

What Are Arthritis and Rheumatic Diseases?

Fast Facts: An Easy-to-Read Series of Publications for the Public

Arthritis, rheumatic diseases, and related conditions include over 100 disorders that typically affect the joints, tendons, ligaments, bones, and muscles. Some rheumatic diseases also can involve internal organs.

What Are Some Examples of Arthritis, Rheumatic Diseases, and Related Conditions?

- Osteoarthritis
- Rheumatoid arthritis
- Juvenile idiopathic arthritis
- Fibromyalgia
- Systemic lupus erythematosus (lupus)
- Scleroderma
- Spondyloarthropathies
- Infectious arthritis
- Gout
- Polymyalgia rheumatica
- Polymyositis
- Psoriatic arthritis
- Bursitis
- Tendinitis

What Causes These Conditions?

A combination of things may cause *rheumatic diseases*. A person could be born with the likelihood of getting a disease, but something happens to get the disease started. A cold, flu, or other type of virus could trigger a rheumatic disease in some people. *Osteoarthritis* may be caused by wear and tear on the joints or by an injury to a joint.

Being a woman may make a person more likely to get some of these conditions. Lupus, rheumatoid arthritis, scleroderma, and fibromyalgia are more common among women. This could mean that hormones or other differences between men and women play a role in the development of these diseases.

Who Is Affected by These Conditions?

People of all races and ages can develop these conditions. Some are more common among certain groups of people. For example:

- Rheumatoid arthritis occurs two to three times more often in women than in men.
- Scleroderma is more common in women than in men.
- Nine out of 10 people who have lupus are women. It occurs more often in African Americans and Hispanics than in Caucasians.
- Nine out of 10 people who have fibromyalgia are women.
- Gout is more common in men than in women. After menopause, the incidence of gout in women begins to rise.

How Is the Diagnosis Made?

Determining if you have arthritis, a rheumatic disease, or a related condition can be hard. Some signs and symptoms are common to many diseases. Your regular doctor should be able to evaluate your symptoms. He or she may want you to see a rheumatologist (a doctor who specializes in treating arthritis and other rheumatic diseases).

Common Signs and Symptoms

- Swelling in one or more joints
- Stiffness around the joints that lasts for at least 1 hour in the early morning
- Constant or recurring pain or tenderness in a joint
- Difficulty using or moving a joint normally
- Warmth and redness in a joint.

The doctor will review your medical history and do a physical exam. The doctor will also probably want you to have lab tests such as blood tests or urine tests done. He or she may also want you to have x rays or other imaging tests done, such as an MRI (magnetic resonance imaging). The doctor may need to see you many times to make an exact diagnosis.

Medical History

It is important for people with joint pain to give the doctor a complete medical history. Answers to the following questions will help the doctor make a correct diagnosis.

- Is the pain in one or more joints?
- When does the pain occur?
- How long does the pain last?
- When did you first notice the pain?
- What were you doing when you first noticed the pain?
- Does movement make the pain better or worse?
- Have you had an illness or accident that may account for the pain?
- Do you have any other symptoms besides pain?
- Is there a family history of arthritis or other rheumatic diseases?
- What drugs are you taking?
- Have you had any recent infections?

It may be helpful to keep a daily journal that describes your pain. Write down what the joint that hurts looks like, how it feels, how long the pain lasts, and what you were doing when the pain started.

Treatments

Treatments for rheumatic diseases include:

- Rest and relaxation
- Exercise
- Proper diet
- Water therapy
- Mobilization therapy
- Heat and cold therapies
- Drugs
- Instruction in how to care for the joints
- Special devices, such as aids to help open jars, close zippers, and hold pencils
- Splints or braces

- Surgery to restore function or to relieve pain.

You and your doctor can develop a plan that helps you maintain or improve your lifestyle. Different types of treatment may be needed for different conditions.

Medications

A variety of drugs are used to treat arthritis and related conditions. The type of drug depends on the condition and on the individual patient. The drugs used to treat most of these conditions do not provide a cure but rather limit the symptoms. One exception is infectious arthritis, which can be cured if drugs are used properly.

The following types of drugs can be used to treat rheumatic diseases and related conditions.

Analgesics—pain relievers such as acetaminophen (Tylenol¹).

¹Brand names included in this fact sheet are provided as examples only, and their inclusion does not mean that these products are endorsed by the National Institutes of Health or any other Government agency. Also, if a particular brand name is not mentioned, this does not mean or imply that the product is unsatisfactory.

Topical analgesics—creams or ointments that are rubbed into the skin over sore muscles or joints to relieve pain.

Nonsteroidal anti-inflammatory drugs (NSAIDs)—pain relievers such as ibuprofen (Advil), naproxen sodium (Aleve), and ketoprofen (Orudis) are available over the counter. Some NSAIDs are available only with a prescription.

Disease-modifying antirheumatic drugs (DMARDs)—a family of medicines used to treat conditions like rheumatoid arthritis and ankylosing spondylitis. These drugs work by slowing or stopping the immune system from attacking the joints.

Biologic response modifiers—a new family of drugs (often called “biologics”) that block specific pathways of the immune system involved in inflammation. They often are prescribed along with DMARDs.

Corticosteroids—used to treat many rheumatic conditions because they reduce swelling and block or slow down the immune system.

Hyaluronic acid substitutes—these medicines mimic a naturally occurring body substance that moistens joints to help them move better. Usually a person receives three to five injections directly into the affected knee or hip to help relieve pain and provide flexible joint movement.

Nutritional supplements—these products include S-adenosylmethionine (SAM-e) for osteoarthritis and fibromyalgia, dehydroepiandrosterone (DHEA) for lupus, and glucosamine and chondroitin sulfate for osteoarthritis. Patients should read reports on how safe and effective a supplement is before taking it. Many have not been proven helpful in scientific studies. The U.S. Food and Drug Administration does not regulate supplements the way it monitors drugs.

Myths About Treating Arthritis, Rheumatic Disease, and Related Conditions

Some people claim to have been cured by treatment with herbs, oils, chemicals, special diets, radiation, or other products. Right now, there is no evidence that such treatments cure arthritis. Sometimes these treatments can lead to serious side effects. You should talk to your doctor before using any of these treatments.

What Can Be Done to Help?

You may find that having arthritis or a related condition limits your activities. You may have to change your daily activities to reduce pain and protect affected joints from further damage. Changes in your home can help you live safely, productively, and with less pain. In the bathroom, installing grab bars in the tub or shower and by the toilet can help. Placing a secure seat in the shower or tub and raising the height of the toilet seat can also help. Special kitchen tools can make it easier for you to prepare food if you have arthritis in your hands.

Friends and family can help you by providing emotional support and physical assistance. Support from other people who have the same disease can also make it easier to cope.

This information is courtesy of the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) Information Clearinghouse National Institutes of Health.