

International Research Journal of Education and Technology



Peer Reviewed Journal ISSN 2581-7795

An Elaborative Study of Rheumatoid Arthritis.

MS. Amruta Korake¹, Mr. Bhimashankar Bhui², Dr. Vijaysinh Sable³, Dr. Rani Mhetre⁴

¹Author, Lokmangal College of Pharmacy, Wadala, Solapur, Maharashtra, India.

²Assistant Professor, Department of Pharmceutics , Lokmangal College of Pharmacy, Wadala, Solapur, Maharashtra, India.

³Principal, Lokmangal College of Pharmacy, Wadala, Solapur, Maharashtra, India.

⁴HOD, Lokmangal College of Pharmacy, Wadala, Solapur, Maharashtra, India.

Abstract:

Rheumatoid arthritis (RA) is a chronic (long-term) autoimmune disease primarily affecting joints. RA develops when the immune system, which normally protects the body from infection and disease, targets its own tissues. The condition causes joint discomfort, swelling, stiffness, and loss of function.

More than only your joints may be impacted by the chronic inflammatory disease known as rheumatoid arthritis. Skin, eyes, lungs, heart, and blood vessels are just a few of the systems in the body that might sustain harm from the illness in certain individuals. Rheumatoid arthritis is an autoimmune disease that happens when your immune system unintentionally targets the tissues in your own body.

Rheumatoid arthritis is an autoimmune disease that happens when your immune system unintentionally targets the tissues in your own body. Rheumatoid arthritis affects the lining of your joints, generating a painful swelling that can eventually lead to bone erosion and joint deformity, unlike the wear-and-tear deterioration of osteoarthritis. Rheumatoid arthritis-related inflammation is what causes harm to other bodily components as well. Even though there are now many more treatment choices available due to new drugs, severe rheumatoid arthritis can still cause physical limitations.

Introduction:

It damages the tissue covering the ends of the bones in a joint by affecting the lining of the joints. When RA manifests in one hand or knee, it frequently does so symmetrically, affecting the opposite hand or knee as well. Wrists, hands, elbows, shoulders, feet, spine, knees, and jaw joints may be affected. Fatigue, sporadic fevers, and appetite loss are possible side effects of RA. In addition to affecting the joints, RA can lead to health issues with the heart, lungs, blood, nerves, eyes, and skin. Thankfully, persons with the illness can have fulfilling lives thanks to current treatments.

What happens during rheumatoid arthritis? Doctors don't understand why the immune system targets joint tissues. However, they are aware that rheumatoid arthritis can develop after a succession of events. This sequence of events includes: A combination of genetic and



International Research Journal of Education and Technology

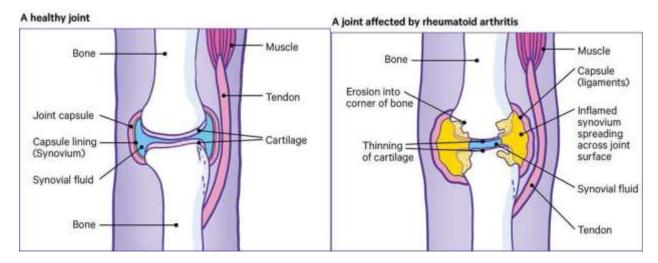


Peer Reviewed Journal

ISSN 2581-7795

environmental factors initiates the development of RA. The immune system may become engaged years before symptoms arise. The autoimmune process may begin in other parts of the body, but the impact of the immune dysfunction is often concentrated in the joints. Immune cells create inflammation in the inner lining of the joint, known as the synovium.

This inflammation becomes chronic, and the synovium thickens as a result of increased cell activity, protein production, and other variables in the joint, causing discomfort, redness, and warmth. As RA advances, the enlarged and inflamed synovium pushes further into the joint, destroying the cartilage and bone within.[1]



Risk factors of rheumatoid arthritis:-

Age. The disease can occur at any age; however, the risk of getting rheumatoid arthritis increases with age. Juvenile idiopathic arthritis, which is similar to rheumatoid arthritis, can be diagnosed in children and young teenagers.

Sex. Rheumatoid arthritis is more common in women than in men. The condition affects roughly two to three times more women than men. Researchers believe that reproductive and hormonal variables may contribute to the disease's development in some women.

Family history and genetics. If you have a family history of RA, you may be more susceptible to the disease. There are various genetic variables that marginally increase the likelihood of developing RA.

Smoking. According to research, long-term smokers are more likely to develop rheumatoid arthritis. For those who continue to smoke, the condition may worsen.

Obesity. According to some research, being obese may increase your likelihood of developing the disease while also limiting how much it may be addressed. Periodontitis. Gum disease may increase the risk of having RA.

Lung diseases. Diseases of the lungs and airways may also contribute to the development of arthritis. Symptoms of rheumatic arthritis Common symptoms of rheumatoid arthritis are:

IRJEdT

International Research Journal of Education and Technology



Peer Reviewed Journal

ISSN 2581-7795

Smoking. According to studies, long-term smokers are more prone to develop rheumatoid arthritis. Those who continue to smoke risk worsening their illness. Obesity. According to some studies, being obese may raise your risk of having the disease while also restricting how much it can be treated.

Periodontitis. Gum disease may raise the risk of developing RA. Lung diseases. Arthritis may also be caused by pulmonary and airway diseases.

Symptoms of Rheumatic arthritis Common symptoms of rheumatoid arthritis include:

RA affects individuals differently. Some people have RA with mild to severe inflammation affecting only a few joints. However, if not treated or treatments are ineffective, RA can worsen and damage more joints. This can lead to more harm and impairment. RA symptoms might worsen in "flares" caused by stress, environmental variables (such as cigarette smoke or virus infections), excessive activity, or abrupt discontinuation of drugs. In certain circumstances, there may be no apparent cause. The goal of treatment is to keep the disease in or near remission, with no indications or symptoms.

- Rheumatoid arthritis can cause other medical problems, such as:
- Joint discomfort both at rest and while moving, as well as tenderness, edema, and warmth in the joint.
- Joint stiffness that lasts more than 30 minutes, usually after getting up in the morning or after sleeping for an extended amount of time.
- Joint swelling can make regular activities difficult, such as forming a fist, combing hair, buttoning garments, or bending knees.
- Fatigue refers to feeling unusually tired or having low energy. An occasional low-grade fever.
- Loss of appetite.

Although rheumatoid arthritis can affect any joint, it most frequently affects the wrists, hands, and feet. The symptoms frequently follow a symmetrical pattern and affect both sides of the body. For instance, you can also have RA in your left hand if you have it in your right. People respond differently to RA. Some individuals have mild to moderate joint inflammation at the beginning of their RA journey. However, RA can progress and damage more joints if it is not treated or if the medicines are not functioning. Further harm and impairment may result from this.

Sometimes a trigger, such stress, environmental variables (including cigarette smoke or viral infections), too much exercise, or abruptly stopping medicine, causes RA symptoms to intensify in "flares." There might not always be a known reason. Controlling the illness to the point where it is in remission or very close to remission, with no outward manifestations of the illness, is the aim of treatment.[2]

Rheumatoid arthritis can cause other medical problems, such as:

Rheumatoid nodules are hard lumps that are usually found on the elbows and hands, close below the skin. Low red blood cell numbers cause anemia. ache in the neck. lips and eyes dry. inflammation of the heart sac's sac, blood vessels, lung tissue, airways, or lining of the lung. pulmonary disease, which is characterized by lung inflammation and scarring, which in certain

IRJEdT

International Research Journal of Education and Technology



Peer Reviewed Journal

ISSN 2581-7795

RA patients can be quite severe. Rheumatoid arthritis causes The immune system's tendency to rebel against the body's joints and other tissues remains unknown to researchers.

Following factors may lead to the disease:-

DNA. Rheumatoid arthritis may be brought on by specific genes that alter immune system function. Nonetheless, some carriers of these genes never experience the illness. This shows that other factors besides genes play a role in the development of RA. Furthermore, the severity and inheritance pattern of a disease may be influenced by multiple genes.

surroundings. Researchers are still looking into how some genes that also raise a person's risk of developing rheumatoid arthritis may be triggered by environmental variables like cigarette smoke. In addition, a number of other conditions may contribute to the development of RA, including inhalants, germs, viruses, gum disease, and lung illness.[4]

Sexual hormones. Researchers believe that when hereditary and environmental conditions are present, sex hormones may contribute to the development of rheumatoid arthritis. Research indicates that women are more prone than men to get rheumatoid arthritis. Pregnancy may improve the illness, and pregnancy may cause it to flare up again.

Medicine:-

Medicine which is used for the treatment of rheumatoid arthritis.

Several medications are commonly used to treat rheumatoid arthritis (RA), including:

Nonsteroidal Anti-Inflammatory Drugs (NSAIDs): These help reduce pain and inflammation. Examples include ibuprofen and naproxen.

Corticosteroids: These are effective at reducing inflammation and suppressing the immune system. Prednisone is a commonly used corticosteroid.

Disease-Modifying Antirheumatic Drugs (DMARDs): These slow the progression of RA and save joints and other tissues from permanent damage. Methotrexate is the most commonly prescribed DMARD.

Biologic Agents (Biologics): These are a newer class of DMARDs that target specific parts of the immune system. Examples include etanercept (Enbrel), infliximab (Remicade), and adalimumab (Humira).

JAK Inhibitors: These are another type of DMARD that can be used when traditional DMARDs and biologics aren't effective. Tofacitinib (Xeljanz) is one example.

References:-

1. Krati Chauhan; Jagmohan S. Jandu; Lawrence H. Brent; Mohammed A. Al-Dhahir,Rheumatoid Arthritis: National Library of Medicine:Last Update: May 25, 2023.

IRJEdT

International Research Journal of Education and Technology



Peer Reviewed Journal

ISSN 2581-7795

- 2. Smolen JS, Aletaha D, McInnes IB. Rheumatoid arthritis. Lancet. 2016 Oct 22;388(10055):2023-2038.
- 3. Centers for Disease Control and Prevention. Rheumatoid Arthritis, Accessed 2/18/2022.
- 4. Chauhan K, Jandu JS, Goyal A, Bansal P, Al-Dhahir MA. Rheumatoid Arthritis, [Updated 2021 Oct 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Accessed 2/18/2022.
- 5. El-Labban AS, Omar HA, El-Shereif RR, Ali F, El-Mansoury TM. Pattern of Young and Old Onset Rheumatoid Arthritis (YORA and EORA) Among a Group of Egyptian Patients with Rheumatoid Arthritis, Publishing; 2022 Jan. Accessed 2/18/2022.
- 6. Rheumatoid Arthritis Support Network. RA progression: what are the signs of rheumatoid arthritis progression Accessed 2/18/2022.
- 7. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. Arthritis Care Res (Hoboken). 2021;73(7):924-939. PMID: 34101387.
- 8. McInnes IB. Rheumatoid arthritis. In: Goldman L, Cooney KA, eds. Goldman-Cecil Medicine. 27th ed. Philadelphia, PA: Elsevier; 2024:chap 248.
- 9. Shah A, St. Clair EW. Rheumatoid Arthritis. In: Kasper DL, Fauci AS, Hauser SL, Longo DL, Jameson JL, Loscalzo J, Eds. Harrison's Principles of Internal Medicine, 2016.
- 10. Pincus T, O'Dell JR, Kremer JM. Combination therapy with multiple disease-modifying antirheumatic drugs in rheumatoid arthritis: a preventive strategy. Ann Intern Med. 1999 Nov 16;131(10):768-74.
- 11. Silman AJ, MacGregor AJ, Thomson W, Holligan S, Carthy D, Farhan A, Ollier WE. Twin concordance rates for rheumatoid arthritis: results from a nationwide study. Br J Rheumatol. 1993 Oct;32(10):903-7.
- 12. Solomon DH, Goodson NJ, Katz JN, Weinblatt ME, Avorn J, Setoguchi S, Canning C, Schneeweiss S. Patterns of cardiovascular risk in rheumatoid arthritis. Ann Rheum Dis. 2006 Dec;65(12):1608-12.
- 13. Martin-Trujillo A, van Rietschoten JG, Timmer TC, Rodríguez FM, Huizinga TW, Tak PP, Marsal S, Ibrahim SM, Dijkmans BA, van der Pouw Kraan TC, Verweij CL. Loss of imprinting of IGF2 characterises high IGF2 mRNA-expressing type of fibroblast-like synoviocytes in rheumatoid arthritis. Ann Rheum Dis. 2010 Jun;69(6):1239-42.
- 14. Atzeni F, Masala IF, di Franco M, Sarzi-Puttini P. Infections in rheumatoid arthritis. Curr Opin Rheumatol. 2017 Jul;29(4):323-330.
- 15. Carbone F, Bonaventura A, Liberale L, Paolino S, Torre F, Dallegri F, Montecucco F, Cutolo M. Atherosclerosis in Rheumatoid Arthritis: Promoters and Opponents. Clin Rev Allergy Immunol. 2020 Feb;58(1):1-14