

Scope of Medication and other Treatment Measures Associated with Rheumatoid Arthritis

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DESCRIPTION

Rheumatoid Arthritis (RA) is a chronic, inflammatory, systemic autoimmune disease that affects the joints in different ways in distinct patients. Age, gender, genetics, and environmental exposure are all risk factors (cigarette smoking, air pollutants, and occupational). If left untreated, many complications can occur, including permanent joint damage necessitating arthroplasty, rheumatoid vasculitis, and Felty syndrome necessitating splenectomy. Since there is no curative therapy for RA, the goals of treatment are to alleviate pain and to prevent or slow further damage. In this section, we provide a brief overview of various past and current treatment modalities for RA complications.

Rheumatoid arthritis affects not only the joints but also the internal organs, resulting in permanent impairment in many cases. There is currently no treatment for this autoimmune disease, instead, symptoms are treated on an individual basis. In this section, we summarize the classic and current treatment options for patients suffering from this chronic disorder. Joint bone and cartilage are frequently destroyed, muscles and tendons become weak. All of this joint damage results in malformations and bone erosion, which are usually excruciatingly painful for the patient.

Cramping of the affected joints for more than 30 minutes, fatigue, fever, and weight loss, tender, swollen, and warm joints, and rheumatoid nodules beneath skin are all common symptoms of RA. This disease usually appears between the ages of 35 and 60, with periods of remission and exacerbation. It can also affect young children before the age of 16, which is known as adolescent RA (JRA), which is parallel to RA except that no rheumatoid factor is present. The predominance of RA is estimated to be 1-2 percent in the West and 1 percent globally.

Leflunomide is an oral drug that is transformed to a malononitrilamide, which inhibits ribonucleotide uridine monophosphate pyrimidine synthesis. It alleviates symptoms and reduces the development of RA. It is recommended to be used in conjunction with MTX, but it can also be used alone if patients do not react to MTX. Bone marrow damage, hypertension, interstitial lung disease, liver damage, rash, leukopenia, GI upset

and neuropathy are all possible side effects.

Biologics, also known as natural DMARDs, work effectively to slow the development of joint damage induced by RA. They are thought to be a more "direct, defined, and targeted" form of treatment. Nonetheless, biologics have severe side effects, such as an increased risk of infection. Neurologic diseases such as multiple sclerosis and lymphoma are the other common side effects.

Tocilizumab (Actemra) is a biologic that works by inhibiting IL-6, an inflammatory chemical messenger. It is given as an intravenous infusion once a month or as weekly subcutaneous injections. It is also used for patients who have not responded well to traditional DMARDs. Finally, tofacitinib (Xeljanz) has various modes of action and works by inhibiting Janus kinases, which are inflammatory enzymes within cells. As a result, it is recognized as a JAK inhibitor. This medication is prescribed for patients who have not responded well to MTX. Tofacitinib is taken twice daily orally, either alone or in combination with MTX. It should not be used in conjunction with other powerful immunosuppressants or traditional biologic medications.

Despite of suggestions, it has been discovered there were no particular meals that people with RA should prevent. The notion that diet can "aggravate" symptoms is no longer widely accepted. Home remedies have been shown to be beneficial for RA patients, even though they're not as efficient as DMARDs. Fish oils and omega-3 fatty acid supplements can help with RA symptoms in the short term. Cumin was shown to have anti-inflammatory properties in patients suffering from this disease. Calcium and vitamin D supplementation can aid in the prevention of osteoporosis. Finally, folic acid can help to prevent MTX side effects.

RA is a chronic, debilitating inflammatory disease that can cause joint inflammation as well as lengthy disability. Early detection and intervention are critical for avoiding serious harm and the loss of vital bodily functions. The physician should consider following Treat-to-Target (T2T) recommendations by first outlining the goals and then implementing and assessing the protocols to achieve them.

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