

# RHEUMATOID ARTHRITIS (RA): PATIENT JOURNEY

Rheumatoid Arthritis (RA) can impact your ability to carry out daily activities. This patient journey will help you better understand how to manage your symptoms, practice self-management techniques and inform your follow up appointments with your healthcare provider.

Pre-diagnosis



## Symptoms

You experience joint pain (which can include prolonged foot, knee, wrist or hand pain), and possibly stiffness, swelling, and/or fatigue, for several weeks.



## Healthcare Provider Visit

Visit your doctor or nurse practitioner, who will ask about your symptoms, perform a physical exam and may order blood tests and X-rays. If needed, advocate for yourself to help ensure you are able to get some answers about the cause of your pain. *Seeing a specialist may take some time.*



## Specialist Referral

You are referred to a rheumatologist for suspected inflammatory arthritis.



## Rheumatologist Visit & Tests

Your appointment with a rheumatologist will include:

- A review of your medical history, including your new joint symptoms
- A general physical examination
- A joint examination and counting of tender and swollen joints

- Assessment of the need for further blood tests and imaging (e.g. X-rays or ultrasound), with appropriate tests ordered

*It can take some time to identify the exact cause of your symptoms and confirm a diagnosis.*



## Diagnosis

You are diagnosed with rheumatoid arthritis.



## Learn More About RA

You can learn more about RA through:

- Arthritis Society ([arthritis.ca](http://arthritis.ca))
- Credible information resources, such as [rheuminfo.com](http://rheuminfo.com) and [rheumatology.org](http://rheumatology.org)
- Your healthcare team: *rheumatologist, family doctor, physiotherapist, occupational therapist, rheumatology nurse, pharmacist, dietitian, social worker*



## Initial Treatment: Self-Management

Start your treatment with low-intensity, low-impact exercise to combat joint stiffness, along with heat and cold therapy. A healthy diet may also help to reduce inflammation and optimize your weight. Along with physical activity and nutrition, allied professional healthcare services such as physiotherapy and occupational therapy can help with your self-management.



## Initial Treatment: Medication

Your first line of medication therapy begins with 1 to 3 disease-modifying anti-rheumatic drugs (DMARDs).

- Most common: methotrexate with folic acid
- Sometimes: sulfasalazine, hydroxychloroquine, leflunomide, or others

You can expect follow-up lab tests and frequent monitoring to assess the effectiveness and side effects of your treatment.

For short-term use or flare-ups, treatment may include:

- Steroid pills, or corticosteroid injections in affected joints or intra-muscularly
- Non-steroidal anti-inflammatory drugs (NSAIDs)
- Non-opioid painkillers (analgesics)

Diagnosis & Treatment



## Follow-Up Visit

Visit your rheumatologist for follow-up every 3-6 months to:

- Assess the status of your RA and the need to modify any of your treatments
- Periodically review your immunization status and cardiovascular risk
- Perform additional lab and imaging tests, if required

RA Still Active

RA Stabilized



## Additional Treatment

Your rheumatologist can refine DMARD treatment to better control RA and meet drug formulary requirements for advanced treatments:

- Switch to a different DMARD
- Add DMARDs in combination

RA Still Active

Your rheumatologist can add biologics or other targeted treatments:

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| <ul style="list-style-type: none"> <li>• TNF inhibitors (<a href="#">adalimumab</a>, <a href="#">certolizumab pegol</a>, <a href="#">etanercept</a>, <a href="#">golimumab</a>, <a href="#">infliximab</a>)</li> <li>• JAK inhibitor (<a href="#">tofacitinib</a>, <a href="#">baricitinib</a>, <a href="#">upadacitinib</a>)</li> </ul> | <ul style="list-style-type: none"> <li>• IL-6 inhibitors (<a href="#">tocilizumab</a>, <a href="#">sarilumab</a>)</li> <li>• Selective T cell co-stimulation modulator (<a href="#">abatacept</a>)</li> <li>• Selective B cell depletion (<a href="#">rituximab</a>)</li> </ul> |
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You may need to be screened for tuberculosis and your treatment may require injections under the skin or infusions into a vein.

RA Still Active

There is an ongoing need for you to visit your rheumatologist to consider the use of different biologic or targeted treatment until your RA is well controlled.



## Monitoring & Follow-Up

Once treatment has stabilized your RA, your rheumatologist will continue monitoring your condition. Your DMARD and biologic/targeted therapy doses might be tapered, but rarely stopped completely. Do not stop any medications, or change how much of your medication you take, until you discuss it with your rheumatologist. Symptoms may return if certain medications are stopped. Continue your self-management through physical activity and nutrition.

RA Stabilized

Back to Self-Management