





What is Rheumatoid Arthritis (RA)?



RA is a chronic (long-term) inflammatory disease that mainly affects the joints. Inflammation from RA leads to pain, stiffness, swelling, and loss of function.¹

RA often attacks the small joints of the hands, wrists, and feet first. But RA can also attack joints in the knees, elbows, shoulders, jaw, and spine. RA may affect other parts of your body too such as the eyes, heart, lungs, blood, nerves, and skin.¹⁻³

It's estimated that **1.5 million people** in the United States have RA.²



What Causes RA?





RA is an autoimmune disease. Normally your immune system protects your body from illness and disease. But when you have RA, your immune system attacks healthy tissues in your body by mistake. This can lead to inflammation in the lining of your joints and cause joint damage.

Researchers don't completely understand why the immune system attacks joint tissues. But they do know that a combination of a person's genes and exposure to environmental factors—such as viruses, bacteria, gum disease, lung disease, and cigarette smoke—can lead to RA.^{1,2}

What Are the Risk Factors For RA?



While the exact causes of RA are unknown, certain factors may increase your risk. 1,2,4,5



Sex. Anyone can get RA, but women are about 3 times more likely than men to have the disease.

Age. RA can occur at any age, but the risk increases as you get older. For women, symptoms commonly begin between the ages of 30 and 60. RA is rare in men before the age of 45.

Genes. People born with certain genes may be more likely to develop RA.

Family history. If a family member has RA, you're more likely to develop the disease.

Smoking. Smoking puts you at increased risk of getting RA and can also make symptoms worse.

Obesity. Obesity can increase your risk for RA and limit how well the disease improves with treatment.

What Are the Signs and Symptoms Of RA?

RA can affect each person differently. For some, symptoms of RA may include:1,2

- Pain, tenderness, swelling, and/or stiffness in the joints that lasts for 6 weeks or more
- Joint stiffness that's often worse in the morning and lasts for 30 minutes or longer
- Joints on both sides of your body, such as the left and right hands, are affected
- · Symptoms occur in more than one joint
- · Occasional low-grade fever
- · Loss of appetite
- Fatigue (feeling tired, low energy)



RA symptoms can be unpredictable. Your symptoms may come and go, and they can be hard to predict. That's because there may be times when symptoms get worse, called **flares** (which can last days or months), and times when your symptoms get better, called **remission.**^{2,4}

How Is RA Diagnosed?





Importance Of Early Diagnosis

Early diagnosis and treatment (within 6 months of symptoms starting) can help slow or stop joint damage and disability.³

Your doctor may use several tests and tools to diagnose RA.^{1,2}

Medical History. Your doctor will ask about your joint symptoms, such as when they started, what makes your symptoms better or worse, and how they've changed over time.

Family History. You may be asked about your family history of RA or other autoimmune diseases.

Physical Exam. Your doctor will examine your joints to look for tenderness, swelling, and warmth, as well as any painful or limited movement you may have. Your doctor may also check for bumps under your skin and if you have a low grade fever.

Blood Tests. Your doctor may conduct blood tests to look for inflammation and certain proteins (antibodies) that are linked to RA.

Imaging Tests. Tests such as x-rays, ultrasound or magnetic resonance imaging (MRI) can be used to look for bone and joint damage and to rule out other causes of joint pain. Ultrasound and MRI may also be used to diagnose RA in its early stages and evaluate the severity of the disease.

In its early stages, RA can be hard to diagnose. If your doctor is not an expert in diagnosing and treating RA, you may need to visit a doctor who is. This type of doctor is called a **rheumatologist** (roo-muh-tol-uh-jist).²

Take Part in Your Care



When you have a chronic condition like RA, it's important to be an informed and active participant in your care. Work closely with your doctor and healthcare team in discussing a treatment plan that works best for you. Doing so can help you feel more confident, independent, and in control of your RA and your life.¹



References:

- 1. National Institute of Arthritis and Musculoskeletal and Skin Diseases. Rheumatoid arthritis. Reviewed November 2022. Accessed September 8, 2023. https://www.niams.nih.gov/health-topics/rheumatoid-arthritis#:~:text=Rheumatoid%20arthritis%20%28RA%29%20is%20a%20chronic%20%28long-lasting%29%20 autoimmune,swelling%2C%20stiffness%2C%20and%20loss%20of%20function%20in%20joints
- 2. Arthritis Foundation. Rheumatoid arthritis: causes, symptoms, treatments and more. Updated October 21, 2021. Accessed September 7, 2023. https://www.arthritis.org/diseases/rheumatoid-arthritis
- 3. Shah B. Rheumatoid arthritis. American College of Rheumatology. Updated February 2023. Accessed September 8, 2023. https://rheumatology.org/patients/rheumatoid-arthritis
- 4. Centers for Disease Control and Prevention. Rheumatoid arthritis (RA). Reviewed July 27, 2020. Accessed August 8, 2023. https://www.cdc.gov/arthritis/basics/rheumatoid-arthritis.html
- 5. Rath L. How fat affects rheumatoid arthritis. Arthritis Foundation. Updated April 28, 2022. Accessed March 15, 2024. https://www.arthritis.org/health-wellness?about-arthritis/related-conditions/other-diseases/how-fat-affects-rheumatoid-arthritis



PP-UNP-USA-3583 ©2024 Pfizer Inc All rights reserved. May 2024