RHEUMATOID ARTHRITIS

PROTECT YOUR JOINTS
PG. 9

MY STORY:
LIVING WITH RA
PG. 8

QUESTIONS TO ASK YOUR DOCTOR
PG. 3

COMPLIMENTARY COPY
TAKE ONE HOME

JUNE 2020

WebMD
LIVING WITH

RHEUMATOID ARTHRITIS

PROTECT YOUR JOINTS
PG. 9

MY STORY:
LIVING WITH RA
PG. 8

QUESTIONS TO ASK YOUR DOCTOR
PG. 3

COMPLIMENTARY COPY
TAKE ONE HOME
THE LATEST ON RHEUMATOID ARTHRITIS

SOOTHE YOUR SYMPT...OMMMS

Two hours of yoga every weekday for 2 months, in addition to prescribed medications, relieved arthritis symptoms more than medication alone in 72 people with RA. After the 2-month trial, people in the yoga group also saw reductions in inflammation and in the rate at which their cells age — a process that is usually accelerated in people with RA. The yogis had improvements in depression symptoms, disability, and overall disease activity, too.

SOURCE: IOS Press

70% Percentage of people with RA who are middle-aged women.

SOURCE: Clinical Reviews in Allergy and Immunology

Are you taking the best medication to control your RA symptoms? New research shows that certain biologic medications — but not all of them — might not be as effective for people who are obese. If you are overweight or obese and feel your biologic medication is not working as well as it should, ask your doctor if a different one might bring you more relief.

SOURCE: Joint Bone Spine

50% Percentage of people with RA who also have heart disease. Talk to your doctor about your risk.

SOURCE: Journal of Rheumatology

WHAT’S THE BUZZ?

For some people living with RA, standard medications simply don’t help. But a new experimental treatment might bring relief. Doctors implanted a tiny nerve stimulator in the neck right under the surface of the skin of people who had already tried two arthritis medications without benefit. They divided the people into three groups. For one group, doctors never turned the stimulator on. For another, they activated it for 1 minute, four times a day, for 12 weeks. The others got 1 minute a day. After 12 weeks, the 1-minute-per-day group reported a significant improvement in their symptoms.

SOURCE: European League Against Rheumatism
Rheumatoid arthritis (RA) treatment has come a long way. Drugs can slow the disease enough to prevent joint damage and put RA into remission.

If your symptoms aren’t well-controlled, don’t settle for a life filled with pain and stiffness. Plodding through your symptoms could put you on a course for future disability. “If you’re having persistent inflammatory symptoms, that often is a sign that you’re at risk for progressive joint damage,” says Beth Jonas, MD, chief in the Division of Rheumatology, Allergy and Immunology at the UNC Thurston Arthritis Research Center in Chapel Hill, North Carolina. “That’s why it’s important for patients to speak up.”

Tell your doctor which symptoms you’re experiencing (pain, swelling, stiffness, fatigue), and explain how those symptoms affect your day-to-day life. Did you have to stop writing or knitting? Is it too painful to type on your computer keyboard?

It’s also helpful for your doctor to know whether your symptoms are caused by inflammation or existing joint damage. This is where blood tests, X-rays, and ultrasound imaging can provide a window inside your joints. If your symptoms are due to inflammation, it may be time to switch to a biologic or other new drug. If joint damage is behind your pain, “Switching medicine isn’t really going to help,” Jonas says. In that case, you’ll need treatments that directly target your pain.

When considering your options, have a frank discussion with your doctor about your treatment goals. For example, what kinds of drug side effects are you willing to accept in order to control your disease? Once your doctor knows your goals, he or she can help you decide on the best drug to manage your RA, Jonas says.

Medicine is one component of RA treatment, but lifestyle interventions are important, too. Jonas stresses the need to take time for yourself, especially if you work or you’re the primary caregiver for other family members. “Set aside time to rest. Set aside time to exercise. Make sure you’re eating a good diet,” she says. “Don’t smoke. Maintain a healthy body weight. Try to avoid really sugary foods, which I believe drive inflammation.”

Hold the last five to 10 minutes of your visit to discuss these lifestyle changes with your doctor and then ask about exercise. Find out which types of exercises are safest for you, how to get started in a new program, and whether your doctor recommends that you visit a physical therapist.

How will I know if my treatment is working?
+ When your disease is well-controlled, you won’t have tender or swollen joints. Blood tests your doctor gives you shouldn’t find elevated markers of inflammation.

Do I need to change medicine?
+ The first drug you try may control your disease. But if your joints have become inflamed enough to interfere with your daily life, it’s time to consider switching medicines or adding a new treatment.

Can physical therapy help?
+ Physical therapy improves your flexibility and helps to strengthen the muscles that support your joints. The therapist will also teach you how to perform your daily activities in a more streamlined and less painful way.

QUESTIONS FOR YOUR DOCTOR
HERE’S THE TALK YOU NEED TO HAVE WITH YOUR RHEUMATOLOGIST

By Stephanie Watson
Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor
RINVOQ IS A ONCE-DAILY PILL THAT CAN DRAMATICALLY IMPROVE RA SYMPTOMS.

WHAT IS RINVOQ?
RINVOQ is a prescription medicine used to treat adults with moderate to severe rheumatoid arthritis in whom methotrexate did not work well or could not be tolerated. It is not known if RINVOQ is safe and effective in children under 18 years of age.

WHAT ARE THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT RINVOQ?
RINVOQ is a medicine that can lower the ability of your immune system to fight infections. You should not start taking RINVOQ if you have any kind of infection unless your healthcare provider (HCP) tells you it is okay.

• Serious infections have happened in some people taking RINVOQ, including tuberculosis (TB) and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections. Your HCP should test you for TB before starting RINVOQ and check you closely for signs and symptoms of TB during treatment with RINVOQ. You may be at higher risk of developing shingles (herpes zoster).
• Lymphoma and other cancers, including skin cancers, can happen in people taking RINVOQ.
• Blood clots in the veins of the legs or lungs and arteries are possible in some people taking RINVOQ. This may be life-threatening and cause death.
• Tears in the stomach or intestines and changes in certain blood cells, diabetes, chronic lung disease, HIV, or a weak immune system.
• Live, have lived, or have traveled to parts of the United States that increase your risk of getting certain kinds of fungal infections, such as the Ohio and Mississippi River valleys and the Southwest. If you are unsure if you’ve been to these areas, ask your HCP.
• Have had any type of cancer, hepatitis B or C, or shingles (herpes zoster), or blood clots in the veins of your legs or lungs, diverticulitis (inflammation in parts of the large intestine), or ulcers in your stomach or intestines.
• Have other medical conditions including liver problems, low blood cell counts, diabetes, chronic lung disease, HIV, or a weak immune system.

WHAT SHOULD I TELL MY HCP BEFORE STARTING RINVOQ?
Tell your HCP if you:
• Are being treated for an infection, have an infection that won’t go away or keeps coming back, or have symptoms of an infection such as:
  - Fever, sweating, or chills
  - Shortness of breath
  - Warm, red, or painful skin or sores on your body
  - Muscle aches
  - Feeling tired
  - Blood in phlegm
  - Diarrhea or stomach pain
  - Cough
  - Weight loss
  - Burning when urinating or urinating more often than normal
  - Blood in or around the eyes
  - Pain or tenderness in the leg
  - Warm, red, or painful skin
  - Shortness of breath
  - Fever, sweating, or chills
  - Blood in phlegm

• Have any symptoms of an infection. RINVOQ can make you more likely to get infections or make any infections you have worse.

WHAT SHOULD I TELL MY HCP AFTER STARTING RINVOQ?
Tell your HCP right away if you:
• Are pregnant or plan to become pregnant. Based on animal studies, RINVOQ may harm your unborn baby. Your HCP will check whether or not you are pregnant before you start RINVOQ. You should use effective birth control (contraception) to avoid becoming pregnant while taking RINVOQ and for at least 4 weeks after your last dose.
• Are breastfeeding or plan to breastfeed. RINVOQ may pass into your breast milk. You should not breastfeed while taking RINVOQ and for at least 6 days after your last dose.

Tell your HCP about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. RINVOQ and other medicines may affect each other, causing side effects.

Especially tell your HCP if you take:
• Medicines for fungal or bacterial infections
• Rifampicin or phenytoin
• Medicines that affect your immune system
Ask your HCP or pharmacist if you are not sure if you are taking any of these medicines.

WHAT ARE THE COMMON SIDE EFFECTS OF RINVOQ?
These include:
- Upper respiratory tract infections (common cold, sinus infections), nausea, cough, and fever. These are not all of the possible side effects of RINVOQ.
- Swelling
- Pain or tenderness in the leg
- Sudden unexplained chest pain
- Shortness of breath
- Fever
- Swelling
- Rash or hives on your face, arms, legs, or other body parts
- Sore throat
- Cough
- Diarrhea or stomach pain
• Have a fever or stomach-area pain that does not go away, and a change in your bowel habits.

TALK TO YOUR RHEUMATOLOGIST ABOUT RINVOQ RELIEF OR LEARN MORE AT RINVOQ.COM

YOUR MISSION: TAKE ON RA
**RINVOQ™ (rin- vōk)** (upadacitinib) extended-release tablets, for oral use

**CONSUMER BRIEF SUMMARY**

**CONSULT PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION**

**Patient Information**

**What is the most important information I should know about RINVOQ?**

**RINVOQ may cause serious side effects, including:**

- **1. Serious Infections.**
  - RINVOQ may increase your risk of certain cancers that can happen in people taking RINVOQ. Call your doctor for medical advice about possible side effects.

- **2. Cancer.**
  - RINVOQ can cause serious side effects including:
    - See “What is the most important information I should know about RINVOQ?”
    - Common side effects of RINVOQ include:
      - upper respiratory tract infections (common cold, sinus infections), nausea, cough, and fever.

- **3. Blood Clots (thrombosis).**
  - Blood clots in the veins of your legs (deep vein thrombosis, DVT) or lungs (pulmonary embolism, PE) and arteries (arterial thrombosis) can happen in some people taking RINVOQ.

- **4. Changes in certain laboratory test results.**
  - Your healthcare provider should watch your immune system to fight infections. Some people have had serious infections while taking RINVOQ, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections:
    - Your healthcare provider should test you for TB before starting treatment with RINVOQ.
    - Your healthcare provider should watch you closely for signs and symptoms of TB during treatment with RINVOQ.
    - You should not start taking RINVOQ if you have any kind of infection unless your healthcare provider tells you it is okay. You may be at a higher risk of developing shingles (herpes zoster).

- **5. Radiation exposure.**
  - Before starting RINVOQ, tell your healthcare provider if you:
    - have had shingles (herpes zoster).
    - have had intravenous (IV) or arterial thrombosis (arterial thrombosis) can happen in people taking RINVOQ. One of these is to check for the following:
      - Tell your healthcare provider if you have had blood clots in the veins of your legs or lungs in the past.
      - Tell your healthcare provider right away if you have any signs and symptoms of blood clots during treatment with RINVOQ, including:
        - swelling
        - pain or tenderness in the leg
        - shortness of breath
      - Tell your healthcare provider if you have had an infection without an obvious cause or an infection that does not go away or gets worse during treatment with RINVOQ.

- **6. Changes in certain laboratory test results.**
  - Your healthcare provider should watch your immune system to fight infections. Some people have had serious infections while taking RINVOQ, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections:
    - Your healthcare provider should test you for TB before starting treatment with RINVOQ.
    - Your healthcare provider should watch you closely for signs and symptoms of TB during treatment with RINVOQ.
    - You should not start taking RINVOQ if you have any kind of infection unless your healthcare provider tells you it is okay. You may be at a higher risk of developing shingles (herpes zoster).

- **7. Changes in certain laboratory test results.**
  - Before starting RINVOQ, tell your healthcare provider if you:
    - have had shingles (herpes zoster).
    - have had intravenous (IV) or arterial thrombosis (arterial thrombosis) can happen in people taking RINVOQ. One of these is to check for the following:
      - Tell your healthcare provider if you have had blood clots in the veins of your legs or lungs in the past.
      - Tell your healthcare provider right away if you have any signs and symptoms of blood clots during treatment with RINVOQ, including:
        - swelling
        - pain or tenderness in the leg
        - shortness of breath
      - Tell your healthcare provider if you have had an infection without an obvious cause or an infection that does not go away or gets worse during treatment with RINVOQ.

- **8. Changes in certain laboratory test results.**
  - Your healthcare provider should watch your immune system to fight infections. Some people have had serious infections while taking RINVOQ, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections:
    - Your healthcare provider should test you for TB before starting treatment with RINVOQ.
    - Your healthcare provider should watch you closely for signs and symptoms of TB during treatment with RINVOQ.
    - You should not start taking RINVOQ if you have any kind of infection unless your healthcare provider tells you it is okay. You may be at a higher risk of developing shingles (herpes zoster).

- **9. Changes in certain laboratory test results.**
  - Before starting RINVOQ, tell your healthcare provider if you:
    - have had shingles (herpes zoster).
    - have had intravenous (IV) or arterial thrombosis (arterial thrombosis) can happen in people taking RINVOQ. One of these is to check for the following:
      - Tell your healthcare provider if you have had blood clots in the veins of your legs or lungs in the past.
      - Tell your healthcare provider right away if you have any signs and symptoms of blood clots during treatment with RINVOQ, including:
        - swelling
        - pain or tenderness in the leg
        - shortness of breath
      - Tell your healthcare provider if you have had an infection without an obvious cause or an infection that does not go away or gets worse during treatment with RINVOQ.

- **10. Changes in certain laboratory test results.**
  - Before starting RINVOQ, tell your healthcare provider if you:
    - have had shingles (herpes zoster).
    - have had intravenous (IV) or arterial thrombosis (arterial thrombosis) can happen in people taking RINVOQ. One of these is to check for the following:
      - Tell your healthcare provider if you have had blood clots in the veins of your legs or lungs in the past.
      - Tell your healthcare provider right away if you have any signs and symptoms of blood clots during treatment with RINVOQ, including:
        - swelling
        - pain or tenderness in the leg
        - shortness of breath
      - Tell your healthcare provider if you have had an infection without an obvious cause or an infection that does not go away or gets worse during treatment with RINVOQ.

- **11. Changes in certain laboratory test results.**
  - Before starting RINVOQ, tell your healthcare provider if you:
    - have had shingles (herpes zoster).
    - have had intravenous (IV) or arterial thrombosis (arterial thrombosis) can happen in people taking RINVOQ. One of these is to check for the following:
      - Tell your healthcare provider if you have had blood clots in the veins of your legs or lungs in the past.
      - Tell your healthcare provider right away if you have any signs and symptoms of blood clots during treatment with RINVOQ, including:
        - swelling
        - pain or tenderness in the leg
        - shortness of breath
      - Tell your healthcare provider if you have had an infection without an obvious cause or an infection that does not go away or gets worse during treatment with RINVOQ.
In 2014, I was searching for a solution to what was going on with my body. Not only did I have joint pain, but I also had issues with my lungs, heart, thyroid, and eyes. I was only 35 years old, and my symptoms just didn’t make sense for my age.

When I looked at my medical records, I had 17 different diagnoses. I had so many individual problems that I thought there had to be some medical condition underlying all of them.

When I finally saw a rheumatologist and had lab work done, the tests came back positive for rheumatoid arthritis. Getting an answer to my symptoms was a double-edged sword. On the one hand, I was relieved to finally have a diagnosis, but I also felt terror and grief at learning that I had such a scary disease. I felt like part of my life was ending. I had a little pity party until my husband reminded me that I was a therapist and I knew better. He told me I needed to get my foot out of the grave and keep going.

I pretty quickly started on my first medication, a disease-modifying drug. I didn’t notice any improvement, so after about 4 months I switched to another medication. Over the last 5 years I’ve been on five different drugs. I’m about to start my sixth, a biologic that also treats Crohn’s disease, which I was diagnosed with 2 months ago.

In addition to managing my symptoms with medication, I take antioxidants and other supplements to bring down inflammation. I use a food journal to keep track of which foods trigger my symptoms. I’ve discovered that I’m sensitive to certain types of cooking oil and I have to avoid fried foods. I also stay away from soda because I get dehydrated very easily.

I exercise regularly—mostly stretching. I practice some variations of light yoga moves. Movement is essential. I never sit for more than one counseling session without giving myself a 15-minute break to get up, walk around, and stretch. If I sit still for too long, I’m in pain.

I’m managing my condition a lot better today, and I attribute that to reeling myself in on how much I can realistically do. I’ve really pulled back and learned to say “no” to a lot of things, and I practice a lot more self-care. I’ve moved my counseling business to my home. Now I only see clients online, so I don’t have to go into an office on days when I’m not feeling up to it.

Disclosing my condition has helped me relate better to my clients and where they’re coming from with their own illnesses. I can physically see shoulders drop down, hear a sigh of relief, and watch a change come over them when they see that somebody hears them, sometimes for the first time. With these invisible illnesses, having somebody validate what you’re going through is so rare that when you do hear it, it breaks down a wall you may not have even realized was there.

I think health-wise I’m as good as I can be at this point. I manage from day-to-day pretty well. Pain and other issues are just going to be there, but I’ve gotten to a place of acceptance. I feel like I’m at the end stage of the grieving process. This is my new normal, so I have to learn to be OK with that.
PROTECT YOUR JOINTS
Rheumatoid arthritis is a chronic, progressive disease that damages your joints and can cause disability. Fortunately, plenty of options exist to limit its impact.

By Matt McMillen
Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor

Your immune system should provide protection against threats to your health, like bacteria and viruses. But things can go wrong. The result: Inflammatory diseases like rheumatoid arthritis that attack healthy parts of your own body. RA primarily focuses its assaults on the lining of your joints, called the synovium. Your hands, wrists, shoulders, and knees are among its major targets, and it causes pain, tenderness, swelling, and stiffness.

“People have a lot of stiffness and a great deal of difficulty moving in the morning,” says rheumatologist Andrew Gross, MD, chief of the UCSF Rheumatology Clinic in San Francisco.

Its symptoms fall on a spectrum from very mild to very severe, and the level of your symptoms will help determine the likelihood of damage to your joints.

“With severe disease, you’re more likely to go on to have more damage,” Gross says.

Much of that damage, he says, occurs in the early stages of RA.

“Often the phase when the disease is most active is during the first one to two years,” he says.

That makes early intervention critical, in order to get the disease under control and to prevent or limit the damage that it can do to your joints. Your main line of defense will be medication.

“Medication has been shown over and over to be the most important thing in preventing joint damage,” Gross says.

But treatment involves more than medications. To keep your disease in check, you may have to make significant lifestyle changes. Foremost among them: physical activity.

“Physical activity is important for joint health and for feeling better,” Gross says. “Any kind can be good, from aerobics to weight lifting to high intensity interval training to simply going for a walk.”

Start your exercise routine slowly, in consultation with your doctor. You don’t have to push yourself too hard. Your breathing should be a bit heavier than normal, but not so heavily that you can’t carry on a conversation.

“As you feel better, ramp it up,” Gross says.

Another focus: weight loss. The heavier you are, the more you strain your joints. And, he says, research suggests that excessive body fat may reduce the effectiveness of your medications and lead to more inflammation. That further risks your joint health.

Exercise along with a healthy diet can help you achieve a more joint-friendly weight.

Above all, stick with the medications you’ve been prescribed as long as they continue to help, and talk to your doctor right away if you feel your drugs have become less effective. There are options.

“One of the miracles of the last 20 years is the development of over 20 medicines that have transformed the experience of having rheumatoid arthritis,” Gross says.
MEDICATION AND LIFESTYLE CHANGES CAN EASE RHEUMATOID ARTHRITIS SYMPTOMS

By Matt McMillen
Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor

1. DON’T WAIT
Get treatment for RA right away to help prevent joint damage.

2. STAY HEART-HEALTHY
RA boosts heart disease risk, so eat well and exercise to counter it.

3. RELAX YOUR GRIP
Grasp tools and other objects as lightly as you can.

4. LOSE WEIGHT
Shed excess pounds to ease the stress on your joints.

5. DRESS FOR SUCCESS
Wear easy-to-don clothes like sports bras and laceless shoes.

6. EXPLORE ALTERNATIVES
Better medications may be available for you, so ask your doctor about options.

7. LIFT YOURSELF UP
To reduce overnight joint pain, elevate your arms or legs in bed.

8. TAKE A CLASS
Seek out exercise programs designed for people with RA.

9. BE A QUITTER
If you smoke, stop. It can worsen your RA symptoms.

10. EXERCISE CAUTION
Stay active but don’t push yourself if you feel pain or other symptoms.

EXPERT TIPS

Howard Smith, MD
rheumatologist, director, The Lupus Clinic, Department of Rheumatic and Immunologic Diseases at Cleveland Clinic

“Talk with your physician. Be involved in your treatment plan. Discuss shortand long-term goals and expectations, concerns and fears, probable outcomes, and medications. Include anything else you want to ask.”

Waseem Mir, MD
rheumatologist, Lenox Hill Hospital, New York City

“Overall, my rheumatoid arthritis patients who exercise feel better. Cardio is especially important because heart disease is very prevalent in RA patients. Exercise also eases stress, which increases disease activity, and produces chemical changes in the body that help with inflammation.”

Diane Horowitz, MD
rheumatologist, director, The Arthritis Center, Division of Rheumatology, Northwell Health, Manhasset, New York

“Join a support group for people with rheumatoid arthritis, especially if you’re feeling depressed or your RA is challenging your sense of self-worth. Your group will help keep you grounded, you’ll learn some good tips on living with RA, and you’ll make new friends.”
STATS & FACTS

By Matt McMillen
Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor

75%
Percentage of rheumatoid arthritis patients who are women.

1 in 3
Number of people with RA who fall at least once a year.

3x
Risk of having a heart attack if you have RA.

1.5 million
Number of U.S. adults estimated to have RA.

2x
Risk of depression when you have RA.

2x
Odds of bone breaks for people with RA.

33%
Percentage increased risk of RA if you are obese.

$2.2 billion
Amount spent on RA research from 2013 to 2017.

Sources:
Arthritis Foundation, American College of Rheumatology, Arthritis Care & Research, Medicine, BMC Musculoskeletal Disorders, Mayo Clinic Proceedings, Rheumatology Research Foundation, Arthritis Research & Therapy
RHEUMATOID ARTHRITIS

HOW MUCH DO YOU KNOW ABOUT RA?
TAKE THIS QUIZ TO FIND OUT.

By Matt McMillen
Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor

Rheumatoid arthritis causes your immune system to attack healthy parts of your body, particularly your joints. It has no known cause or cure, and it affects more than one million American adults. How much do you know about it?

1. As long as my joint pain is well-controlled, I'm doing fine.
   - True
   - False

2. Rheumatoid arthritis has no cure.
   - True
   - False

3. If my medications stop working, I'm out of options.
   - True
   - False

4. My RA is in remission. I can stop my medications.
   - True
   - False

5. I should exercise and be physically active despite my RA.
   - True
   - False

6. Eating right may help improve my RA symptoms.
   - True
   - False

ANSWERS:

1. False. Rheumatoid arthritis affects more than your joints. RA increases your risk of heart and lung problems. It may weaken your bones, cause uncomfortable rashes and nodules on your skin, and harm your kidneys. See your rheumatologist regularly for checkups.

2. True. RA is a chronic, lifelong disease. However, many drugs exist to relieve your symptoms and reduce the risk of complications. These include over-the-counter painkillers as well as prescription drugs, like biologics, that your doctor may prescribe.

3. False. RA—and how your body responds to it—changes over time. Such changes may require a new treatment. Talk to your doctor about switching to different medications.

4. False. Some people with RA can take a drug “holiday” during remission, but you should continue your treatment unless your doctor tells you to stop or cut back on what you take.

5. True. Aerobic workouts, like walking and biking, and weightlifting can help you maintain joint health and protect you from heart disease. Talk to your doctor or a physical therapist about the right exercise routine for you.

6. True. A nutritious diet can help reduce inflammation and high cholesterol. And, if you lose weight, you’ll put less stress on your joints. You will likely gain more energy and improve your mood as well.