



Therapy Guide

# Rheumatoid Arthritis

GKA.



## The GKA Difference

GKA has been conducting studies in the rheumatoid arthritis (RA) area for over 25 years.

Having built a panel of respondents and developed its own expertise in the field, the fieldwork agency is able to guarantee access to the leading decision makers working in RA.

Since 1992, it has been developing strong relationships with the wider RA community; from key opinion leaders to patients to carers. These partnerships have enabled it to hone its understanding of RA and to better comprehend the ramifications of the condition for patients, their family and carers. This guide presents a short overview of the disease and explains how GKA could make a difference to your project.



# The Lowdown

RA is a chronic and progressive autoimmune disease that leads to severe inflammation of the joints. It is caused by the body's immune system attacking the cells that form the lining of joints – known as the synovium. When the lining becomes inflamed, the joints swell becoming hot and tender to touch. It is an extremely painful condition and, depending on how aggressive it is, it can impact a person's ability to perform everyday tasks<sup>1</sup>.

## Some facts about RA



>400,000  
people are affected by RA in  
England and Wales



Ages 40 - 60  
are the most affected



Women  
are 3 x more likely to be affected  
than men



5% of sufferers  
develop a severe form of the  
disease causing extensive  
disability

RA is not a modern day disease; a similar condition was described in the Ebers Papyrus, an Egyptian document on herbal lore dating to 1,500BC. Studies of Egyptian mummies suggest that RA was prevalent in ancient Egypt and the Charak Samhita – an Ayurveda text written between 300-200 BC – lists a condition featuring pain, joint swelling and loss of joint mobility and function<sup>2</sup>.

# Understanding RA

## Symptoms



While usually affecting the hands, feet and wrists, RA is a systemic disease so can also impact other parts of the body including the internal organs and even the eyes. Alongside swollen joints and pain, common symptoms of RA also include:

- Morning joint stiffness
- Poor sleep and fatigue
- Weight loss
- Flu-like symptoms.

The disease can progress quickly and may eventually cause damage to the joint cartilage and the bone. People with RA also suffer from flare-ups, which are impossible to predict and make RA very difficult to live with. Furthermore, uncontrolled RA increases mortality through increased risk of cardiovascular disease such as heart attacks and strokes. Another complication of RA is Carpel Tunnel Syndrome.

The exact cause or trigger for RA is unknown. While some theories suggest an infection or virus may be responsible for activating the condition, there is also evidence that it may be hereditary<sup>3</sup>.

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## Incidence



RA is the second most common form of arthritis in the UK after osteoarthritis, and the most common inflammatory joint disorder. It affects three times more women than men, and onset is commonly between the ages of 40 and 60. Some 12,000 children under the age of 16 have the juvenile form of RA<sup>4</sup>.

UK data for RA are based on the Norfolk Arthritis Register, which monitors both primary and secondary care. This study also captured long-standing cases and those who had never sought medical attention. While no one is affected by RA in the same way, a study of a large group of people found the following<sup>5</sup>:

- 75% continue having some joint pain swelling and flare-ups
- 20% always have very mild RA
- 5% develop severe disease with extensive disability.



It is estimated that, including indirect costs and work-related disability, the economic impact of RA in the UK is approximately £3.8 - £4.75 billion per year<sup>6</sup>.

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## Treatments



While there is no cure for RA, there are a number of treatments. These are usually taken in combination in order to control the progression of the condition, reduce the damage to the joints and manage the actual symptoms. Patients are often also advised to use exercise to manage and ease symptoms.

The main types of drugs used in RA are: painkillers, non-steroidal anti-inflammatories, steroids and disease-modifying anti-rheumatic drugs (DMARDs). DMARDs ease the symptoms and slow the progression of the disease. They work by blocking the damaging effects of the chemicals produced when antibodies attack the tissue in the joints. The sooner DMARDs are taken, the more effective they are. Current DMARDs include: methotrexate (first line treatment), leflunomide, hydroxychloroquine and sulfasalazine. It can take months for DMARDs to make a noticeable effect.

### References

- 1: NHS Choices
- 2: medical-news.net
- 3,4 6: National Rheumatoid Arthritis Society
- 5: Arthritis Research UK



We are GKA.

If you have been asked to carry out a healthcare market research study surrounding RA or one of the related conditions, why not give us a call today?

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