

# **Orthopaedic Connection**

## **Treatment of Rheumatoid Arthritis**

By Thomas J. Haverbush, M.D.  
Orthopaedic Surgeon

### ***Transforming patient information into patient understanding.***

Thanks for staying with me to complete this short course on Osteoarthritis and Rheumatoid Arthritis. I wanted to show you how different the two are. Just remember that Rheumatoid Arthritis is way less common than Osteoarthritis. For those who have it and their families, Rheumatoid Arthritis patients are far more disabled.

The treatment of Rheumatoid Arthritis is principally medical in nature. It is almost the opposite of Osteoarthritis.

It is well beyond the scope of an article like this to go into great detail about the medications.

There are three broad categories of Rheumatoid Arthritis drugs.

#### **1. First line, fast acting drugs for RA**

Oral pain relievers - Aspirin, Ibuprofen, Naproxen.  
Topical analgesics - Theragesic and all the rest.

#### **2. Second line, slower acting drugs for RA**

They are slower acting, but more effective.  
They cause more side effects.  
Examples are Methotrexate, gold therapy and others.

#### **3. Third line drugs that modify the immune system in RA**

- The big guns.
- The most potent RA medications.
- Very expensive.
- Interfere with the immune system.
- Powerful side effects need monitoring.
- These drugs are used if First and Second line are not working.
- Enbrel is an example. There are more.
- The newest category of drugs to treat RA.
- They are often used in combination with other drugs.
- Finding the right drug combination is trial and error.

#### **What About Cortisone?**

A good question. Yes. Either as a pill or injection it can provide quick relief from flare-ups of Rheumatoid Arthritis pain and inflammation. But as everyone knows (or should know) cortisone type medication can have risks. Taken over a long period it causes problems. It's better to use cortisone off and on.

### **Physical Therapy?**

I do recommend it, but not as much as in Osteoarthritis. Exercise is never bad if it does not cause too much discomfort. It can maintain or increase range of movement and strength.

### **Joint Fluid Therapy?**

Nope. Not an option. I use Supartz in the office extensively, but it is used for knee osteoarthritis, not rheumatoid disease.

### **Arthroscopic Surgery?**

Hardly ever. There might be an occasional patient who would benefit from it.

### **Total Joint Replacement?**

There are many indications for joint surgery in Rheumatoid Arthritis patients. Not all surgery on RA patients would necessarily be a total joint replacement.

Joint replacements are done in these areas.

- Major joints such as the hip, knee, shoulder, elbow, wrist and ankle
- Smaller joints in the hand such as the knuckles or the big toe joint.

### **Does Glucosamine Help RA?**

In a word, no. I recommend Osteo-Bi-Flex as a Glucosamine/Chondroitin joint supplement in selected patients depending on the problem and I believe it helps a lot of my patients, but they have osteoarthritis.

### **Fish Oil for RA?**

Some research has shown that the anti-oxident properties in omega-3 fatty acids can reduce the pain and swelling of RA. It can't hurt to take it and besides you will be doing your heart a favor!

Well, there you have my course on Osteoarthritis and Rheumatoid Arthritis. Hope you got something out of it for yourself or someone you know.

Always remember to check out [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com)/Your Orthopaedic Connection for much more information.

Our goal is simple - To help people return to more pain free, functional lives. I specialize in you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush