

Treatment of Rheumatoid Arthritis

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Key Points

- Rheumatoid arthritis is a chronic inflammatory disease leading to painful swelling & destruction of joints
- Agents used in practice

Rheumatoid arthritis is characterized by pain, swelling, and destruction of joints, leading to disability. It is a chronic inflammatory disease with heterogeneous clinical responses to treatment. It is difficult to treat some patients and they fail to reach the treatment targets of clinical remission or low disease activity.¹

There are only a few disease-change antirheumatic drugs that can interfere with the disease process. Recent advances in biological agents, including inhibitors of tumor necrosis factor, have allowed for previously unimaginable therapeutic advantages.

Hence, three agents have already been used in practice or are in clinical trials to treat rheumatoid arthritis include rituximab (anti-CD20), abatacept (cytotoxic T-lymphocyte antigen 4 immunoglobulins), and tocilizumab (anti-interleukin-6 receptor).²

Over the past 25 years, RA treatment has developed from a strategy of providing symptomatic relief to therapeutic regimens that impact disease activity and potentially reduce or arrest structural joint damage.

The treatments for RA have strengthened from salicylates to NSAIDs to CSs to DMARDs to MTX, and finally to biologics. Some patients with RA do well on MTX alone, without the addition of other drugs. MTX has become the first drug of choice for most patients with RA.³

In the current treatment of RA, nonsteroidal anti-inflammatory drugs (NSAIDs), used to manage pain and inflammation, disease-modifying antirheumatic drugs (DMARDs), which are used as first-line therapy for all newly diagnosed cases of RA, and biological response modifiers, which inhibit specific molecules in the immune system.

Aside from glucocorticoids, antirheumatic drugs are used to treat RA. There are several DMARDs, including methotrexate, hydroxychloroquine, sulfasalazine, and leflunomide. Pain, inflammation, and stiffness associated with RA can be effectively controlled by NSAIDs and glucocorticoids. In contrast to NSAIDs, they slow the clinical and radiographic progression of RA.⁴

According to the American College of Rheumatology, rheumatoid arthritis is also treated with gamma-linolenic acid. It is a plant seed-derived essential fatty acid that reduces inflammation in joints. It is found worldwide as a major component of evening primrose and borage seed oil. However, in the United States, it is not recommended for the treatment of any condition, but its use for rheumatoid arthritis is warranted.⁵

References:

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