Inflammatory, or autoimmune, arthritis is a type of disease where the immune system attacks healthy joints and tissues, causing inflammation and joint damage. Rheumatoid arthritis (RA) is the most common type. One of the rarest forms is called scleroderma.

Approximately 300,000 or 1 in 100 Canadians get RA. The disease causes inflammation (swelling and pain) in and around joints and can affect organs, including the eyes, lungs, and heart. Rheumatoid arthritis typically affects the hands and feet. The elbows, shoulders, neck, jaw, ankles, knees, and hips can also be affected. Over time, the damage to the bones and cartilage of the joints may lead to deformities. When moderate to severe, the disease takes as many as a dozen years off a person's life.

Scleroderma affects approximately one in 2000 people. It is a complex and incurable disease of the immune system, blood vessels, and connective tissue. The symptoms include thickening of the skin. It can affect joints and internal organs and sometimes leads to disability.

RA: The evolution of treatment

The cause of rheumatoid arthritis (RA) is not yet known, but treatment for it has changed over the years as more has been learned about the disease. By looking to successful and famous personalities who lived with arthritis and whose achievements were influenced by RA, we can get a picture of the evolution of treatment.

We are following the example of some rheumatologists who used art to help them figure out how far back in history arthritis appears. One theory established from their research is that arthritis was very rare in Europe before the 1800s because it was not depicted in art before then. Unfortunately, it was not long after he started treatment that he died not long after he started treatment that he died. Unfortunately, it was not long after he started treatment that he died.

Arthritis Consumer Experts

Who we are

Arthritis Consumer Experts (ACE) provides research-based education, advocacy training, advocacy leadership and information to Canadians with arthritis. We help empower people living with all forms of arthritis to take control of their disease and to take action in healthcare and research decision making. ACE activities are guided by its members and led by people with arthritis, leading medical professionals and the ACE Advisory Board. To learn more about ACE, visit www.jointhealth.org

Guiding principles and acknowledgment

Guiding Principles

Healthcare is a human right. Those in healthcare, especially those who stand to gain from the ill health of others, have a moral responsibility to examine what they do, its long-term consequences and to ensure that all may benefit. The support of non-profit and for-profit organizations. This is not to be relied on to suggest a course of treatment for a particular individual or as a substitute for consultation with qualified health professionals who are familiar with your individual medical needs. Should you have any healthcare related questions or concerns, you should contact your physician. You should never disregard medical advice or delay in seeking it because of something you have read in this or any newsletter.

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Experts have cited famous artists such as Peter Paul Rubens (1577-1640), Pierre Auguste Renoir (1841-1919) and Raoul Dufy (1877-1953) who were afflicted with rheumatoid arthritis and Paul Klee (1879-1940) who had scleroderma.

Studies of Flemish portraiture have concluded that Rubens had RA based on his depictions of swollen and deformed joints of the hands in his self-portraits. Furthermore, there are documents stating that Rubens complained of joint pain that period through to the nineteenth century, rheumatic conditions were often called gout. Impressionist painter, Pierre Auguste Renoir had his first attack of arthritis in 1892. Renoir tried the only treatments available to him, namely moving to a warmer climate and spending time at the spa. Though Renoir lived in pain, he continued to paint even as his hands became disabled by the disease. By the time he died in 1919 at the age of 78, he had completed around 6,000 paintings.

French Fauvist painter, Raoul Dufy developed rheumatoid arthritis in 1933. He too, continued to paint as the disease progressed. In 1940 he travelled to England to take part in a clinical trial of cortisone. The treatment was successful and Dufy recovered the use of his hands and was able to paint the way he once had. Unfortunately, it was not long after he started treatment that he died from gastrointestinal bleeding, a possible side effect of the medication.

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Today’s Gold Standard of treatment for RA
Medications are a cornerstone of rheumatoid arthritis treatment. Today’s gold standard of treatment looks like this:

Step 1:
A person newly diagnosed with moderate to severe rheumatoid arthritis is typically started on methotrexate, and possibly on one or two other DMARDs in combination with methotrexate, such as sulfasalazine and hydroxychloroquine (this is called triple therapy). While waiting for the medications to take effect, an NSAID or cox-2 inhibitor or in some cases prednisone, can be used to reduce inflammation quickly.

This medication approach is very similar to that used to treat cancer. In cancer, aggressive medication therapy is used to stop or reduce the size of tumours or lesions. In rheumatoid arthritis, early and aggressive medication therapy is used to stop or reduce inflammation.

Because people with active, moderate to severe rheumatoid arthritis are at high risk for irreversible joint damage caused by the disease’s symptoms it is very important for them to closely follow their treatment regimen. The regimen helps to prevent or reduce joint damage and disability and deliver the highest quality of life possible.

Exercise is also an important part of a successful treatment plan for rheumatoid arthritis.

Appropriate stretching and strengthening of muscles and tendons surrounding affected joints can help to keep them stronger and healthier and is effective at reducing pain and maintaining mobility. Also, moderate forms of aerobic exercise can help to maintain a healthy body weight and lessen strain on joints. Swimming, walking, and cycling are often recommended but they must be done at a level that safely challenges a person’s aerobic capacity. A physiotherapist trained in rheumatoid arthritis is the ideal person to recommend a safe and effective exercise program.

Heat and cold can be used to decrease pain and stiffness. Hot showers can often relax aching muscles and reduce pain. Applying cold compresses, like ice packs, to swollen joints can help to reduce heat, pain and inflammation and allow a person to exercise more freely, or to recover from exercise more quickly.

Maintaining a healthy lifestyle is also critical in any arthritis treatment plan. A nutritionally sound diet that includes appropriate levels of calcium, vitamin D and folate is important. Managing stress levels, getting enough rest, and taking time to relax lead to a higher quality of life.

Research makes the difference
This brief history of arthritis demonstrates the importance of research. Dramatic advances in research over the past few decades have led to better treatments and hope for the future.

1929: First total hip replacement is performed

1960s - RA very, very rare before the 1960s

1907: Surgical pin developed

1932: Rheum (1841 - 1913) has his first attack of RA

1898: The X-ray was developed

1888: Dr. Philip Hench and Dr. E.C. Kendall discover that steroid hormones act as anti-inflammatory. The antibody, rheumatoid factor, is isolated in those with RA and the Rose-Waaler diagnostic test is developed

1934: Paul Klee (1879 - 1940) becomes ill with scleroderma

1936: Paul Klee (1877 - present) is diagnosed with RA

1941: RA is officially recognized as a distinct disorder by the American Rheumatism Association

1940: Sir Michael Faraday, figures out that automyosin causes many types of arthritis

1950: Continues is used to treat RA and Raoul Dufy takes part in a trial of the medication

1955: Prednisone starts being used as a treatment

1959: Sir Michael Faraday, figures out that automyosin causes many types of arthritis

1978: Injections of gold salts start to be used as a treatment for muscle pain

1906 - 1937: Flemish painter, Peter Paul Rubens, may have had arthritis

1859: Sir Alfred Garrod coins the name rheumatoid arthritis. First reference to RA is made in medical literature

1948: Dr. Philip Hench and Dr. E.C. Kendall discover that steroid hormones act as anti-inflammatories. The antibody, rheumatoid factor, is isolated in those with RA and the Rose-Waaler diagnostic test is developed

1998: The U.S. Food and Drug Administration approves methotrexate for treating RA

1999: Biologies first start being used to treat RA

1938: First total hip replacement is performed

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