammatory rheumatism is a generic term used to cover dozens of disorders. These are conditions related to inflamed joints, muscles, and tissues that connect or support your organs and other internal body parts. Many rheumatic disorders are autoimmune disorders. Other rheumatic disorders are caused by crystals, such as uric acid crystals in gout. The field of medicine that deals with these issues is called rheumatology. Rheumatologists are doctors who specialize in disorders of the joints, muscles, and immune system. Types and their symptoms Rheumatoid arthritis The most common type of rheumatic disorder is rheumatoid arthritis RA. People with RA have swollen and inflamed joints. This is because their immune systems attack the lining of their joints. RA can be very painful. RA can also cause your joints to become permanently damaged and disfigured. RA can also have systemic symptoms. This means it affects other areas, such as: Gout Gout is a very painful inflammatory disease of the joint. It occurs when too many uric acid crystals build up in your body tissues. It leads to swelling, redness, and a hot feeling in the affected joint. Uric acid crystals can also lead to reduced kidney function. Gout often develops in a big toe, but it can flare up in other joints, too. If the condition goes untreated for too long, nodules known as tophi can form. Vasculitis Vasculitis is a rare but potentially life-threatening inflammation of blood vessels. It can lead to reduced blood flow to tissue, known as ischemia. Severe pain may occur in the tissue that the affected blood vessel reaches. Symptoms of vasculitis may include: That said, the disease is more severe in men than it is in women. Lupus flare-ups can lead to: It affects the connective tissue in various parts of the body. The most obvious symptom is a hardening of the skin. Depending on which organs are affected, signs as common as heartburn may also indicate scleroderma. It affects approximately 4 million people in the United States. Women are more likely to suffer from this disorder. They account for nine out of 10 people who have it. Still, the condition does occur in men and in childhood. The symptoms may include:

Chapter 5 : Rheumatoid arthritis - Wikipedia

The "rheumatoid factor" is an antibody that can be found in the blood of 80% of people with rheumatoid arthritis. Rheumatoid factor is detected in a simple blood test. Possible risk factors for developing rheumatoid arthritis include genetic background, smoking, silica inhalation, periodontal disease, and microbes in the bowels (gut bacteria).

Outlook Rheumatoid arthritis can cause inflammation and pain in the joints, including the spine and hips. This can cause back pain and stiffness. Rheumatoid arthritis RA can cause inflammation in any joint. For some people, RA affects the joints in the spine, causing stiffness and pain. RA may also be related to sciatica. There are some home and medical treatments that can help with RA back pain. However, some people may require surgery to prevent damaged vertebrae from putting excessive pressure on nerves in the back. In this article, we look at why RA causes back pain and ways to relieve it. Treatments for RA back pain

Treatments for back pain due to RA focus on relieving pain and preventing further damage: Home treatments

Massaging the sore area with an ice pack may help ease the pain. People can relieve RA-related back pain at home using the following treatments and remedies: Ice packs

Massaging the area with cloth-covered ice packs for 5 to 10 minutes at a time within the first 48 hours of feeling the pain may help ease the pain. For pain that lasts longer than 48 hours, try applying heat to help the muscles relax. People with RA should always check with their doctor before taking any new medications. Gentle stretches

Performing gentle stretching exercises and staying as mobile as possible. While resting at the first sign of pain may be beneficial, movement can help prevent excessive stiffness and discomfort in the back. Water-based exercises and stretches may be helpful as the water helps to support the joints, making it easier to move them. Stress relief

Taking steps to relax and relieve anxiety. Stress can further worsen pain and lead to muscle tension. The following activities can help to relieve stress and tension:

Chapter 6 : All About Rheumatoid Arthritis: Symptoms, Diagnosis, and Treatment | Everyday Health

The concept of rheumatoid arthritis (RA), a chronic progressive inflammatory disease of the synovial joints, as a disorder of middle age is changing to include patients outside the range of 40 to 60 years. In particular, the prevalence of RA is reported as 2% of the population older than 60 years.

Joints become swollen, tender and warm, and stiffness limits their movement. With time, multiple joints are affected polyarthritis. Most commonly involved are the small joints of the hands, feet and cervical spine, but larger joints like the shoulder and knee can also be involved. Increased stiffness early in the morning is often a prominent feature of the disease and typically lasts for more than an hour. Gentle movements may relieve symptoms in early stages of the disease. These signs help distinguish rheumatoid from non-inflammatory problems of the joints, such as osteoarthritis. In arthritis of non-inflammatory causes, signs of inflammation and early morning stiffness are less prominent. The fingers may suffer from almost any deformity depending on which joints are most involved. Specific deformities, which also occur in osteoarthritis, include ulnar deviation, boutonniere deformity also "buttonhole deformity", flexion of proximal interphalangeal joint and extension of distal interphalangeal joint of the hand, swan neck deformity hyperextension at proximal interphalangeal joint and flexion at distal interphalangeal joint and "Z-thumb. In the worst case, joints are known as arthritis mutilans due to the mutilating nature of the deformities. The initial pathologic process in nodule formation is unknown but may be essentially the same as the synovitis, since similar structural features occur in both. The nodule has a central area of fibrinoid necrosis that may be fissured and which corresponds to the fibrin-rich necrotic material found in and around an affected synovial space. Surrounding the necrosis is a layer of palisading macrophages and fibroblasts, corresponding to the intimal layer in synovium and a cuff of connective tissue containing clusters of lymphocytes and plasma cells, corresponding to the subintimal zone in synovitis. The typical rheumatoid nodule may be a few millimetres to a few centimetres in diameter and is usually found over bony prominences, such as the elbow, the heel, the knuckles, or other areas that sustain repeated mechanical stress. Rarely, these can occur in internal organs or at diverse sites on the body. The most common presentation is due to involvement of small- and medium-sized vessels. Rheumatoid vasculitis can thus commonly present with skin ulceration and vasculitic nerve infarction known as mononeuritis multiplex. It is also a rare but well-recognized consequence of therapy for example with methotrexate and leflunomide. Exudative pleural effusions are also associated with RA. To reduce cardiovascular risk, it is crucial to maintain optimal control of the inflammation caused by RA which may be involved in causing the cardiovascular risk, and to use exercise and medications appropriately to reduce other cardiovascular risk factors such as blood lipids and blood pressure. Doctors who treat people with RA should be sensitive to cardiovascular risk when prescribing anti-inflammatory medications, and may want to consider prescribing routine use of low doses of aspirin if the gastrointestinal effects are tolerable. The chronic inflammation caused by RA leads to raised hepcidin levels, leading to anemia of chronic disease where iron is poorly absorbed and also sequestered into macrophages. The red cells are of normal size and color normocytic and normochromic. The mechanism of neutropenia is complex. An increased platelet count occurs when inflammation is uncontrolled. Rather more common is the indirect effect of keratoconjunctivitis sicca, which is a dryness of eyes and mouth caused by lymphocyte infiltration of lacrimal and salivary glands. When severe, dryness of the cornea can lead to keratitis and loss of vision. Preventive treatment of severe dryness with measures such as nasolacrimal duct blockage is important. The most common problem is carpal tunnel syndrome caused by compression of the median nerve by swelling around the wrist. Rheumatoid disease of the spine can lead to myelopathy. Clumsiness is initially experienced, but without due care, this can progress to quadriplegia or even death. Bones Local osteoporosis occurs in RA around inflamed joints. It is postulated to be partially caused by inflammatory cytokines. More general osteoporosis is probably contributed to by immobility, systemic cytokine effects, local cytokine release in bone marrow and corticosteroid therapy. Some genetic and environmental factors affect the risk for RA. Three phases of progression of RA are an initiation phase due to non-specific inflammation, an amplification phase due to T cell activation, and chronic

inflammatory phase, with tissue injury resulting from the cytokines , IL¹ , TNF-alpha and IL⁶. These factors are genetic disorders which change regulation of the adaptive immune response. A possibility for increased susceptibility is that negative feedback mechanisms which normally maintain tolerance are overtaken by positive feedback mechanisms for certain antigens, such as IgG Fc bound by rheumatoid factor and citrullinated fibrinogen bound by antibodies to citrullinated peptides ACPA - Anti-citrullinated protein antibody. These activate macrophages through Fc receptor and complement binding, which is part of the intense inflammation in RA. The disease progresses by forming granulation tissue at the edges of the synovial lining, pannus with extensive angiogenesis and enzymes causing tissue damage.

Juvenile idiopathic arthritis (JIA), also known as juvenile rheumatoid arthritis (JRA), is the most common type. Arthritis in childhood can cause permanent damage to joints, and there is no cure.

It said that patients who improved their oral hygiene and had treatments such as scaling had a reduction in arthritis symptoms. This study is not the first to have made the connection between the two conditions and supports previous research. There is a plausible link between periodontitis gum disease and rheumatoid arthritis. Both are inflammatory conditions and gum disease is more common in people with rheumatoid arthritis. Where did the story come from? The study was funded by the Department of Periodontics at Case Western Reserve University and was published in the peer-reviewed Journal of Periodontology. What kind of scientific study was this? The researchers say that gum disease is common in people with rheumatoid arthritis, an autoimmune disease where the joints become painful, swollen and inflamed leading to tissue damage. They say the diseases have similar characteristics as both involve the destruction of hard and soft tissues. They also say that some studies have suggested a link between the two conditions, with indications that rheumatoid arthritis could have a negative effect on the gums. This small randomised controlled trial was conducted in people with both rheumatoid arthritis and gum disease. Forty people from University Hospitals of Cleveland were enrolled. The patients were aged 30 or over and had active rheumatoid arthritis and severe chronic periodontitis gum disease, with more than 20 teeth present. Both groups were randomly split in half to make four groups and were given either periodontal treatment or no further treatment control. Those assigned to the control group did not receive any gum treatments until after the six-week study period. Participants were assessed at the beginning of the study and then six weeks later. The severity of rheumatoid arthritis was assessed by determining the number of tender and swollen joints and through a disease activity score DAS. Statistical analyses were used to compare the effects of periodontal treatment on the severity of rheumatoid arthritis across the groups. What were the results of the study? Patients who were not given periodontal treatment did not show a similar reduction in the severity of their arthritis. What interpretations did the researchers draw from these results? This small randomised controlled trial has confirmed what other studies have found: This was a small study, with only 10 people in each compared group, and there is a possibility that some of the findings are due to chance. If the same results were found in larger studies with a similar design, a greater confidence could be had that treating gum disease can reduce the severity of rheumatoid arthritis. In addition, all the participants had severe chronic gum disease, so the findings may not apply to people with rheumatoid arthritis and healthy gums or milder gum disease. However, this finding does support what other studies have found:

Chapter 8 : Rheumatoid arthritis: Can it affect the eyes? - Mayo Clinic

Lyme disease and rheumatoid arthritis share some characteristics, such as joint pain and a feeling of unwellness. Both can be difficult to diagnose, and though Lyme is caused by a tick bite, you.

It is a leading cause of work-related disability. The term arthritis refers to more than diseases and conditions affecting the joints. The most common type of arthritis is osteoarthritis. Other forms of arthritis are gout, lupus, and rheumatoid arthritis. Symptoms of arthritis are pain, aching, stiffness, and swelling in or around the joints. Rheumatoid arthritis and lupus, can affect multiple organs and cause widespread symptoms. Arthritis commonly occurs with other chronic diseases. About half of US adults with heart disease or diabetes and one-third of people who have obesity also have arthritis. Having arthritis and other chronic conditions can reduce quality of life, reduce physical activity, and make disease management harder. CDC conducts research and supports programs for people with arthritis so they can work and do other daily activities, have less pain, manage their own care, and delay disability. Arthritis can limit the type of work these men and women are able to do or keep them from working at all. In fact, 8 million working-age adults report that their ability to work is limited because of their arthritis. The most common limitations that adults with arthritis report are difficulty climbing a flight of stairs or walking the equivalent of three city blocks. This means that adults with arthritis could have trouble walking from a parking deck or subway stop to their worksite. The impact of arthritis on the productivity of US businesses will continue to grow as the percentage of people with this condition increases in the coming decades. For example, people with arthritis can: Join a self-management education program, such as the Chronic Disease Self-Management Program , that teaches the skills and confidence to live well with arthritis every day. Physical activity—such as walking, bicycling, and swimming—decreases pain and improves function, mood, and quality of life. People with arthritis should try to get at least minutes of physical activity each week. This activity can be done for 30 minutes, 5 days a week, or for as little as 10 minutes at a time. CDC-recommended physical activity programs —like Walk With Ease and EnhanceFitness—are community interventions that improve health for participants with arthritis. Maintain a healthy weight and protect their joints. People can reduce their risk of knee osteoarthritis by controlling their weight and avoiding activities that are more likely to cause joint injuries. Talk with a doctor. Recommendations from health care providers can motivate people to be physically active and join a self-management education program. People with inflammatory arthritis, like rheumatoid arthritis, have a better quality of life if they are diagnosed early, receive treatment, and learn how to manage their condition. This comprehensive approach supports healthy choices and behaviors, makes healthier options more available, and helps Americans better manage their health. CDC works with partners—such as state health departments, other federal agencies, and nonprofit organizations—to improve the quality of life for adults with arthritis. These data can help guide public health decisions about the best ways to help people with arthritis. CDC also supports surveillance research on lupus. This condition is hard to diagnose, and estimates of how many people have it vary widely. CDC projects with four state and local health departments, four universities, and the Indian Health Service have produced more credible estimates of the incidence and prevalence of lupus among different racial and ethnic groups in the United States. Three follow-up studies are looking at disease progression and treatment. CDC works with the Lupus Foundation of America and the American College of Rheumatology to raise lupus awareness and educate patients and health care providers about early diagnosis, lupus self-management, and physical activity, including strength training. Community Programs Linked to Clinical Services Supporting State Health Departments Thirteen state health departments use CDC funding to expand the reach of proven, arthritis-appropriate self-management education and physical activity programs. States work with community organizations that can make these programs part of their routine operations and sustain them over time. Organizations such as local YMCAs, cooperative extension service programs, and state and local parks and recreation departments have partnered with state arthritis programs to deliver interventions in their communities. Funded states and national organizations have reached over , adults with these proven programs that improve arthritis management and quality of life. Reaching the Public CDC also

works with national organizations to expand the use of proven interventions for people with arthritis. NRPA has developed resources that highlight key successes, challenges, and lessons learned from the pilot test of this project. The Y is also participating in efforts to reduce health disparities by bringing EnhanceFitness to more local YMCAs in low-income and underserved communities. These local YMCAs will receive intensive technical help and small grants to offset training and start-up costs.

Chapter 9 : Diseases and Conditions Rheumatoid Arthritis

Arthritis & Rheumatology, an official journal of the American College of Rheumatology, is a peer-reviewed publication for scientists and clinicians interested in the natural history, pathophysiology, treatment, and outcome of the rheumatic diseases. The journal publishes the highest quality basic and clinical research related to the rheumatic diseases, encompassing a wide range of areas of investigative activity.

With rheumatoid arthritis, the synovial membrane that protects and lubricates joints becomes inflamed, causing pain and swelling. Joint erosion may follow. Rheumatoid arthritis occurs when your immune system attacks the synovium – the lining of the membranes that surround your joints. The resulting inflammation thickens the synovium, which can eventually destroy the cartilage and bone within the joint. The tendons and ligaments that hold the joint together weaken and stretch. Gradually, the joint loses its shape and alignment.

Risk factors Factors that may increase your risk of rheumatoid arthritis include: Women are more likely than men to develop rheumatoid arthritis. Rheumatoid arthritis can occur at any age, but it most commonly begins between the ages of 40 and 50. If a member of your family has rheumatoid arthritis, you may have an increased risk of the disease. Cigarette smoking increases your risk of developing rheumatoid arthritis, particularly if you have a genetic predisposition for developing the disease. Smoking also appears to be associated with greater disease severity. Although uncertain and poorly understood, some exposures such as asbestos or silica may increase the risk for developing rheumatoid arthritis. Emergency workers exposed to dust from the collapse of the World Trade Center are at higher risk of autoimmune diseases such as rheumatoid arthritis. People who are overweight or obese appear to be at somewhat higher risk of developing rheumatoid arthritis, especially in women diagnosed with the disease when they were 55 or younger.

Complications Rheumatoid arthritis increases your risk of developing: Rheumatoid arthritis itself, along with some medications used for treating rheumatoid arthritis, can increase your risk of osteoporosis – a condition that weakens your bones and makes them more prone to fracture. These firm bumps of tissue most commonly form around pressure points, such as the elbows. However, these nodules can form anywhere in the body, including the lungs. Dry eyes and mouth. The disease itself and many of the medications used to combat rheumatoid arthritis can impair the immune system, leading to increased infections. The proportion of fat compared to lean mass is often higher in people who have rheumatoid arthritis, even in people who have a normal body mass index BMI. If rheumatoid arthritis affects your wrists, the inflammation can compress the nerve that serves most of your hand and fingers. Rheumatoid arthritis can increase your risk of hardened and blocked arteries, as well as inflammation of the sac that encloses your heart. People with rheumatoid arthritis have an increased risk of inflammation and scarring of the lung tissues, which can lead to progressive shortness of breath. Rheumatoid arthritis increases the risk of lymphoma, a group of blood cancers that develop in the lymph system. See the stories of satisfied Mayo Clinic patients.