Can Early Treatment for RA Minimize Joint Damage?

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The Importance of Getting Early Treatment for RA to Minimize Joint Damage

One of the earliest signs of rheumatoid arthritis (RA) is feeling very stiff in the morning. Swelling, redness, and pain in the small joints of the hands, wrists, feet, and ankles gradually follow, although, for some people, symptoms may come on suddenly.

As soon as someone starts to experience symptoms of RA, treatment needs to begin to avoid the long-term effects of RA and the potential for joint damage and complications. But not everyone is diagnosed quickly or begins treatment right away.

Rheumatoid Arthritis and Joint Damage

Studies show that by the time someone is diagnosed with RA, you can already see joint damage on x-rays or MRIs. This is an immediate indicator treatment is essential to keeping disease activity from worsening and minimize the effect that RA has on the joints.

Early diagnosis of RA can prevent joint damage, but it takes too long to get diagnosed sometimes. Moreover, the problem with waiting to treat is that joint damage usually happens within the first two years and once joints are damaged, it can be irreversible.

If the RA is severe enough, joint damage can cause deformities that may affect one's overall quality of life. Additionally, RA can also lead to inflammation of the eyes, lungs, heart, blood vessels, and other vital organs if not managed early enough and treated appropriately.

Therefore, both early diagnosis and treatment of RA are important for improving disease outcomes, reducing the potential for joint damage, sustaining a good quality of life, and preventing life-threatening complications.

Goals of RA Treatment

The treatment of RA involves several objectives:

- Stop inflammation to achieve remission – Remission in RA occurs when there is little or no signs of active inflammation
- Relieve RA symptoms
- Prevent joint damage
- Prevent disease complications and protect vital organs
- Improve function and overall life quality

The best outcome for RA is in remission. However, remission is not possible for every patient, and the goal can be to get patients as close as possible.

Why the Rush?

There are many important reasons to treat RA early. The most significant of those is to minimize and/or potentially stop joint damage from occurring in the first place.

Researchers also believe strongly in early, aggressive treatment of RA during what is called the “window of opportunity.” Treatment during this “window” could potentially stop the progression as early as possible and before any serious damage has occurred.

According to one 2014 study reported in the *Annals of Rheumatic Disease*, the window of opportunity starts to close 13 to 19 weeks after symptoms begin.

Treating RA as early is nothing new. In fact, a study going back to 1989 reported in *The Lancet* stressed the importance of treating with antirheumatic drugs as soon as possible. At the time, however, methotrexate was not an option for treating RA and today’s biologics had not yet been developed.

Methotrexate is known for its inflammation reducing qualities. Moreover, it has been shown to slow down the progression of RA.

Early, aggressive treatment is even more critical for people who suffer from severe RA. Unfortunately, it is hard for doctors to determine who these people.

Doctors do have some basic starting points as to who may potentially develop severe RA. Physicians are confident that patients who have a rheumatoid factor (RF) and/or high levels of cyclic citrullinated proteins (anti-CCPs) early on and throughout the disease, are at the highest risk for a severe and destructive form of RA.

Patients with an RF and/or high levels of anti-CCPs are prescribed aggressive therapy and given constant monitoring.

This is not to say people without these specific antibodies do not go on to develop them later or cannot suffer from an aggressive form of RA. An RF factor and high anti-CCPs are merely starting points for determining treatment objectives.

What Early Treatment for RA Looks Like

One of the first treatments doctors will employ for treating RA is a disease-modifying antirheumatic drug (DMARD) called methotrexate. Initially, a form of cancer chemotherapy, methotrexate is an important medication for slowing down RA.

One 2015 study reported in the journal, *Seminars in Arthritis and Rheumatism*, finds that when Methotrexate is prescribed to RA patients early, the potential for remission is higher. Moreover, it may extend the time before patients will need other therapies, including biologics.

When methotrexate isn’t enough to manage symptoms of RA and halt the disease’s progression, doctors will look to a newer class of medications called biological response modifiers – biologics, for short.

One 2013 report in *The New England Journal of Medicine* finds that only about 30 percent of RA patients experience low disease activity with methotrexate alone.

Evidence shows biologics can halt disease progression when used early and prescribed with methotrexate. In fact, combined treatment is usually well-tolerated and safe, and this has been confirmed in various studies and clinical practices, this according to one 2013 report in *Autoimmunity Reviews.*

Some of the current biologics available and approved by the United States Food and Drug (FDA) are:

- Actmera
- Humira
- Enbrel
- Simponi
- Remicade
- Kineret

Often patients will need to switch to different drugs or use multiple therapies before RA pain and symptoms are managed. If doctors can start treating early, there is still ample time and opportunity to minimize joint damage and increase the chance of disease remission.

Weighing the Risks of Non-Treatment

People can be resistant when it comes to the idea of taking RA medications for the rest of their lives. However, RA treatment doesn't have to be for the rest of someone's life.

In fact, RA treatment depends on the progression of the disease and if patients can experience remission or low disease activity. Patients who undergo remission or low disease activity may be able to stop all or some of their medications.

And yes, treatments do have their risks. But often, the most significant risk is not treating or waiting too long to treat.