Rheumatoid arthritis

arthritis-uk.org



Arthritis UK

We are Arthritis UK

We're the 10 million adults, young people and children living with arthritis. We're the carers, researchers and healthcare professionals. The families and the friends. All united by one powerful vision: a future free from arthritis. So that one day, no one will have to live with the physical, emotional and practical challenges that arthritis brings.

There are many different types of arthritis. And we understand that every day is different. What's more, what works for one person may not help another. That's why our trusted information blends the latest research and expert advice with a range of lived experiences. In this way, we aim to give you everything you need to know about your condition, the treatments available and the many options you can try, so that you can make better-informed choices to suit your needs.

We're always happy to hear from you whether it's with feedback on our information, to share your story, or just to find out more about the work of Arthritis UK. **Contact us at healthinfo@arthritis-uk.org**

What's inside?

Priti's story	4
What is rheumatoid arthritis?	6
How will it affect me?	9
What causes rheumatoid arthritis?	13
Diagnosis	15
Treatments	19
How can I manage my symptoms?	26
Living with rheumatoid arthritis	34
Research and new developments	42
Related organisations	43
Discover our support services	45
Thank you	46
Support our work	47

Priti's story



I started noticing symptoms several years ago. In 2016, my dad passed away unexpectedly and for a few months I was quite tired and stressed. Then I found out I was pregnant.

While I was pregnant, I had a swollen knee and was achy. I was exhausted but my doctors just put it down to the pregnancy. It wasn't until I was pregnant with my second baby in 2018 that I knew something wasn't right. I was in a lot of pain, so they sent me for more tests. Then I found out I had rheumatoid arthritis.

Since then, I've been on loads of different medications. I've been on methotrexate for about 18 months, and it helped a bit. But I was still in a lot of pain, so my doctor started prescribing me etanercept last year. The etanercept has made such a difference and I've got a lot more energy now.

Some people don't understand that I might wake up in the morning and have a flare-up, which can be difficult when making plans. I might not be able to make it that day because I can't get on the bus or the train. Or maybe I'm not comfortable driving that day because I'm tired and haven't slept all night. Every day is different though and it's not something I can predict.

It can be exhausting being a mum with rheumatoid arthritis. So, I think it's important to accept help and make things easy for yourself.

We keep batch meals in the freezer so that on days that I'm tired or I'm having a flare-up, we have easy meals on hand rather than having to get a takeaway or cook from scratch. We also keep a bag of new toys or colouring books so that I can sit down and play with the kids if I'm having a flare-up and can't run around after them.

My husband supports me, and my mum has been brilliant as well. She calls me every day and helps out if I'm having a bad day. There are times where I think I could just stay in bed all day and not do anything. But I've got to keep going for my kids because they need me.

I work as an accountant, and my workplace has been very supportive, especially because I have so many appointments. I've found working from home better too. It's not a rush in the morning to get ready and, on a bad day, you can lie down on the sofa if you just need 10 minutes to rest.

I wish I had researched more about rheumatoid arthritis when I was first diagnosed. Through Arthritis UK and Instagram, I found a community. It's helped having that support, and I've made a few friends as well.

I felt guilty some days, especially when the kids want to do things or run around, and I can't do it. It's helpful to feel like you're in the same boat as other people – that it's not just me.

What is rheumatoid arthritis?

Rheumatoid arthritis, or RA, is a long-term condition that can cause pain, swelling and stiffness in your joints.

It can affect the whole body, including organs such as the heart, lungs and eyes. The small joints in the hands and feet are usually first to be affected.

Rheumatoid arthritis is an autoimmune condition. This means that your immune system mistakenly attacks healthy tissues in your body, rather than germs or viruses. If untreated, this can damage your joints, cartilage and nearby bones.

How does rheumatoid arthritis affect the joints?

A joint is where 2 or more of your bones meet. They allow you to bend, twist and turn freely.

The joint is held together by a capsule, which stops the bones from moving too far. Inside the capsule, there is an inner lining called the synovium. This makes a thick fluid called synovial fluid that protects the joint.

The ends of your bones are covered with a thin layer of slippery tissue called cartilage. This acts as a protective cushion, stopping the bones from rubbing against each other.

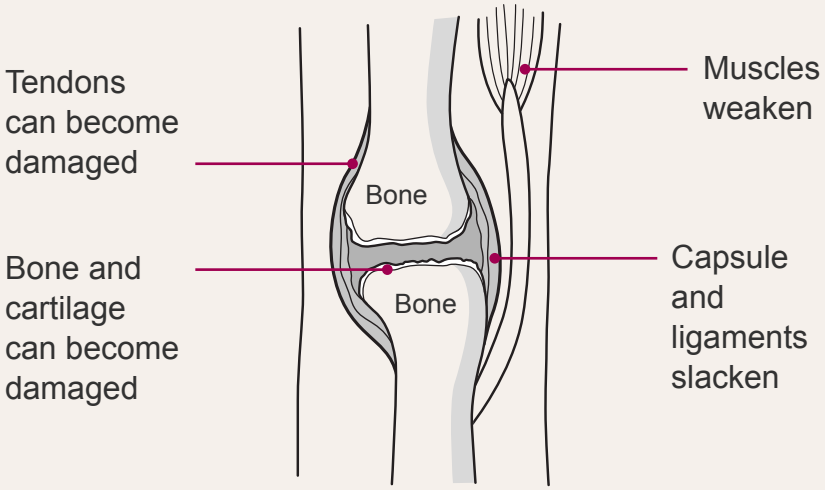
Strong cords called tendons anchor the muscles to your bones. When you move, your muscles pull the tendons, which then pull your bones in certain directions.

Inflammation is your body's way of healing itself after an infection or injury. It increases the flow of blood and fluid to the affected area, making it swollen, red, painful and hot.

But if you have rheumatoid arthritis, your body mistakenly sends inflammation to your joints, even though there's no infection to fight. This inflammation isn't needed and can cause problems.

When the inflammation goes down, the joint capsule can remain stretched. This means it can't hold the joint in its proper position, so it can become unstable.

A joint affected by rheumatoid arthritis



What are the symptoms?

The main symptoms of rheumatoid arthritis are:

- joint pain
- joint swelling, warmth and redness
- stiffness, especially first thing in the morning or after sitting still for a long time.

Rheumatoid arthritis can affect any joint in your body, although the small joints in the hands and feet are often the first to be affected.

Both sides of the body are usually affected at the same time, in the same way. But this doesn't always happen.

As well as joint problems, you may experience other symptoms, such as:

- tiredness and lack of energy – this is known as fatigue
- not feeling hungry
- weight loss
- a high temperature, or a fever
- sweating
- dry eyes – as a result of inflammation
- chest pain – as a result of inflammation.

Rheumatoid arthritis is a systemic condition. This means it can affect the whole body, rather than just one part of it.

How will it affect me?

Being told you have rheumatoid arthritis can be a shock. You might be feeling anxious about what comes next and how your life will change.

The outlook for people with rheumatoid arthritis is improving all the time, as new and more effective treatments become available. With the right treatment and support, many people with rheumatoid arthritis can manage their symptoms, stay active and continue doing the things that matter to them.

The symptoms of rheumatoid arthritis usually develop over a period of weeks and months. But in some cases, it can progress quickly over a few days. These symptoms can vary from person to person. They may come and go, change over time, or you may have periods where the symptoms of your condition come back or get worse. This is called a flare-up or flare.

But if you get diagnosed early and receive the right treatment, it's possible to have months or even years between flare-ups.

You don't need to face arthritis alone. If you need support or advice, call our Helpline today on 0800 5200 520. Our advisors can give you expert information and advice about arthritis and can offer support whenever you need it most.

Complications

If you have rheumatoid arthritis, you may also have a greater risk of developing other conditions, such as those below.

Carpal tunnel syndrome

Carpal tunnel syndrome is when you have more pressure than normal on a nerve in your wrist.

Symptoms include:

- aching
- numbness
- tingling in your thumb, fingers and part of the hand.

You can often manage it yourself using wrist splints, hand exercises and painkillers. But in some severe cases, you may need a steroid injection or surgery.

Inflammation in other parts of your body

As well as your joints, rheumatoid arthritis can cause inflammation in other parts of your body, such as your:

- **heart** – Your heart is surrounded by a fluid-filled sac called the pericardium. If this becomes inflamed, it can lead to a condition known as pericarditis. This causes chest pain and a high temperature.
- **eyes** – Inflammation in your eyes can lead to conditions such as scleritis, which can cause pain, redness, sensitivity to light and blurred vision. Rheumatoid arthritis is also linked to Sjögren disease, which can cause dry, sore eyes.
- **lungs** – Inflammation in your lungs can lead to conditions such as pleurisy or pulmonary fibrosis. This can cause chest pain, a cough that won't go away and shortness of breath.

- **blood vessels** – In rare cases, rheumatoid arthritis may cause inflammation in your blood vessels, known as vasculitis. This can cause the walls of your blood vessels to become thick, narrow and weak. In serious cases, this can affect blood flow to your body's organs and tissues. For more information, visit **vasculitis.org.uk**

Cardiovascular disease

If you have rheumatoid arthritis, you're at a higher risk of developing cardiovascular disease (CVD). This is a general term used to describe conditions that affect the heart or blood vessels, such as heart attacks and strokes.

You can reduce your risk by:

- making sure your condition is controlled
- taking your medication
- eating a healthy, balanced diet
- keeping active
- stopping smoking.

Cervical myelopathy

If you've had rheumatoid arthritis for a while, you have a greater risk of getting cervical myelopathy. This is caused by the joints at the top of your spine becoming unstable and putting pressure on your spinal cord.

It's a serious condition that can affect your mobility, so it should be treated as soon as possible. Symptoms include neck pain, loss of balance, trouble walking and weakness or numbness in the limbs.

Joint damage

If you don't get treatment early enough, or your rheumatoid arthritis isn't controlled, this could lead to joint damage. With early treatment, there's a good chance that your rheumatoid arthritis can be controlled, helping to prevent any long-term joint damage.

Rheumatoid nodules

A few people with rheumatoid arthritis may develop fleshy lumps called rheumatoid nodules. Around 1 in 5 people with rheumatoid arthritis will get these nodules and they occur most commonly around joints such as the hands, fingers, knuckles or elbows, often along tendons.

Rheumatoid nodules usually don't hurt. If they're small, they can be ignored. But if these nodules interfere with your day-to-day life, it's worth speaking to your GP.

There's little research on how to reduce these nodules. But some disease-modifying anti-rheumatic drugs (DMARDs) and biological therapies may reduce the chance of them forming. Sometimes a steroid may be injected under the nodule to help reduce its size, and surgery is another option. But the nodule may return in the same place again.

If you don't get treatment early enough, or your rheumatoid arthritis isn't controlled, this could lead to joint damage. If this happens, you may need to have surgery.

What causes rheumatoid arthritis?

Rheumatoid arthritis affects around 450,000 people in the UK. We don't know what causes it.

But several factors may increase your risk of developing the condition. These include:

Age

Rheumatoid arthritis can affect you at any age, but most people are diagnosed between the ages of 40 and 60.

Sex

Rheumatoid arthritis is 2 to 3 times more common in women than in men. We don't know exactly why. Hormones, including oestrogen, may play a role, but this hasn't been proven.

Genes

There's no single gene that causes rheumatoid arthritis, although there's some evidence that suggests that rheumatoid arthritis can run in families.

The risk of inheriting rheumatoid arthritis is thought to be low, because genes play only a small role in developing the condition.

Weight

If you're overweight, you have a greater chance of developing rheumatoid arthritis than if you're a healthy weight. Eating a balanced diet and staying physically active are good ways to manage your weight.

Smoking

Some research suggests that people who smoke have a greater risk of developing rheumatoid arthritis.

Stopping smoking can be tough. But it could really improve your condition and your general health. For more advice, visit **nhs.uk/better-health/quit-smoking**



Diagnosis

Rheumatoid arthritis is diagnosed based on:

- your symptoms
- a healthcare professional examining you and your joints
- the results of X-rays, scans and blood tests.

A healthcare professional will first ask about your symptoms. They will look for swollen joints and check how well your joints move.

Rheumatoid arthritis can affect different parts of your body at once, so it's important to tell your healthcare professional about any symptoms you've had, even if they don't seem to be related. If they think you have rheumatoid arthritis, you will be referred to a rheumatologist who may arrange blood tests to help make a diagnosis.

It may take a while to get your results, so ask your healthcare team when you're likely to hear back from them. Your healthcare professional may start treatment or give you medication before your diagnosis is confirmed.



If you're waiting for a diagnosis, there are plenty of ways you can help to manage your symptoms. For advice, visit **arthritis-uk.short.gy/managing-arthritis-symptoms**

Blood tests

There is no single blood test that confirms you have rheumatoid arthritis, but there are a few tests that can show signs of the condition.

Erythrocyte sedimentation rate (ESR)

This test can help detect inflammation in your body.

C-reactive protein (CRP) test

This test also helps to measure inflammation in your body.

Full blood count

A full blood count can rule out other possible causes for your symptoms. A full blood count measures how many red blood cells are in your blood. Red blood cells carry oxygen around your body – if you don't have enough, you may have anaemia.

Anaemia is common in people with rheumatoid arthritis. But if you have anaemia, it doesn't mean you have rheumatoid arthritis. For example, you might have anaemia because there's not enough iron in your diet.

Seropositive and seronegative (rheumatoid factor and anti-CCP antibodies)

If you've been diagnosed with rheumatoid arthritis, you may have been told that you are seropositive or seronegative.

If you're told you're seropositive, it means that you have 1 or both of the following antibodies present in your blood:

- rheumatoid factor (RF)
- anti-cyclic citrullinated peptide (anti-CCP).

Antibodies are produced by your immune system in response to things that your body sees as dangerous, such as germs and viruses. Antibodies attack them and make them harmless.

More than 8 out of 10 people with rheumatoid arthritis have one or both antibodies. But you can still be diagnosed with rheumatoid arthritis if you don't have them.

Disease Activity Score (DAS28)

Your healthcare professional may also measure how active your condition is using a Disease Activity Score (DAS). This score helps your healthcare team see how your condition affects your body, and how it reacts to treatment.

For rheumatoid arthritis, this assessment is called the DAS28.

DAS stands for 'disease activity score' and the number 28 refers to the 28 joints your healthcare professional will look at in your assessment.

This tool helps your healthcare professional monitor how your condition changes by looking at how many joints are tender or swollen. It can also be used to check if you're suitable for certain treatments.

The DAS28 score doesn't always give the full picture. Your rheumatologist will also take into account any other medical conditions you may have.

Scans

You may also have some scans to check if you have any joint inflammation or damage. These include:

- **X-rays** – a test that creates images of the inside of the body. It's used to look for injury or damage to the bones or joints.
- **ultrasound scans** – use sound waves to build up pictures of the inside of the body
- **magnetic resonance imaging (MRI) scans** – a scan that uses magnets to look at what is happening inside your body. An MRI scan can show soft-tissue damage in the muscles, ligaments or nerves, as well as any problems with the bones.
- **computerised tomography (CT) scans** – a scan that uses X-rays and a computer to create detailed images of the inside of your body. These are sometimes called CAT scans.



Treatments

Once you have been diagnosed, you will be seen at a rheumatology clinic in a hospital. You'll usually see a specialist doctor, known as a rheumatologist, and a rheumatology nurse specialist.

Your rheumatology team will regularly check how active your rheumatoid arthritis is with a Disease Activity Score (DAS28), blood tests and X-rays or ultrasound. This will help you and your team decide if your treatment needs to change.

There are 3 main ways to treat rheumatoid arthritis:

- drugs
- physical therapies
- surgery.

Drugs

Drugs used to treat rheumatoid arthritis include:

- painkillers
- non-steroidal anti-inflammatory drugs (NSAIDs)
- conventional disease-modifying anti-rheumatic drugs (DMARDs)
- biological treatments
- Janus kinase inhibitors (JAK inhibitors)
- steroid treatments.

You may need to take more than 1 drug at a time because different drugs work in different ways. Over time, you may also change which drugs you take. This will depend on how bad your symptoms are, or if your condition has changed.

It's important to take your medication as prescribed, even if you're feeling better. This can help reduce the risk of flare-ups. If you're thinking about stopping your treatment, speak to your rheumatology team first.



For more information, visit **arthritis-uk.org/drugs**

Steroids

Steroids help to ease symptoms such as swelling, pain and stiffness. They are usually given to provide short-term relief. This might be during a flare-up or while you're waiting for a DMARD to start working.

Steroids are also sometimes known as corticosteroids. These are different to the anabolic steroids that bodybuilders and athletes use.

Steroids can be used as:

- a tablet or liquid you drink
- an injection directly into a joint
- an injection into a muscle.

Disease-modifying anti-rheumatic drugs (DMARDs)

DMARDs work by changing the way your condition progresses, rather than simply treating your symptoms.

They're not painkillers, but they'll reduce pain, swelling and stiffness by slowing down the condition and its effects on the joints.

They're long-term medications, which means it often takes weeks or months for them to work. You will usually need to keep taking them, even if they don't seem to be working at first. And you'll need to continue them, even when you start to feel better, to keep your condition under control.

There are different types of DMARDs, including conventional DMARDs, biological DMARDs and targeted synthetic DMARDs.

Conventional DMARDs include drugs such as:

- hydroxychloroquine
- leflunomide
- methotrexate
- mycophenolate
- sulfasalazine.

Advanced therapies

Biological DMARDs (bDMARDs)

Biological therapies (sometimes called biologics) are newer drugs used to treat some long-term conditions, such as rheumatoid arthritis. They reduce the effects of key parts of the immune system that might be attacking the body's healthy tissues.

Biological therapies target key chemicals in your immune system and tend to work more quickly than conventional DMARDs. They're only given to people who have tried other drugs and not responded well to them.

Biologics include drugs such as:

- adalimumab
- rituximab
- tocilizumab.

Targeted synthetic DMARDs (JAK inhibitors)

Janus kinase inhibitors (JAK inhibitors) are a type of targeted synthetic DMARD. They may be offered if other treatments haven't worked or aren't suitable.

JAK inhibitors include:

- upadacitinib
- baricitinib.

Painkillers

Pain relief medications can help to relieve the pain caused by rheumatoid arthritis. But they shouldn't be the only treatment you receive. There are many types and strengths of painkillers available.

Some pain relief medications, such as paracetamol, can be bought from a pharmacy or supermarket. You can also buy some painkillers containing codeine, such as co-codamol, from a pharmacy without a prescription.

Non-steroidal anti-inflammatory drugs (NSAIDs)

NSAIDs are used to relieve pain and reduce inflammation. But they will not stop your rheumatoid arthritis from getting worse over time. NSAIDs start working within a few hours, and the effects can be felt for up to a whole day.

Some can be bought from supermarkets or chemists, but others are only available on prescription. They're available as tablets, creams, gels and patches.

NSAIDs include aspirin, ibuprofen and naproxen. Some NSAIDs can be taken alongside other painkillers, but check with a pharmacist or healthcare professional if you're unsure.

Physical therapies

You might also be offered physical therapies to ease your symptoms and improve your mobility. These include physiotherapy, hydrotherapy and occupational therapy.

Physiotherapy

Physiotherapy is given by trained specialists, known as physiotherapists, to help people with an injury or long-term health condition be active and independent.

It involves movement, exercise, manual therapy, education and advice to help ease your pain and help your muscles and joints move more easily.

Hydrotherapy

Hydrotherapy, also known as aquatic therapy, is exercise that takes place in a warm water swimming pool, with a physiotherapist. It normally takes place in a physiotherapy department at a hospital.

Occupational therapy

Occupational therapy provides practical support to help you keep your independence and carry on doing everyday activities. An occupational therapist can look at your work, home or school and offer suggestions to make tasks easier.

Surgery

Some people with rheumatoid arthritis may need surgery to replace part or all of a damaged joint.

Not everyone with rheumatoid arthritis will need surgery, but sometimes it can help to reduce pain, correct the shape of a joint or improve your mobility.

Foot surgery

Examples of this type of surgery include:

- removal of inflamed tissues from the forefoot (the front of your foot)
- removal of the small joints in the ball of the foot
- straightening of toes
- fixing of joints.

Finger, hand and wrist surgery

Examples of this type of surgery include:

- carpal tunnel release (used to treat carpal tunnel syndrome)
- removal of inflamed tissue from the finger joints
- release of tendons in the fingers.

Arthroscopy

Arthroscopy is a type of keyhole surgery that's used to diagnose and treat joint problems. It's often used to repair damaged cartilage, drain excess fluid or remove bits of loose bone or cartilage.

The equipment is very small, so only small cuts are needed. This means it has a faster healing time and a lower risk of infection. Sometimes you can go home on the same day as the surgery, but you will need to rest your joint.

Joint replacement

Some people with rheumatoid arthritis might need surgery to replace part or all of a joint. This is known as a joint replacement, or arthroplasty. Common joint replacements include the hip, knee and shoulder.

Thousands of people have joint replacement surgeries each year. But as with any surgery, it's important to think about the possible risks and to discuss them with your surgeon before you decide to go ahead.

For more information, visit **arthritis-uk.org/surgery**



How can I manage my symptoms?

Flare-ups

When your symptoms come back or get worse, this is known as a flare-up or a flare. These can happen at any time but often happen at times when you've been stressed or had an infection.

Over time, you may get better at noticing the early signs of a flare-up. But if you're having regular flare-ups, you should talk to your rheumatology team because they might need to look at your treatment.

Here are a few things you can do to help yourself during a flare-up:

- Keep taking your medication at the doses you've been prescribed.
- Take a regular dose of a painkiller or non-steroidal anti-inflammatory drug for up to a week to help settle the flare-up.
- Do gentle exercises to help reduce stiffness.
- Use a hot water bottle or heat pad.
- Put cold items on your joint – for example, a bowl of cold water with ice cubes, a pack of frozen peas wrapped in a towel, or a damp towel that has been kept in the fridge.
- Let people around you know, so they can give you a helping hand.



Keeping active

It can be hard to keep moving if you have arthritis. Many people worry that they'll hurt themselves or further damage their joints. But the truth is staying as active as possible could actually help your symptoms.

Keeping moving strengthens your muscles and keeps your joints mobile. It can also help reduce fatigue and pain. It's also good for your mental health.

If you're new to exercise or haven't exercised in a while, you might feel a bit sore the first few times you try it. But if you stick with it, it will get easier.

You don't need any special gear to get started, and a lot of physical activity can be done at home. For more advice, check out these exercises for healthy joints: **arthritis-uk.short.gy/exercises-for-healthy-joints**

Start small and remember that any exercise is better than nothing. Your body is designed to move. Resting too much may weaken your joints and muscles.

If you're finding it difficult to stay motivated, it might help to exercise with a friend or in a group. It can be a great way to socialise and meet new people too.

We run activities across the country specially designed for people with arthritis, such as walking groups and seated yoga. To see if we host any physical activity classes in your area, visit **arthritis-uk.org/in-your-area**

If you'd rather exercise from the comfort of your own home, check out the free exercise programmes on our website. From tai chi to quick gym workouts, it's packed full of free online exercise classes, specially designed for people with arthritis.



For advice on getting more movement in your life, check out our **Keep moving** booklet or visit **arthritis-uk.org/exercising-with-arthritis**

Healthy eating

It's important to eat a healthy, balanced diet if you have arthritis. This will give you all the nutrients you need such as calcium, vitamin D and iron. It will also help you maintain a healthy weight.

Being overweight can put extra burden on the joints in your knees, hips, ankles and feet, causing pain and mobility problems.

A healthy, balanced diet should include a variety of foods from all 5 food groups.

This includes:

- fruit and vegetables, such as apples and carrots
- carbohydrates, such as wholewheat pasta or brown rice
- proteins, such as fish or pulses
- dairy products such as milk and cheese, or dairy alternatives
- oils and spreads, such as olive oil.

Eating a Mediterranean-style diet may be helpful because it's packed with lots of fruit and vegetables, oily fish, nuts, seeds and olive oil.



For more information, see our **Eating well with arthritis** booklet or visit **arthritis-uk.org/diet**



Stop smoking

Stopping smoking can be tough. But if you have rheumatoid arthritis, it could really help your condition.

Smoking can make your symptoms worse and increase your risk of having a heart attack or stroke. It can also reduce the effectiveness of some drugs used to treat your condition.

You're more likely to quit with support. So, if you're struggling, speak to your healthcare team, as they'll be able to help.



For more advice, visit **nhs.uk/better-health/quit-smoking**

Complementary treatments

Some people find complementary and alternative treatments, such as acupuncture, useful.

But they shouldn't replace your prescribed medicines. You should always talk to your healthcare team before starting any treatment as it might affect your medication.



For more information, visit **arthritis-uk.org/complementary-and-alternative-treatments**



Sleep

Getting a good night's sleep can be tough at the best of times. But it can be particularly hard to get enough rest when you have rheumatoid arthritis.

You might find it difficult to sleep if your joints are achy and swollen. Or you might wake up in the middle of the night with pain.

Here are a few tips to help you sleep better:

- Keep your bedroom dark, quiet and clutter-free.
- Have a warm bath or shower an hour before bedtime to help ease stiff joints.
- Follow a routine – try to go to bed and wake up at a similar time each day.

- Gentle exercise can ease swollen joints and help you unwind, but it's best to avoid energetic exercise close to bedtime.
- Avoid drinking tea, coffee or alcohol for a few hours before bedtime.
- Avoid eating main meals close to bedtime.
- Turn off your screens (such as phones, tablets and laptops) an hour before bed.
- Don't keep checking the time during the night.



For more information on how to get a good night's sleep, see our **Sleep** booklet, or visit **arthritis-uk.short.gy/sleep**



For more advice on fatigue, check out our **Fatigue and arthritis** booklet or visit **arthritis-uk.short.gy/managing-fatigue**

Foot care

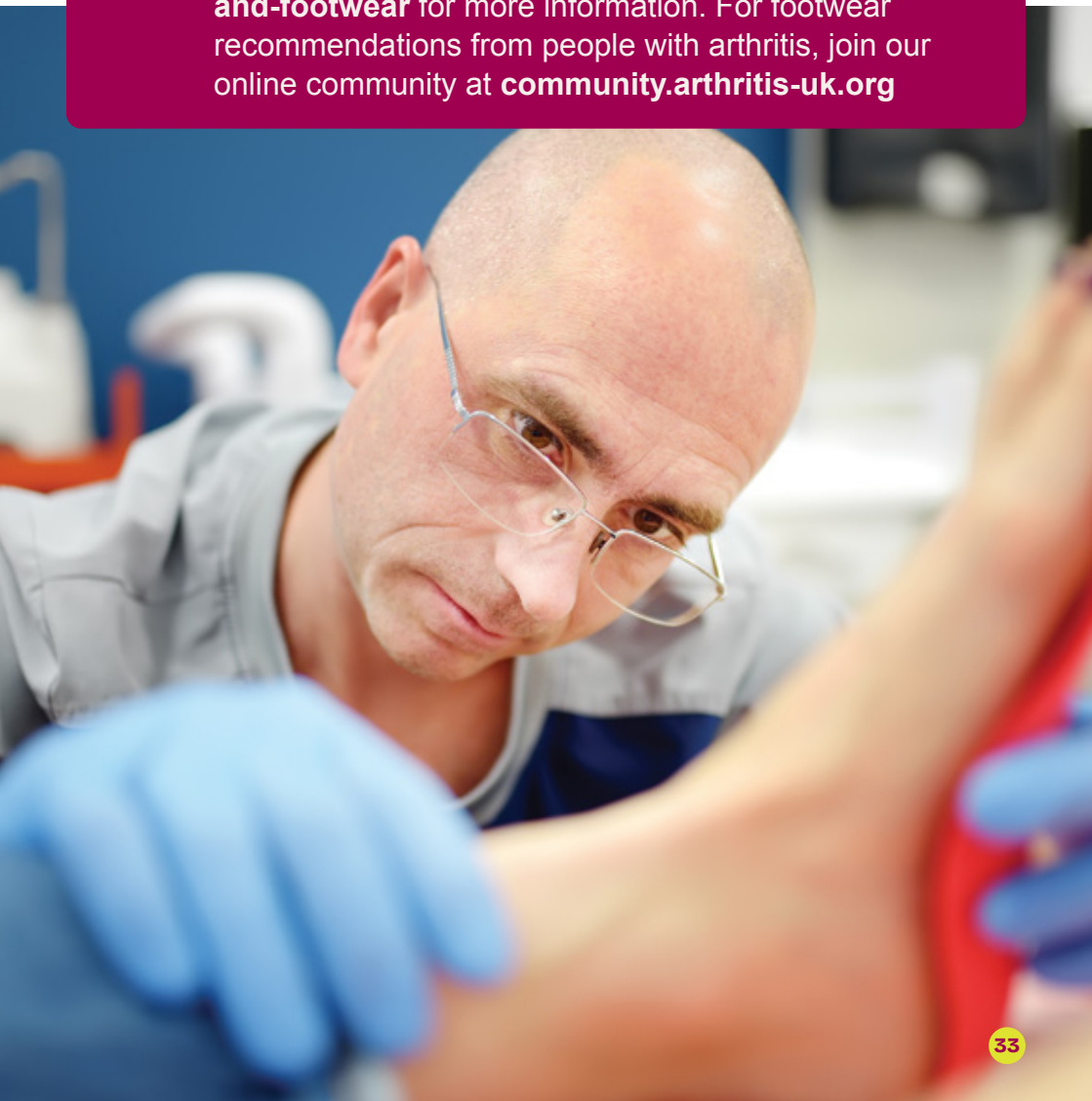
If you have rheumatoid arthritis, you're more at risk of developing problems in your feet. Getting into a good foot care routine can reduce this risk and allow you to spot any problems early on.

Wearing good, supportive, properly fitting footwear can help improve your balance and posture. This reduces strain on your joints too.

It's also worth getting your feet measured each time you shop for new footwear. Remember that your feet change shape throughout your life.

If you're having trouble with your feet, it's worth speaking to a podiatrist. This is a healthcare professional who treats foot problems. They can give you advice on footwear, show you how to treat foot problems, and provide special insoles called orthotics.

For more advice, check out our **Footcare and footwear** booklet or visit **arthritis-uk.short.gy/footcare-and-footwear** for more information. For footwear recommendations from people with arthritis, join our online community at **community.arthritis-uk.org**



Living with rheumatoid arthritis

Work

Having rheumatoid arthritis can make work a bit more challenging. But support is available.

You have a right to equal treatment at work. The Equality Act 2010 protects you from discrimination if your rheumatoid arthritis limits your ability to do daily activities when your symptoms are at their worst. This also means that your employer should work with you to make the workplace accessible to you by making reasonable adjustments.

Reasonable adjustments can be anything from changing your working hours or providing you with special equipment that helps you do your job.

If your employer can't make all the adjustments you need, you may be able to get help through Access to Work. This can cover grants to pay for equipment or adaptations, support workers to help you, or help to get to and from work.

Access to Work operates in England, Scotland, Wales and Northern Ireland. But the application process differs from place to place.



For more information on working with arthritis, visit **arthritis-uk.org/work-and-arthritis**

Having rheumatoid arthritis can make work a bit more challenging. But support is available.

If you're facing different challenges at school or university, there's support in place to help you. For tips and advice, visit **arthritis-uk.org/young-people-and-families**

Emotional wellbeing

Living with rheumatoid arthritis can cause pain and fatigue, and it can also take a toll on your mental health.

Depression is a common condition among people with rheumatoid arthritis, affecting roughly 1 in 6 people. Yet it often goes undiagnosed.

Everyone has spells where they feel a little low. This often passes with time or support from others. Depression is a low mood that can last a long time or keeps returning, affecting your everyday life.

You might feel sad, hopeless and lose interest in things you used to enjoy. It can make you feel isolated, like no one could imagine or know what you're feeling.

At times like this, let your loved ones know how you feel. If your mood doesn't improve, talk to your healthcare professional. They can signpost you to useful services such as therapy, or they may prescribe an antidepressant.

There are also plenty of small ways you can look after your mental wellbeing. For instance, you could:

- Practice deep breathing or mindful meditation to help reduce any anxiety you may have.

- Write your thoughts down in a diary to help you make sense of your emotions.
- Keep active – exercise can give you a boost of feel-good hormones called endorphins.
- Make time for activities that you enjoy, or which help you relax.
- Connect with friends – grab a coffee with a friend, have a phone call with a family member or join an online community.

If you need a bit of extra support, remember you're not alone. We're here to help you, every step of the way.

- You might find it helpful to join an Arthritis UK support group where you can connect with like-minded people and talk about what you're going through. To see if we run a local support group in your area, visit **arthritis-uk.org/in-your-area**
- Or you could join our online community where you could connect with people who share the same everyday experiences as you. For more information, visit **community.arthritis-uk.org**

You can also call the Arthritis UK Helpline for free on 0800 5200 520. Our trained advisors are there to listen and support you.

Aids and adaptations

If you have trouble doing everyday tasks, you may find it useful to use aids and adaptations.

Aids are items of equipment that can help you manage everyday tasks such as bathing, dressing and cooking. They can include shoehorns, easy-to-use kitchen utensils and cutlery with large handles.

Adaptations are changes made to your home to help you move around. They can include fixed ramps and baths with built-in handles.

In England, many people with arthritis are eligible to have aids and adaptations provided free of charge by their local authorities. Your council may call this community equipment.

To see what you're eligible for, ask your council for a free needs assessment. If you live in Wales, Scotland or Northern Ireland, contact your GP or local council for more support.

What you might be eligible for varies a lot depending on your needs and where you live. If you're already seeing a rheumatology occupational therapist, they will assess your needs and may provide you with aids, where needed.



For more information, check out our **Gadgets and equipment for your home** booklet or visit **arthritis-uk.short.gy/home-and-garden**



You can also find gadgets that have been specially designed for people with arthritis at **https://shop.arthritis-uk.org/collections/helpful-products**



Dealing with the weather

Some people with arthritis say that changes in the weather can make their symptoms worse.

If you struggle with cold weather, it might help to:

- Take a warm bath or shower to ease soreness and stiff muscles.
- Do gentle stretches.
- Find ways to stay warm – wear scarves and gloves or wrap up with blankets (if you have Raynaud's phenomenon, you may find that your hands and feet are more sensitive to the cold).

If you struggle with hot weather:

- Keep cool and stay in the shade.
- Wear light, breathable clothing.
- If you find that your feet swell up a little in hot and humid weather, find a sandal or breathable shoe that gives you support.
- Wear SPF sunscreen, as some rheumatoid arthritis drugs can make your skin sensitive to sunlight.

For more tips from people with arthritis, join our online community at **community.arthritis-uk.org**

Sex and relationships

If you're feeling sore or fatigued, sex might be the last thing on your mind. But there are things you can do to maintain intimacy and relationships, and to have an enjoyable sex life.

- Talk openly with your partner about how you feel.
- Try to plan intimacy around times of the day when you generally feel better. Or, if you use painkillers, you could plan intimacy around when your pain relief is most effective.
- Try different positions. If one position puts a strain on your joints, try others. You could use cushions, pillows or furniture to support you too.
- Have a warm bath or shower beforehand to ease your joints.



For more advice, visit **arthritis-uk.short.gy/sex-relationships-and-arthritis**

Pregnancy, fertility and breastfeeding

It's completely natural to be nervous about how rheumatoid arthritis will affect pregnancy. But if your condition is under control, you should be able to have a healthy pregnancy.

As with any pregnancy, planning ahead will make you feel more comfortable and in control. Remember it's never too early to start the conversation with your healthcare team so that you can get on the right treatment plan.

Once you speak to your healthcare team, you may be referred to an obstetric rheumatology clinic. This may be something your local hospital offers, or you may be referred to a nearby specialist centre.

If you are about to start trying for a baby, your rheumatology team may advise you to stop taking your medication. But you should never make this decision alone. If you're already on a pregnancy-friendly drug, you won't have to worry about coming off it or switching medications when you decide to start trying for a baby.

We know that it's not always possible to plan ahead though. In this case, it's important to let your rheumatology team know as soon as you become pregnant. They can check how things are going and make sure you're on the right medication.

There's no specific reason why having rheumatoid arthritis should affect your ability to breastfeed. Some drugs, such as methotrexate, should not be taken while breastfeeding, or while you are pregnant or trying for a baby. Make sure you discuss which medication you should take with your healthcare team beforehand.



For more information on pregnancy, fertility and breastfeeding, check out our **Pregnancy and Arthritis** booklet or visit **arthritis-uk.org/pregnancy-fertility-and-arthritis**



Research and new developments

Our research has helped make breakthroughs and changed the lives of many people with rheumatoid arthritis. It has:

- led to the development of a new class of drugs, known as biologics, which have transformed the treatment of inflammatory arthritis and improved the lives of almost 2 million people worldwide.

  Biologics were first used for severe cases. They are now also used for moderate rheumatoid arthritis, so more people can benefit.

- shown that early, intensive treatment for inflammatory arthritis, started within 12 weeks of symptoms, increases the chances of remission as well as reducing pain and long-term joint damage.

We're currently funding research projects to find out what causes rheumatoid arthritis and develop new and improved treatments:

- Our Centre for Genetics and Genomics is trying to understand how genetic factors play a role in whether people are at risk of developing inflammatory arthritis.
- Our Research into Inflammatory Arthritis Centre (RACE) is looking at why rheumatoid arthritis starts, why it attacks the joints, and why the inflammation carries on rather than switching off.
- Our researchers at University College London will soon be looking to develop ways of controlling inflammation by restoring gut health.

Related organisations

National Rheumatoid Arthritis Society (NRAS)

A charity dedicated to supporting people with rheumatoid arthritis.

Helpline: 0800 298 7650
Email: enquiries@nras.org.uk
www.nras.org.uk



Notes

Discover our support services

You don’t need to face arthritis alone. Get the information, advice and support that you need.



Call our free helpline:
0800 5200 520



Connect with our online community, go to:
community.arthritis-uk.org



Chat with AVA, our online assistant, go to:
arthritis-uk.org/ask-AVA-our-virtual-assistant



Track your symptoms with our easy app, go to:
arthritis-uk.org/track-my-arthritis-symptoms-app

Thank you!

A team of people helped us create this booklet. We would like to thank:

Elena Nikiphorou

Veena Patel

Janet Ball

We would also like to give a special thank you to Anita Moyes and Samantha Oliver for sharing their opinions and thoughts on the booklet. Your feedback helps make sure the information we provide is relevant and suitable for everyone.



Support our work

At Arthritis UK we rely on donations to fund our work. Help support people with arthritis and fund life-changing research by making a donation today. Every contribution makes a difference.

arthritis-uk.org/donate

Donate today



Tell us what you think

We occasionally ask for feedback to help us improve our health information.

If you're interested in joining our community of reviewers, please scan the QR code.

Join our community

Sign up today and we'll be in touch by email a few times a month with the latest arthritis news, including research and campaign updates, as well as tips and advice about how to live well with arthritis, and ways you can get involved.

arthritis-uk.org/signup

Search 'Arthritis UK' on Facebook, Instagram, X, TikTok and YouTube

Trusted Information Creator
Patient Information Forum

June 2026 (Next planned review June 2029).

Registered with FUNDRAISING REGULATOR

Arthritis UK Registered Charity England and Wales No. 207711, Scotland No. SC041156.

AUK2033

Arthritis UK