

Benefits of early treatment of rheumatoid arthritis



Rheumatoid arthritis (RA) can cause pain, physical disability, and other health problems if not treated.

Making an early diagnosis can help you start treatment sooner, which can lead to better long-term outcomes.



Your rheumatologist can help determine the best medicine for you.

A plan known as a treat-to-target (T2T) can help you control RA. This is when you and your doctor set goals for controlling RA and track your progress.



- Disease Modifying Anti-Rheumatic Drugs (DMARDs)

 - The most common treatment
 - Reduce inflammation and therefore help keep joint function (joints able to move properly)
 - Methotrexate, Hydroxychloroquine, Leflunomide, Sulfasalazine
- Biologic therapies

 - Newer form of DMARDs which are made using molecular biology techniques
 - These are often taken as injections (shots) or infusions
 - Anti-TNF, Anti-IL-6, Anti-B-cell, Anti-T-cell
- Non-steroidal anti-inflammatory medications (NSAIDs)

 - Reduce pain and mild inflammation
 - NSAIDs do not prevent joint damage
 - Available as tablets or as topical (applied to your body like a lotion or gel) medicines
 - Ibuprofen, Naproxen, Meloxicam, Diclofenac
- Corticosteroids

 - Have strong anti-inflammatory effects and work quickly to reduce swelling
 - These are used for a short time because they have many side effects
 - Often used as tablets but in severe flares (when your symptoms get worse) can be given as injections or infusions
 - Prednisone, methylprednisone
 - Can also be used to inject joints (intra-articular joint injections) for flare up of symptoms

Analgesics