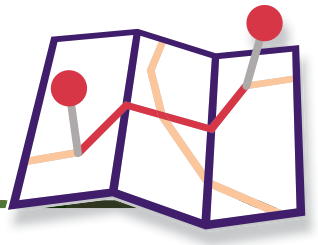
YOUR ROADMAP FOR RHEUMATOID ARTHRITIS



Rheumatoid arthritis (RA) is a lifelong condition but, with treatment and support, life with RA can be positive, meaningful and healthy.

This roadmap will help you understand how to manage RA, including self-management techniques and the use of medicines. It will also help you prepare for follow-up appointments with your healthcare team.

Pre-diagnosis

Symptoms

You experience joint pain (often hands, wrists, feet and/or knees), stiffness, and possibly swelling and/or fatigue, for several weeks.

GP visit

You visit your GP who will ask about your symptoms, perform a physical examination and order blood tests and X-rays.

Referral to a rheumatologist

Your GP refers you to a rheumatologist (specialist bone and joint doctor) for early diagnosis and treatment if they suspect inflammatory arthritis. Starting treatment in the early stages of RA gives better long-term results.

You should expect to have an appointment within weeks. If there is a delay of more than a few weeks, ask your GP to contact the rheumatologist directly to request an earlier appointment. ◀

Rheumatologist visit and tests

Your appointment with a rheumatologist will include:

- a review of your medical history, including your recent joint symptoms and family history
- a general physical examination
- a thorough examination of your joints, including counting of tender and swollen joints
- referral for further blood tests and imaging (eg, X-rays, ultrasound or MRI), if required.

It can take time to identify the exact cause of your symptoms and confirm a diagnosis. ◀

Diagnosis and initial treatment

Diagnosis

You are diagnosed with rheumatoid arthritis.

Initial treatment: Self-management

You start learning ways to manage your symptoms, including:

- pain management techniques, including heat and cold therapy, relaxation techniques and aids and equipment
- regular exercise
- a healthy diet to optimise your weight and reduce inflammation
- looking after your mental health by managing stress and seeking support from a psychologist or counsellor
- talking to your family and friends about how you're feeling and how they can help
- stopping smoking as smoking cigarettes is associated with more severe RA and may make medicines less effective
- advice from allied health professionals, such as a physiotherapist and occupational therapist, to help with your self-management.

Australian Rheumatology Association
Arthritis AUSTRALIA
NPS MEDICINEWISE

Initial treatment: Medicines

Your first-line medicines begin with disease-modifying antirheumatic drugs (DMARDs). These might be used on their own or in combination.

- Most common: methotrexate with folic acid.
- Sometimes: sulfasalazine, hydroxychloroquine, leflunomide, or others.

Use the Low-dose methotrexate action plan to discuss the pros and cons of methotrexate with your rheumatologist and plan the best way to take your dose.

These medicines are ideally started within 3 months of the onset of your symptoms for the best long-term results. You can expect follow-up blood tests and frequent monitoring by your rheumatologist and GP to assess the effectiveness and side effects of your medicine.

For short-term use when you are first starting DMARDs or during flares, medicines may also include:

- glucocorticoids (also known as corticosteroids) tablets or injections
- non-steroidal anti-inflammatory drugs (NSAIDs)
- pain relief medicines.

Learn more about RA

You can learn more about RA through:

- Arthritis Australia and their MyRA website
- talking to your healthcare team, which might include a rheumatologist, GP, physiotherapist, occupational therapist, rheumatology nurse, pharmacist, dietitian, podiatrist, or psychologist.

Follow-up visits

Visit your rheumatologist for follow-up every 3–6 months to:

- assess the status of your RA and the need to modify any of your medicines or other treatments
- review your immunisation status and the risk of problems with your heart and blood vessels
- perform additional imaging and blood tests if required.

Modifying treatment

Modifying DMARD treatment

Your rheumatologist can refine your medicines if your RA is not well controlled, by

- switching you to a different DMARD
- adding DMARDs in combination.

Adding biological or targeted medicines

If your RA is not controlled after 6 months of DMARD treatment, your rheumatologist can add other medicines which work by blocking specific substances in the immune system. These are called biological medicines and targeted medicines.

- Abatacept (Orencia)
- Adalimumab (Humira)
- Baricitinib (Olumiant)
- Certolizumab (Cimzia)
- Etanercept (Brenzys, Enbrel)
- Golimumab (Simponi)
- Infliximab (Inflectra, Remicade, Renflexis)
- Rituximab (Mabthera, Riximyo, Truxima)
- Tocilizumab (Actemra)
- Tofacitinib (Xeljanz)
- Upadacitinib (Rinvoq)

There are many different biological and targeted medicines, as well as biosimilar* medicines, so know which one you are using.

The cost of these medicines is subsidised by the Australian government if you meet specific criteria.

Your medicine may be given either by injections under the skin, infusions into a vein or as tablets. You will need to be screened for tuberculosis and other infections before starting these medicines. Talk to your rheumatologist about which vaccinations are recommended before starting these medicines and which need to be avoided.

Keep using your usual pain management techniques, exercising regularly and looking after your mental health.

You continue to visit your rheumatologist to consider the use of different biological or targeted medicines until your RA is well controlled. ◀

***What is a biosimilar?**

A biosimilar medicine is a highly similar version of an original brand of biological medicine. They have been tested to show they are as safe and effective as the original brand. Read more here.

RA well controlled

Monitoring and follow-up

Once your RA is well controlled (this is called being in remission or low disease activity), your rheumatologist will continue monitoring your condition. Your biological or targeted medicine dose may be slowly reduced, or taken less often, after a minimum of 6 months of remission or low disease activity. Learn more about this at NPS MedicineWise www.nps.org.au/bdmards/rheumatological-conditions

Do not stop your medicines, or change how much of your medicine you take, until you first discuss it with your rheumatologist or GP. Symptoms may return if certain medicines are stopped.

Continue your self-management through pain management techniques, regular exercise and looking after your mental health.

Further information

Information about RA and treatments is available from Arthritis Australia at myra.org.au

Information about medicines for RA is available from the Australian Rheumatology Association at rheumatology.org.au/patients/medication-information.asp

The information contained in this factsheet has been adapted with permission from The Arthritis Society's Your Patient Journey.

+TARGETED THERAPIES ALLIANCE

Helping consumers and health professionals make safe and wise therapeutic decisions about biological disease-modifying antirheumatic drugs (bDMARDs) and other specialised medicines. Funded by the Australian Government Department of Health through the Value in Prescribing bDMARDs Program Grant.

Australian Rheumatology Association

Arthritis AUSTRALIA

NPS MEDICINEWISE

© 2020 NPS MedicineWise. Independent. Not-for-profit. Evidence-based. ABN 61 082 034 393. Reasonable care is taken to provide accurate information at the time of creation. This information is not intended as a substitute for medical advice and should not be exclusively relied on to manage or diagnose a medical condition. NPS MedicineWise disclaims all liability (including for negligence) for any loss, damage or injury resulting from reliance on or use of this information. Read our full disclaimer. Published October 2020. NPS2331