

Live Healthy and Be Well!

“Arthritis – OA versus RA – what’s the difference?”

--Stephen Jarrard, MD FACS

One of our patients knows someone who has been recently diagnosed with Rheumatoid Arthritis (RA) and asked if we could provide some more information about this condition and how it is different from “regular” arthritis. So, this month we will discuss RA, its causes, how to diagnose, and of course, treatment and management options if you have this disease or know and help someone who does. I appreciate the suggestion for this article, because we always want to write about topics of interest that are helpful to our readers!

Rheumatoid Arthritis (RA) is different from the normal “arthritis” that we often speak of getting as we grow older. Aging arthritis is also known as Osteoarthritis (OA) and is an inflammation, tenderness, and stiffness of the joints caused by overuse and “wear and tear” of life. OA may affect single joints or more than one, and usually waxes and wanes in flares that may even be affected by changes in weather conditions. In OA, often the natural cushioning material of the joint starts to wear, and in more severe cases, joint replacement, such as a hip or knee, may provide the best solution. Most people manage OA with heat, topical liniments, and NSAIDs (Non-Steroidal Anti Inflammatory Drugs). As with any pain condition, we always caution against using narcotic pain medications unless they are absolutely necessary, as there can be problems with dependency developing on the drug itself. Talk to your provider about the best way to treat pain, stiffness, and soreness associated with OA – “regular arthritis.”

RA is a systemic disease of the immune system that has a predilection for bony joints. You can think of it as a problem where your immune system is defective, confused, and in overdrive, and is “attacking” the joints of the body. It is a painful, disfiguring, and can even be a crippling condition if not treated and managed properly. It can lead to loss of function and mobility. The process involves an inflammatory response of the capsule around the joints, the production of excess fluid as a response by the joint, and finally the development of fibrous “hard” tissue in and around the joint – often making it large and misshapen. As the disease progresses, it often leads to the destruction of the cartilage (which normally allows smooth motion of the joint) and eventually total fusion of the joints. RA can also produce diffuse inflammation in the lungs, the membrane around the heart (pericardium), the membranes of the lung (pleura), and white of the eye (sclera). It may also lead to the formation of nodular lesions or “hard knots,” most common in the subcutaneous tissue (under the skin). Ultimately, RA is a clinical diagnosis made on the basis of symptoms, physical exam, radiographs (X-rays) and certain laboratory findings can all help in making an accurate diagnosis.

The disease usually affects people of middle age, and women are two or three times more likely than men. It is believed that over half the risk of getting RA is genetic in origin. So, having a strong family history (as with many diseases) is a definite risk factor. There is no evidence that physical or emotional stress triggers the disease, but rather that other factors are involved or possibly random chance plays a role and pulls the trigger if you are pre-disposed to having the

disease. Of the non-genetic risk factors, smoking seems to be the most significant. RA is almost three times more common in smokers than non-smokers.

There are both drug and non-drug treatments available. Non-drug treatment includes physical therapy, orthotics, occupational therapy and nutritional therapy - but these don't stop the progression of the disease or the destruction of the joints. Analgesia (painkillers) and anti-inflammatory drugs, including steroids in more severe cases, may suppress the symptoms, but don't stop the progression of joint destruction either. There are strong medicines called *Disease-modifying antirheumatic drugs* (DMARDs), an example of which is *Methotrexate*, which actually do slow or halt the progress of the disease. The evidence for complementary and alternative medicine (CAM) treatments, or homeopathic therapies, for RA related pain is weak. There is a lack of high quality evidence which leads us to the conclusions that their use is currently not supported by the evidence. CAM therapies may not help RA, but they can have effects with and on other medicines you take, so please inform your health care providers of any CAM treatments you may be on, and continue taking traditional treatments your providers recommend and prescribe. One thing that has been found to help with disease management, regardless of the stage of the disease, is regular exercise to maintain muscle strength, maximum flexibility, and overall health. There is not much current evidence that specific diets have much effect, although a healthy, balanced diet will never hurt anything.

As with almost any disease process, the best hope of treatment and maintaining maximum health and wellness lies with early detection and proper management. If you have a strong family history of RA (parents or siblings, especially), make sure your provider knows this as part of the family history portion of your records. Then, if you notice any unusual joint pains, swelling, or issues as described above – make sure to tell them right away so that some testing may begin early. While there is no cure for RA, this early detection and treatment will preserve your function and mobility much longer than if it is allowed to progress before proper diagnosis.

We really do enjoy hearing from you with any questions, concerns, or ideas for future columns and/or health and wellness related issues for the *Georgia Mountain Laurel*. Please send an email to [rabundoctor@gmail.com](mailto:rabundoctor@gmail.com), or call us at 706-782-3572, and we will be sure to consider your input. This and previous articles can be now be found on the web at [www.rabundoctor.com](http://www.rabundoctor.com) in an archived format. If you use Twitter, then follow us for health tips and wellness advice @rabundoctor. Like and follow our Facebook page at facebook.com/rabundoctor. Until next month, live healthy and be well!