类风湿性关节炎是什么?

类风湿性关节炎(RA)是一种免疫系统疾病。它会影响身体多个关节，引起关节疼痛,僵硬和肿涨。

由于未知因素触发免疫系统失常，令到一般负责保护身体与外来细菌，病毒和病变细胞交战的免疫系统开始对关节及其周边组织进行攻击。受到免疫系统的连续攻击，关节最终饱受损伤。

当病情恶化时， 关节的炎症、疼痛和僵硬程度会逐渐增加，最后导致关节残障及丧失整体活动性。

类风湿性关节炎对关节的影响?

科学家推断身体的免疫系统出现问题或因未知因素如病毒感染等均可引起类风湿性关节炎。因此一旦被触发,免疫系统会攻击身体自己的细胞– 故称为「自身免疫病」。

在类风湿性关节炎的情况中， 覆盖关节的滑膜成为免疫系统的攻击目标， 导致关节的骨头和软骨损坏。关节腔的分泌液增加和关节囊的内层变厚会导致明显的关节肿胀和触痛感。

类风湿性关节炎是系统性疾病，可影响其它器官如眼睛、皮肤、心脏和肺等。最常见受影响的关节包括手、手腕、手肘、肩膀、膝盖、脚腕和脚趾等的小关节。

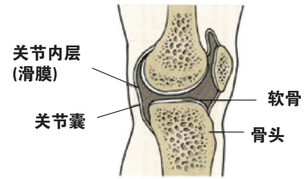
谁会患上此疾病?

类风湿性关节炎是免疫系统疾病， 病因并非由长期「劳损」引起,所以它与年龄增长没有关连。患者可于任何年龄患上类风湿性关节炎，但最常见的发病年龄是于25和40岁之间。

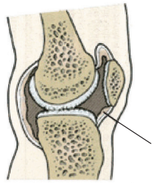
儿童也会患上此病。而女性的发病率比男性高出3倍。

类风湿性关节炎有什么风险因素?

类风湿性关节就如多数自身免疫病一样，与遗传因素及异常免疫系统反应相关。换句话说，家族遗传是风险因素。而环境因素包括怀孕期间，抽烟和荷尔蒙变化等。



正常关节 (膝盖侧视)



类风湿性关节炎的关节

风湿性关节炎有什么症状?

类风湿性关节炎的第一个症状是关节疼痛和肿胀，特别是在早上时会出现手指和手腕关节僵硬。而疼痛和僵硬会同时出现于身体两侧的关节，持续数小时之久。有时候，其它关节例如膝盖是首先受影响的位置。当疾病恶化，关节会全日感觉温热，触痛和疼痛，身体也会经常感到僵硬。

其它症状包括低烧、身体疲劳、不适及体重和胃口下降 – 这些症状一般根据炎症的程度而显现。

在后期性的类风湿性关节炎，关节表面大多已损坏并导致关节的变形。

如何诊断类风湿性关节炎?

诊断多由详细的病历和身体检查找寻炎症的症状，并且以血液测试和X–光证实诊断。血液测试包括类风湿病因子(RF)和抗环瓜氨酸抗体(Anti–CCP)的侦查。如果关节特别是膝盖肿胀，便可能需要抽取关节液的样本作特备化验。 结果能帮助医生区分关节病是属于传染性，退化或炎症。

类风湿性关节炎有什么治疗?

当前没有根治类风湿性关节炎的方法， 病情也不可逆转。然而，却有在各种治疗缓和症状，防止进一步关节损坏和恢复失去的肌肉能力和活动能力等。

a. 药物

NSAIDs(非类固醇类抗炎药物)如双氯芬(diclofenac acid)，或环氧合酶–2 抑制剂 (COX–2 inhibitors)) 是多数使用的处方药物， 用于缓和类风湿性关节炎所引起的关节疼痛、肿胀和僵硬。然而这些药物主要舒缓症状， 却不有助于控制病情。但为了使患者您更加舒适， 减低疼痛和肿胀是首要任务。

根据疾病的严重程度及进展,医生一般都会处方DMARDs (病症缓解性抗风湿药物)。这些药物包括羟氯喹((hydroxychloroquine)， 甲氨蝶呤(methotrexate)、柳氮磺吡啶(sulphasalazine)和来氟米特(leflunomide))。医生亦有可能会处方低剂量的类固醇。直接地将类固醇注射入关节亦可舒缓疼痛和肿胀。可是因为类固醇有严重副作用， 所以不宜大量或长期使用。

新的药物称为生物制剂(Biologics)能迅速和有效地控制疾病。生物制剂是注射药物,并且费用偏高。不是所有的类风湿性关节炎患者都适合或需要这类药物， 医生会为您提供适合您的药物。

b. 运动

一旦炎症在控制之下,便应重建在关节炎影响下而变弱的韧带嫩和肌肉能力。运动能帮助锻炼肌肉力量,稳定关节。一些对关节造成压力的运动却不宜多做,康复期患者应该尽量保持身体强健。当关节肿胀和疼痛时便不应加重关节的运动负荷。物理治疗师会为您提供适合的建议。

c. 手术

有时为了矫正关节变形或置换受损关节便需要进行手术。

类风湿性关节炎有什么病发症?

类风湿性关节炎不只是关节疾病–实际上它会影响身体上许多器官。所以未经治疗或过度保守治疗的类风湿性关节炎患者可能会出现贫血症、肺纤维化,高风险的心脏病发和中风，甚至癌症病发。

骨关节炎是否和类风湿性关节炎相似?

两个病情相似在于它们都是关节炎，但它们的起因却截然不同。类风湿性关节炎是由于身体的免疫系统攻击自己的组织而形成，而原发性骨关节炎是由于关节「磨损」造成。它们的症状、长期效应和治疗也是非常不同的。

类风湿性关节炎可以预防吗?

虽然科学家不肯定类风湿性关节炎的确切起因， 但通过及早诊断和治疗便能预防类风湿性关节炎造成的伤残。健康均衡的饮食习惯和适量的运动对保持身体健康相当有帮助。类风湿性关节炎只会在延误诊断或患者不遵照指示服药的情况下令患者残障。如果您有类风湿性关节炎， 便不应抽烟。

及早诊断和按时服药对对治疗类风湿性关节炎有莫大帮助。在未来十年医生或可研究出根治此病的方法。

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Awareness Programme

Rheumatoid Arthritis
类风湿性关节炎

www.naf.org.sg

What is Rheumatoid Arthritis?

Rheumatoid Arthritis (RA) is a disease of the immune system that affects multiple joints in the body, causing pain, stiffness and swelling in the affected joints.

Due to yet unknown reasons, the body's immune system – which normally takes care of combating foreign bacteria, viruses and diseased cells in the body – begins to engage in "*friendly fire*"; attacking the joints and their surrounding tissues, which become inflammed. Lacking an "*off switch*", the continual attack by the immune system eventually causes damage to the joints. As the condition progresses, the inflammation, pain and stiffness of the joints tend to increase in severity, ultimately leading to deformity of joints and a loss of overall mobility.

What happens to the joints in Rheumatoid Arthritis?

Scientists theorise that either a disorder in the body's immune system or an over-reaction to an unknown trigger like a virus infection can set off the condition. Once mobilised, the immune system targets the body's own cells – hence the term "*autoimmune disease*".

In the case of Rheumatoid Arthritis, the synovial membrane that covers the joints becomes the target of the immune system's attack leading eventually to the destruction of the bone and cartilage of the joint. The visible swelling and tenderness of the joints is due to increased fluid in the joint cavity and the thickening of the lining of the joint capsule.

Rheumatoid Arthritis is a systemic disease that can affect other organs in the body like the eye, the skin, the heart and the lungs. The commonly affected joints are the small joints of the hands, wrists, elbows, shoulders, knees, ankles and the toes.

Who gets affected?

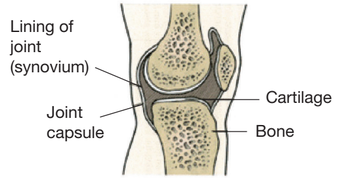
As Rheumatoid Arthritis is a disease of the immune system and not due to "wear and tear", it is not linked to the age a person.

Patients can acquire Rheumatoid Arthritis at any age, though it appears most commonly between the age of 25 and 40.

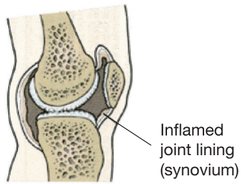
It can and does occur in children. It affects both men and women, although women are 3 times more likely than men to develop the condition.

What are the risk factors for Rheumatoid Arthritis?

Rheumatoid Arthritis like most autoimmune disease is linked to genetic factors associated with abnormal immune system responses. In other words, a family history of RA is a risk factor. Environmental factors may include smoking and hormonal changes during pregnancy.



Normal Joint (side view of knee)



Joint with Rheumatoid Arthritis

What are the symptoms of Rheumatoid Arthritis?

The first symptoms of Rheumatoid Arthritis are pain and swelling in the joints of the fingers and wrists accompanied by joint stiffness, especially in the mornings. The pain and stiffness last for hours and usually involve joints on both sides of the body. Occasionally, other joints such as the knees are the first to be affected. As the disease progresses, the joints become warm, tender and painful throughout the day. This is often accompanied by body stiffness.

Other symptoms include a low-grade fever, fatigue, malaise and loss of weight and appetite – all related to the amount of inflammation present.

In advanced Rheumatoid Arthritis, much of the joint surface is destroyed leading to deformed joints.

How is Rheumatoid Arthritis diagnosed?

Diagnosis is made from a detailed history and physical examination for signs of joint inflammation and blood tests and X-rays are used to confirm the diagnosis. Blood tests include detection of the Rheumatoid Factor (RF) and anti-CCP antibody. If the joints are swollen especially the knee, joint aspiration may be carried out and the fluid will be sent for special examination. This will help the doctor to differentiate between infective, degenerative of inflammatory joint disease.

What is the treatment for Rheumatoid Arthritis?

There is currently no cure for Rheumatoid Arthritis and the condition is irreversible. Nevertheless, there are various treatment strategies centred on alleviating the symptoms preventing further joint destruction and regaining lost muscle strength and mobility.

a. Medication
NSAIDS (non-steroidal anti-inflammatory drugs) like diclofenac acid or COX-2 inhibitors are often prescribed to reduce pain, swelling and stiffness that result from Rheumatoid Arthritis. However these drugs will only reduce the symptoms and will have no effect on the progression of the disease. Reducing pain and swelling are important as they make you more comfortable.

Depending on the severity and progression of the disease, **DMARDs** (or **D**isease-**M**odifying **A**nti-**R**heumatic **D**rugs) are often prescribed. These include Hydroxychloroquine (Plaquenil), Methotrexate, Sulphasalazine and Leflunomide (Arava). Low dose steroids may be used. Steroids can also be injected directly into a joint to relieve pain and swelling. However, Steroids cannot be used long term, especially in high doses because they have significant side-effects.

There are now a new group of drugs called **Biologic Agents** which can control the disease quickly and effectively. They are given as injections and are expensive. Not all Rheumatoid Arthritis patients are suitable for or need such drugs. Your doctor is the best judge on which drugs to use.

b. Exercise
Once the inflammation is under control, it is necessary to rebuild the muscles and ligaments weakened by the arthritis. Exercise helps to rebuild muscle strength which can aid to stabilise the joint. While some sports which stress the joints excessively are not suitable, recovering patients should aim to keep fit as much as possible. It is important not to exercise the acutely swollen and painful joints. Your physiotherapist is the best person to ask for advice.

c. Surgery
Sometimes surgery is necessary to correct joint deformity or to replace a completely destroyed joint.

What are the complications of Rheumatoid Arthritis?

Rheumatoid Arthritis is not only a disease of the joints – it can in fact affect many organs in the body. Therefore untreated or under-treated Rheumatoid Arthritis can result in anaemia, fibrosis of the lung, a higher risk of heart attacks and strokes and even some cancers.

Are Osteoarthritis and Rheumatoid Arthritis similar?

Both conditions are similar in the sense that they are both arthritis, but the causes are different. Rheumatoid Arthritis arises from the body's immune system attacking its own tissues, while primary Osteoarthritis is caused by "wear and tear" of the joints. Their symptoms, long term effects and treatment are also very different.

Can I prevent Rheumatoid Arthritis?

Although scientist are not certain about the exact cause of Rheumatoid Arthritis, one can prevent the disabilities caused by Rheumatoid Arthritis through early diagnosis and treatment. A healthy balanced diet and moderate regular exercise are also helpful. Rheumatoid Arthritis will only cripple patients if the diagnosis is delayed or if patients do not take their medications as instructed. If you have Rheumatoid Arthritis, smoking will make the condition worse.

EARLY DIAGNOSIS AND COMPLIANCE TO MEDICATION ARE VERY IMPORTANT IN THE FIGHT AGAINST RHEUMATOID ARTHRITIS. IT IS POSSIBLE THAT WITHIN THE NEXT DECADE DOCTORS MAY BE ABLE TO FIND A CURE FOR THE DISEASE

For more information, visit the following websites:

Arthritis Foundation (USA)
www.arthritis.org

National Rheumatoid Arthritis Society (UK)
www.nras.org.uk