What Is Rheumatoid Arthritis?

Posted on July 27, 2022

Introduction

Rheumatoid arthritis (RA) is one of the most common types of “chronic inflammatory rheumatism congregated” under “chronic arthritis.” It is one of the autoimmune diseases that can attack the body of the patient. It sometimes affects other organs of the body. It might result in several joints inflammation, which could swell, result in pain, and can make the patient unable to move swiftly. If left untreated, the joints start to distort with the passage of time. Normally, rheumatoid arthritis affects the wrists, knees, hands, and feet joints. With the passage of time, the neck, hips, elbows, shoulders, ankles, and jaws can also be affected; therefore, a comprehensive approach is required to tackle this ailment.

Causes

“Rheumatoid arthritis (RA)” is an autoimmune ailment in which the immune system attacks the joints’ synovial membrane, in particular by producing antibodies called “autoantibodies.” The synovial membrane lines inside of the joints, and its role is to make a fluid, the synovial fluid, used to lubricate movements. When attacked by autoimmunity, this membrane thickens, making too much fluid that contains abnormal inflammatory enzymes that can damage the entire joint, cartilage, tendons, and bone. The disease probably starts because of an amalgamation of genetic, biological, and environmental factors, particularly smoking. In recent years, advances in genetics have allowed the detection of some genetic factors involved in its development; however, they explain just 30% of the disease (Mikhaylenko et al., 2020). The inflammation involved in polyarthritis symptoms is caused by an autoimmune reaction that triggers abnormal inflammation in the joints. The inflammation first affects the synovial membrane, the membrane surrounding the joints. This membrane thickens and then lets fluid and parts of the blood seep into the joint, explaining the joint swelling. Then, gradually, in aggressive polyarthritis, the inflammation damages the joints, cartilage, capsule, tendons, ligaments, muscles, and bone, eroding the bone and increasingly damaging the joint.

Evolution And Progression

The course of rheumatoid arthritis varies greatly from person to person. In most cases, the disease sets in gradually, in flare-ups over several weeks or months. Symptoms can also come on suddenly. The disease outbreaks are interspersed with periods of improvement of varying lengths, ranging from a few weeks to a few years. After three to four months of the right treatment, the disease’s progression becomes slow (Raza et al., 2006). However, despite this apparent recovery, a new

outbreak may occur. Usually, the ailment tends to progress gradually and has a damaging impact on more and more joints. Some forms of arthritis are very dangerous as they could disturb the organs such as the lungs, heart, kidneys, or blood vessels and could become life-threatening. Others can lead to very rapid joint destruction, especially in the first two years. Conversely, there are mild forms that cause little pain and no joint deformity, even after several years. If they are not treated, it is considered that more than half of those affected patients will have a significant functional handicap after ten years. This often requires the cessation of professional activities. The progression of rheumatoid arthritis (RA) is difficult to predict. In many cases, it evolves in flare-ups, interspersed with periods when symptoms subside or even disappear for the time being. In some cases, the disease starts to worsen, reaching and damaging more and more joints. If not properly treated, the disease can become very devastating in 20% of cases. However, in 10 to 15% of people with recent illness, the disease may cease forever or for a very long time, spontaneously, and more with recent treatments, and there is relatively mild rheumatoid arthritis. Although the disease can appear at any age, the first symptoms usually appear at the age of around 40 to 60. The evolution and progression of this disease are hard to predict.

Complications And Diagnostic

Deformation of the joints and other symptoms might appear over time, which require an early diagnosis. For example, fingers are said to deform into a “swan neck” or “buttonhole.” When not treated properly, the disease can, therefore, lead to a loss of dexterity. Simple gestures, such as turning a doorknob or holding a pencil, might become laborious. In rare cases, the disease becomes so debilitating that it requires the use of a wheelchair. Its complications might include:

1. Dryness in the eyes and mouth
2. Rheumatoid nodules, balls located under the skin, often at the elbows or near the joints of the fingers,
3. Damage to the lungs,
4. Eye damage,
5. Damage to the heart or vessels,
6. Damage to the nerves.
7. Infectious problems.

It is important to get an early diagnosis of the disease to benefit from effective treatment quickly. Current treatments can block the progression of the disease, preventing disability. There are no specific signs that can be said with certainty that it is rheumatoid arthritis. Therefore, it is necessary to consider the signs described by the sick person, particularly the presence of several joint swelling, pain, and fatigue. There are also tests going through a health scan that can give clues about the risk of arthritis and show inflammation:

1. Increased sedimentation rate,

2. Increase in autoantibodies

The presence of a rheumatoid factor in a person's blood does not necessarily mean that they have rheumatoid arthritis. This antibody is present in some healthy people and is found in other diseases as well. When rheumatoid arthritis is suspected, the medical check-up also includes x-rays of the hands, feet, and other inflammatory joints, allowing typical signs to be seen from the disease's onset. The doctor may also order joint ultrasounds or joint MRIs. To avoid disease complications, it is better to consult the doctor when the patient first experiences early symptoms.

Conclusion

It is clear that rheumatoid arthritis is a serious condition with wide-ranging consequences; therefore, the information mentioned in this short essay might be used to improve nursing education and procedures. The nurses should know the latest research on this disease. Fortunately, the right treatments, taken in the early stages of the disease, can limit the disability and destruction of the joints. Besides, by adopting a lifestyle that allows them to alleviate pain, most sufferers achieve a good quality of life. When poorly controlled, the disease can shorten life expectancy by 5 to 10 years. Indeed, a state of chronic inflammation increases the risk of cardiovascular disorders, for example, heart attacks.

References

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