

Understanding the Options for Treating Rheumatoid Arthritis

For people with rheumatoid arthritis (RA), doctors try to lessen the pain and inflammation and slow or stop damage to joints that gets worse over time.

Drugs for Rheumatoid Arthritis

NSAIDs

Your doctor will probably recommend a nonsteroidal anti-inflammatory drug (NSAID). These drugs reduce pain and inflammation but do not slow the disease. Therefore, people with moderate to severe RA often require other drugs to prevent more joint damage.

Over-the-counter NSAIDs include ibuprofen (Advil or Motrin) and naproxen sodium (Aleve). Most people with RA require a prescription NSAID that offers a higher dose with longer-lasting results, which means fewer doses throughout the day. There are many prescription NSAIDs to choose from.

All prescription NSAIDs include a warning of the increased risk of heart attack and stroke. NSAIDs can also raise blood pressure. If you have risk factors for heart disease, naproxen sodium may be the better choice of NSAID. In addition, some NSAIDs can cause stomach irritation, ulcers, and bleeding. If you have such problems, ask your doctor about adding a drug to protect your stomach.

You and your doctor can weigh the benefits of NSAIDs against the potential risks. You may have to try a few to find the one that's right for you.

DMARDs

RA is caused by an overactive immune system that attacks joints and other areas of the body. Diseasemodifying anti-rheumatic drugs (DMARDs) work to quiet the immune system and slow or stop the progression of RA. However, they also decrease the immune system overall. This can result in an increased chance of catching some infections.

The most common DMARD for RA is methotrexate, but there are several others that your doctor may try, either alone or in combination (Table).

DMARDs, particularly methotrexate, have produced dramatic improvements in RA and can help protect your joints from damage.

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Biologic Agents

Newer treatments for RA are called biologic agents. These drugs are proteins made from human genes. They are designed to stop specific parts of the immune system that cause the inflammation seen in RA.

Doctors usually prescribe biologic agents when other drugs have failed to stop the signs and symptoms of RA. Biologics may slow or even stop RA progression.

The first type of biologic agents discovered to work in RA are called tumor necrosis factor (TNF) blockers (Table). These help to reduce pain and joint damage by blocking an inflammatory protein called TNF. For some people, TNF blockers stop the progression of RA. Some biologic agents do not work by blocking TNF but instead target different areas of the immune system (Table).

Because all biologic agents suppress the immune system, they also increase the risk of infection. Some people can get severe infections with biologics.

Be sure to discuss your medications with your doctor. Knowing more about the pros and cons of these strong medicines is good for your health.

DMARDs	Biologic Agents: TNF Blockers	Other Biologic Agents: Non-TNF Blockers
Hydroxychloroquine	Adalimumab	Abatacept
Leflunomide	Etanercept	Rituximab
Methotrexate	Infliximab	Tocilizumab
Minocycline	Certolizumab pegol	
Sulfasalazine	Golimumab	
Tofacitinib		