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In rheumatoid arthritis (RA), there is usually inflammation of the joints in both arms and/or both legs.

Unlike osteoarthritis (sometimes known as ?wear and tear arthritis'), RA affects mostly the small joints and the non-weight-bearing joints (OA affects the hip, for example, whereas in RA the joints of the hand are often affected).

It is thought that there may be an infectious trigger most likely to be a virus.

As in Osteoarthritis (OA), there is a genetic predisposition. RA affects women between the ages of 20 and 50 most.

When RA is active, the tissue covering the internal surface of the joint becomes inflamed because of cells stimulated by the immune system. This can cause cartilage, bone and tendon damage.

Symptoms:

The most common symptoms reported by patients are:

- morning stiffness lasting longer than 15-20 minutes,
- fatique,
- redness, warmth and swelling of the joints in the hands, feet, shoulders, elbows, knees.
- Range of motion of affected joints is limited
- physical deformities may develop.
- Some patients develop nodular swellings on the forearms called rheumatoid nodules.

There may be inflammation in other areas of the body including the linings around the lungs, causing pleuritic chest pain, or the nerves, leading to numbness and tingling of the feet.

Stiffness and pain in the neck may occur, but RA in the lower back is uncommon.

Blood tests may show antibody proteins called rheumatoid factors, decreased red cell blood count (i.e. anemia), and a raised ESR.

X-rays of the joints may show joint space narrowing, areas of joint damage called erosions, and at times, bone deformities.