

Shared Decision Making – rheumatoid arthritis

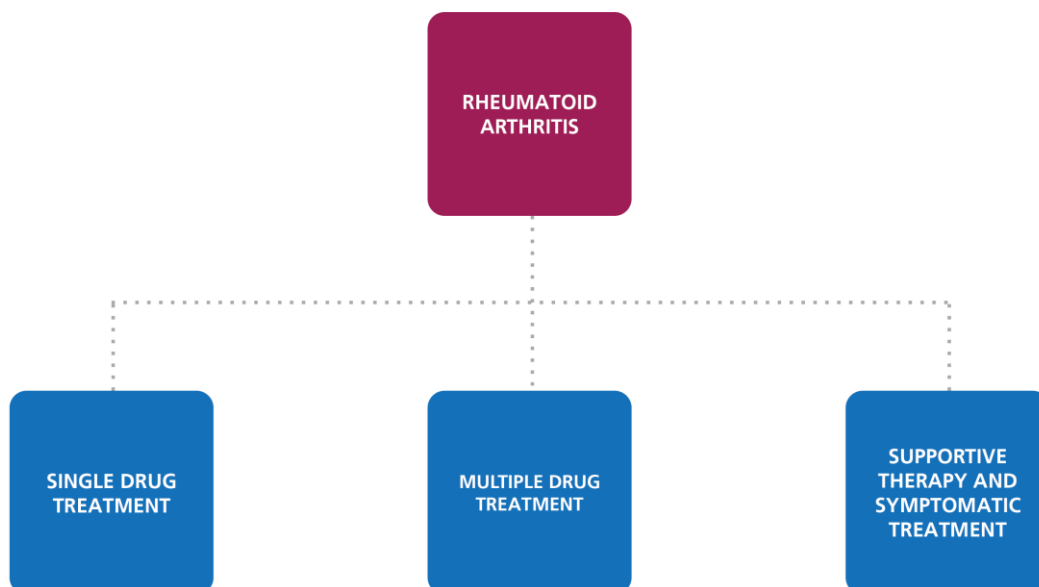
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Deciding what to do about Rheumatoid Arthritis

This short decision aid is to help you decide what treatment to have if you have been recently diagnosed with rheumatoid arthritis. You can use it on your own, or with your doctor, to help you make a decision about what's right for you at this time.

There are three main options for treating rheumatoid arthritis. The choices are:

- Single drug treatment - taking one drug to treat rheumatoid arthritis.
- Multiple drug treatment - taking several drugs together to treat rheumatoid arthritis. This may help if symptoms are more severe, or if one drug doesn't work well enough.
- Supportive therapy and symptomatic treatment - treatments that don't treat the disease, but that can help relieve the pain and other symptoms. This may mean taking extra medication, such as painkillers, or looking after yourself to help you manage your rheumatoid arthritis



What are my options?

	Single Drug Treatment	Multiple Drug Treatment	Supportive Therapy and Symptomatic Treatment
What is the treatment?	<p>Taking medication to treat rheumatoid arthritis, usually methotrexate or sulfasalazine.</p> <p>These drugs treat the disease in the joints. You may hear this group of drugs called DMARDs (short for disease-modifying antirheumatic drugs).</p> <p>People are usually prescribed a single drug only if there is a reason why they can't be started on a combination of two drugs. [9]</p>	<p>Taking several drugs together to treat rheumatoid arthritis. A doctor may suggest a combination of two or three of the following drugs: methotrexate, sulfasalazine, leflunomide, and hydroxychloroquine.</p> <p>The drugs in this category treat the disease in the joints.</p> <p>They are mostly DMARDs (short for disease-modifying anti-rheumatic drugs).</p>	<p>Additional treatments to relieve symptoms, including extra medications such as painkillers, and looking after yourself in a healthy way to help you manage your rheumatoid arthritis.</p> <p>This might include doing more exercise, eating healthily, and learning to care for your joints.</p> <p>The treatments in this category treat only the symptoms of rheumatoid arthritis, including pain. They do not treat the disease itself.</p>

	Single Drug Treatment	Multiple Drug Treatment	Supportive Therapy and Symptomatic Treatment
What are the effects on symptoms?	<p>Taking methotrexate or sulfasalazine can help improve the pain, stiffness, and tenderness in the joints. These drugs work better if they are taken soon after diagnosis, instead of waiting until symptoms get worse.[10]</p> <p>Taking methotrexate or sulfasalazine may help improve symptoms for at least five years. [10]</p>	<p>Taking disease-modifying antirheumatic drugs (DMARDs) can help improve pain, stiffness, and tenderness in the joints. Drug treatment works better if they are started soon after diagnosis, instead of waiting until symptoms get worse.[10]</p> <p>DMARDs may help improve symptoms for at least five years.[10]</p> <p>Taking a combination of DMARDs can reduce pain more than taking one DMARD.[10]</p> <p>Taking a low-dose corticosteroid in combination with a DMARD can help reduce joint damage compared with taking only a DMARD.[10]</p>	<p>Taking corticosteroids for a while, or having a corticosteroid injection, can help improve pain and tenderness in the joints.</p> <p>Corticosteroids are usually only suitable as a short-term treatment, and are often used to treat a 'flare-up'. [10]</p> <p>Taking a low-dose corticosteroid in combination with a DMARD is more effective to treat a flare-up than taking one DMARD.[10]</p> <p>Taking a non-steroidal anti-inflammatory drug (NSAID) can help improve the pain and swelling in your joints.[10]</p> <p>Taking an analgesic (painkiller drug) can help reduce the pain in the</p>

			<p>joints.[10]</p> <p>Doing exercise can improve fitness and strength. [11] This may help manage the symptoms.</p> <p>Physiotherapy can help improve the pain, stiffness, and tenderness in the joints.[10]</p> <p>Losing excess weight may help put less pressure on the joints. [12]</p> <p>We don't know if one type of diet is better than another for improving symptoms.[10]</p> <p>Using specialist foot-care products like special insoles can help reduce foot pain.[10]</p>
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	Single Drug Treatment	Multiple Drug Treatment	Supportive Therapy and Symptomatic Treatment
What is the effect on what you can do?	Taking methotrexate or sulfasalazine can help improve how easily people can move their joints, use their limbs, and move around.[10]	Taking disease-modifying antirheumatic drugs (DMARDs) can help improve how easily people can move their joints,	Taking a corticosteroid can help improve grip strength. [10] This may make it easier to do things that require using the hands, such as

		<p>use their limbs, and move around.[10]</p> <p>Taking a combination of DMARDs can reduce the number of days people miss off work by about 20 days a year, compared with taking one DMARD.[10]</p>	<p>getting dressed.</p> <p>Taking a non-steroidal anti-inflammatory drug (NSAID) or an analgesic (painkiller drug) to improve pain may help people do more of the things that they enjoy, like socialising and travelling.[10]</p> <p>Doing exercise can improve fitness and strength. Being fitter and stronger may help people do more without getting tired or feeling in pain.</p> <p>Having physiotherapy may help improve grip strength. [12] This may make it easier to do everyday things that require using the hands, such as getting dressed.</p> <p>Wearing comfortable shoes and using specialist foot-care products like special insoles can help with difficulty walking.[10]</p>
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	Single Drug Treatment	Multiple Drug Treatment	Supportive Therapy and Symptomatic Treatment
What is the effect on quality of life	<p>Taking methotrexate or sulfasalazine can improve symptoms. This may improve quality of life. [10]</p> <p>Taking methotrexate or sulfasalazine may help people who feel depressed about their disease to feel less depressed. [10]</p>	<p>Taking a combination of disease modifying anti-rheumatic drugs (DMARDs) can improve symptoms. This may improve quality of life.[10]</p> <p>Taking a combination of DMARDs may help people who feel depressed about their disease to feel less depressed.[10]</p> <p>Taking a combination of drugs for your rheumatoid arthritis won't necessarily mean your quality of life will be better than if you take one drug.[10]</p>	<p>Taking a corticosteroid, nonsteroidal anti-inflammatory drug (NSAID), or painkiller can improve symptoms. This may improve quality of life.[10]</p> <p>Taking a corticosteroid for a while or having a corticosteroid injection into a painful joint may help symptoms during flare-ups.</p> <p>This may improve your quality of life.[10]</p> <p>Taking a painkiller may help people sleep better, socialise more, and get on with everyday life.[10]</p> <p>Having physiotherapy may help people do their everyday activities. This may improve quality of life.[10]</p>

	Single Drug Treatment	Multiple Drug Treatment	Supportive Therapy and Symptomatic Treatment
What is the effect on length of life?	<p>Rheumatoid arthritis is not a life-threatening condition in itself, but people with rheumatoid arthritis are more likely to have vascular diseases (problems with blood vessels and circulation) and heart problems than people who don't have rheumatoid arthritis.</p> <p>Taking methotrexate may reduce the chances of having vascular diseases and heart problems. This may help people live longer.[13]</p>	<p>Rheumatoid arthritis is not a life-threatening condition in itself, but people with rheumatoid arthritis are more likely to have vascular diseases (problems with blood vessels and circulation) and heart problems than people who don't have rheumatoid arthritis.</p> <p>Taking methotrexate may reduce the chances of having vascular diseases and heart problems. This may help people live longer.[13]</p> <p>We don't know if taking a combination of drugs to treat your rheumatoid arthritis can help people live longer.</p>	<p>Rheumatoid arthritis is not a life-threatening condition in itself, but people with rheumatoid arthritis are more likely to have vascular diseases (problems with blood vessels and circulation) and heart problems than people who don't have rheumatoid arthritis.</p> <p>People can reduce the chances of vascular diseases and heart problems by taking better care of themselves by stopping smoking, eating a healthy diet, and exercising more. This may help them live longer.</p>

	Single Drug Treatment	Multiple Drug Treatment	Supportive Therapy and Symptomatic Treatment
What are the unwanted effects (side effects or complications)?	<p>Taking methotrexate or sulfasalazine may cause side effects including nausea, loss of appetite, rashes or blisters, diarrhoea, and dizziness.</p> <p>[10] Methotrexate may cause fewer side effects than other disease-modifying anti-rheumatic drugs (DMARDS).[10]</p>	<p>Taking a combination of drugs may be more likely to cause side effects than taking one drug by itself.[10]</p> <p>Taking disease-modifying antirheumatic drugs (DMARDs) may cause side effects including nausea, loss of appetite, rashes or blisters, diarrhoea, and dizziness.[10]</p> <p>Methotrexate is a DMARD that may cause fewer side effects than other DMARDs.[10]</p>	<p>Taking a corticosteroid in a high dose or for long periods may cause serious side effects, including diabetes, high blood pressure, and stomach ulcers.[14]</p> <p>Taking a non-steroidal anti-inflammatory drug (NSAID) may cause stomach problems and damage the kidneys, and may increase the chance of getting a heart attack or stroke.[10]</p> <p>Taking codeine (a painkiller drug) may cause constipation, drowsiness, and nausea.[10]</p> <p>Exercising sensibly, eating healthily, and taking care of the joints is unlikely to cause side effects.</p>

	Single Drug Treatment	Multiple Drug Treatment	Supportive Therapy and Symptomatic Treatment
What are the effects on your daily life?	<p>Women can't take methotrexate while pregnant or breastfeeding. Most disease-modifying antirheumatic drugs (DMARDs) can temporarily affect men's sperm and fertility.[10]</p> <p>People taking medication need to see their doctor regularly to check how well the drugs are working and for any side effect problems. This will include having blood tests.</p>	<p>Women can't take methotrexate or leflunomide while pregnant or breastfeeding. Most disease modifying anti-rheumatic drugs (DMARDs) can temporarily affect men's sperm and fertility.[10]</p> <p>People taking medication need to see their doctor regularly to check how well your drugs are working and for any side effect problems. This will include having blood tests. They may need to see the doctor regularly to discuss which combination of drugs is best for as the disease changes.</p>	<p>Having physiotherapy means attending regular appointments with a physiotherapist.</p> <p>Giving up smoking is difficult and requires commitment.</p> <p>People on special diets to control symptoms or lose weight may need to plan meals carefully. Going on an exercise programme means making time to exercise regularly.</p> <p>People using specialist foot-care products such as insoles may need to see a foot-care specialist regularly.</p>

	Single Drug Treatment	Multiple Drug Treatment	Supportive Therapy and Symptomatic Treatment
What are the effects on controlling	Taking methotrexate or sulfasalazine can help reduce damage to the	Taking a combination of disease modifying	Lifestyle changes are unlikely to reduce the

<p>joint damage?</p>	<p>joints. [15] [16]</p> <p>Between 30 in 100 and 55 in 100 people with rheumatoid arthritis who take a disease modifying anti-rheumatic drug (DMARD), and who get carefully monitored treatment, are in remission (the damage to their joints has slowed or stopped) after 18 months.[17]</p> <p>The effects of taking methotrexate or sulfasalazine in slowing down or stopping joint damage can last for at least five years.[10]</p>	<p>anti-rheumatic drugs (DMARDs) can help reduce damage to the joints more than taking one DMARD by itself. [15] [16]</p> <p>Between 40 in 100 and 60 in 100 people with rheumatoid arthritis who take a combination of DMARDs, and who get carefully monitored treatment, are in remission (the damage to their joints has slowed or stopped) after 18 months.[17]</p> <p>The effects of taking DMARDs in slowing down or stopping some joint damage can last for at least five years.[10]</p> <p>Taking a low-dose corticosteroid in combination with a DMARD can reduce people's disease activity score (DAS28) for up to three months.[10]</p> <p>Taking a low-dose corticosteroid in</p>	<p>damage to the joints.</p> <p>Learning how to look after the joints may help reduce joint damage.</p> <p>Taking a non-steroidal anti-inflammatory drug (NSAID) or an analgesic (painkiller drug) won't reduce the damage to the joints.[10]</p> <p>Taking a low-dose corticosteroid may help reduce joint damage for people also taking a DMARD.[10]</p> <p>Taking a corticosteroid on its own will not reduce joint damage.</p>
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What are the pros and cons of each option?

People with rheumatoid arthritis have different experiences about the health problem and views on treatment. Choosing the treatment option that is best for the patient means considering how the consequences of each treatment option will affect their life.

Here are some questions people may want to consider about treatment for rheumatoid arthritis:

- Do their symptoms of rheumatoid arthritis stop them from doing normal everyday things?
- Are they willing to wait and see if their symptoms get better?
- Is the most important thing to have a treatment that means they are less bothered by rheumatoid arthritis?
- Are they willing to take the risk of side effects or complications from treatment?
- Do they want a treatment that means they are less likely to miss days off school?
- Are they willing to consider having an operation?

How do I get support to help me make a decision that is right for me?

People using this type of information say they understand the health problem and treatment choices more clearly, and why one treatment is better for them than another. They also say they can talk more confidently about their reasons for liking or not liking an option with health professionals, friends and family.

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