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LIVING WITH

JUNE/JULY 2021

TREATMENT SMARTS:

KNOW YOUR
OPTIONS

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YOUR JOINTS

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LEARN MORE ABOUT...

Rheumatoid Arthritis

- Find Relief For RA Joint Pain
- Get Control of Your Moderate to Severe RA
- A Full-Body Approach to RA



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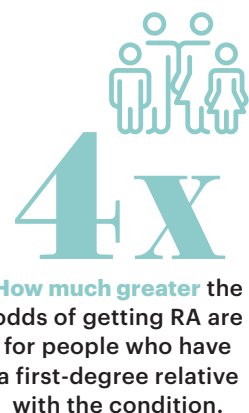
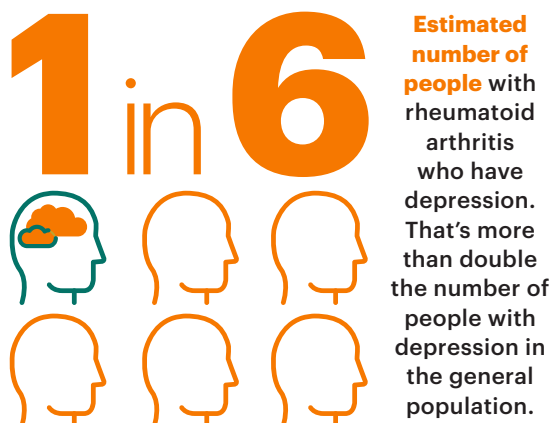
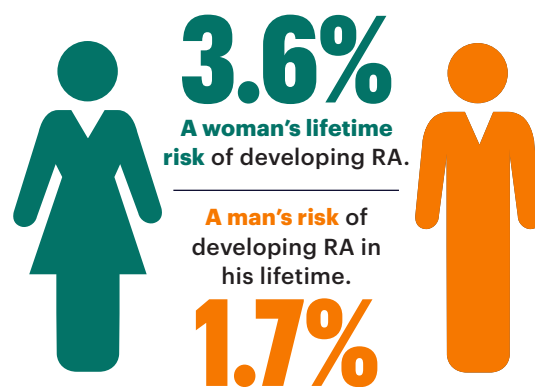
STATS & FACTS

By Sonya Collins

Reviewed by Brunilda Nazario, MD, WebMD Lead Medical Director



Number of people in the U.S. who have some form of arthritis, including rheumatoid, psoriatic, osteoarthritis, and gout.



SOURCES: CDC, Arthritis Foundation, Rheumatoid Arthritis Support Network, *Arthritis and Rheumatism*

THIS CONTENT IS CREATED AND CONTROLLED BY WEBMD'S EDITORIAL STAFF



QUESTIONS FOR YOUR DOCTOR

Lisa Zhu, MD, suggests some points you'll need to consider with your doctor when deciding on the best treatment for you.

- How severe is your disease?
- What treatments have you already tried and how did you respond?
- Do you have other medical problems including liver, kidney, heart, or lung disease, frequent infections, diverticulitis, cancer, or a history of blood clots?
- Do you have a strong preference between oral, subcutaneous injection, or intravenous infusion medications?
- Are you planning to get pregnant in the near future?

KNOW YOUR OPTIONS

THERAPIES THAT CAN HELP YOU MANAGE YOUR RHEUMATOID ARTHRITIS

By Rachel Reiff Ellis

Reviewed by Michael W. Smith, MD,
WebMD Chief Medical Director

Since rheumatoid arthritis is a disease you'll have your whole life, you need medications to control your symptoms. RA treatments can reduce joint pain and swelling, protect your joints from further damage, and greatly improve your quality of life. In fact, it's possible for medications to be effective enough that you potentially stop progression with little to no symptoms at all.

"We've made a great deal of progress with RA therapies over the past couple decades, so the outlook for patients is better than ever," says Lisa Zhu, MD,

rheumatologist at UCLA Health.

These therapies, along with a healthy lifestyle, can reduce your pain, help you move better, and improve your day-to-day living with RA.

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

DMARDs are the go-to treatment most doctors choose to slow down the progression of the disease and help save your joints from permanent damage. "These are medications that treat inflammation by suppressing your immune system," Zhu says. You take them by mouth, and they can take several weeks to months before you know if they're working.

DMARDs work best the sooner you start to take them after diagnosis. Most people tolerate DMARDs well, and are able to take them for years.

BIOLOGIC MEDICATIONS

If your RA isn't controlled with a nonbiologic DMARD, you may need to add a biologic agent to your treatment regimen to make sure your symptoms are well under control. Biologic drugs are made from complex molecules using living microor-

ganisms, plants, or animal cells. "Biologic medications work by blocking a specific component of the inflammatory process," Zhu says. You take them either by injection or IV infusion. They work best when you take them in combination with a nonbiologic DMARD.

Biologics raise your risk of infection because they can weaken your immune system. You're also at an increased risk of blood clots in your lungs. But Zhu says they're generally worth taking if they'll really help you. "Your rheumatologist will only recommend a medication if they feel the benefits outweigh the risks," she says.

MEDICATIONS TO CONTROL PAIN AND SWELLING

Drugs that act more quickly to calm inflammation and pain include corticosteroids and nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen or naproxen sodium. You can use these along with other therapies for short-term management of arthritis symptoms. They don't slow the progression of your disease.

It's important to know that while corticosteroids can work as a quick fix, the

side effects make them not ideal over longer periods. "Corticosteroids are often used to treat RA flares since they are fast-acting," Zhu says. "But long-term use can cause many side effects including increased risk of infection, high blood pressure, diabetes, weight gain, gastritis, osteoporosis and other bone problems, cataracts and glaucoma."

You may need to try multiple medications before finding the combination that works best for you. It's important to have regular follow-ups with your rheumatologist to monitor your RA status and check for medication side effects.

FOR ADULTS WITH MODERATE TO SEVERE RHEUMATOID ARTHRITIS (RA)
FOR WHOM METHOTREXATE DID NOT WORK WELL



- Swelling
- Pain or tenderness in the leg
- Sudden unexplained chest pain
- Shortness of breath
- Have a fever or stomach-area pain that does not go away, and a change in your bowel habits.

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 the possible side effects of RINVOQ.

RINVOQ is taken once a day with or without food. Do not split, break, crush, or chew the tablet. Take RINVOQ exactly as your HCP tells you to use it.

This is the most important information to know about RINVOQ. For more information, talk to your HCP.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit AbbVie.com/myAbbVieAssist to learn more.

Please see following pages for a brief summary of the full Prescribing Information.

Reference: 1. RINVOQ [package insert]. North Chicago, IL: AbbVie Inc.

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US-RNQR-210203 April 2021

YOUR MISSION:
TAKE ON RA

RINVOQ IS A ONCE-DAILY PILL THAT CAN DRAMATICALLY IMPROVE RA SYMPTOMS.

- > PROVEN TO HELP REDUCE PAIN, SWELLING, & STIFFNESS
- > HELPS STOP FURTHER JOINT DAMAGE
- > SIGNIFICANTLY REDUCES FATIGUE FOR SOME

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

USE AND IMPORTANT SAFETY INFORMATION

WHAT IS RINVOQ?¹

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 IS 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 laboratory tests can happen. Your HCP should do blood tests before you start taking RINVOQ and while you take it. Your HCP may stop your RINVOQ treatment for a period of time if needed because of changes in these blood test results.

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
- Have TB or have been in close contact with someone with TB.
- Have had any type of cancer, hepatitis B or C, 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.
- Live, have lived, or have traveled to parts of the country 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 recently received or are scheduled to receive a vaccine. People who take RINVOQ should not receive live vaccines.

- 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 SHOULD I TELL MY HCP AFTER STARTING RINVOQ?

Tell your HCP right away if you:

- Have any symptoms of an infection. RINVOQ can make you more likely to get infections or make any infections you have worse.
- Have any signs or symptoms of blood clots during treatment with RINVOQ, including:



Read articles and watch videos on how to
Get Control of Your Moderate to Severe RA
 at [WebMD.com/racontrol](https://www.webmd.com/racontrol).

LIVING WITH RA

HOW MY DIAGNOSIS PROMPTED A CAREER CHANGE FROM PHARMACIST TO AUTOIMMUNE PROTOCOL COACH

By Indira Shyju

Reviewed by Michael W. Smith, MD, WebMD Chief Medical Director

Six years ago, I was happily humming along in my busy life. I was managing full-time work as a pharmacist, health economist, and researcher, and—because my husband commuted from our house in Connecticut to his job in New York City—taking on the bulk of the care for our two young children. It was a lot, but I never felt overstressed or overwhelmed. I truly enjoyed all of it.

Then one day at work, my wrist started hurting terribly. I couldn't figure it out—I hadn't done anything to it that I could remember, certainly not something that would cause that much pain. And then I started feeling feverish. I was so unwell that I couldn't sit at my desk. I had to leave work and go home.

The next day it was still just as painful, so my husband took me to urgent care, where they told me it was tendonitis. But in my mind I knew there had to be something else going on. And sure enough, over the next few weeks that “tendonitis” spread to my shoulder, then my fingers, then my knees and my ankles.

My primary care physician told me to try taking an NSAID (nonsteroidal anti-inflammatory drug) for a month. I felt uneasy about that, because as a pharmacist, I didn't like the thought of continuing on a painkiller without knowing what my diagnosis was. I told him that rheumatoid arthritis was in my medical history—my mother had it—and asked for a referral to a rheumatolo-

gist. He was skeptical, but agreed. It was the right call. The blood work the rheumatologist did showed my CCP antibody levels were through the roof and officially diagnosed me with RA.

Although it was a relief to know what I had, the challenge of what I was facing soon sank in. I had learned some about RA when my mom was diagnosed, but as I started to learn even more about what it does to your body, I realized how little I actually understood about the disease.

My disease was severe enough that my doctor started me on the highest dose of a disease-modifying antirheumatic drug (DMARD). But I'm a fairly small person, and the side effects were terrible. So my doctor switched me to a



GETTY IMAGES



GETTY IMAGES; INSET PHOTOGRAPHY BY SHYJU KUMBALAPARAMBIL

different medication. It took away the pain, but left me incredibly weak and short of breath. Frustrated, I finally decided to stop all medication and take disability from work to travel to India and try Ayurvedic treatment. But after 3 months my symptoms were still there. I knew I needed to go back on medications—the right ones.

At this point, my knees were so badly affected that I could barely go up and down the stairs. But with the help of a new and very supportive rheumatologist, I was finally able to find a combination of two DMARDs that worked for me. In addition, I quit my job and was able to focus much more seriously on my lifestyle changes to support my health.

This was a revelation: My lifestyle

changes were helpful not only for lessening symptoms, but for helping my treatments work better, too. I had far fewer side effects this time. Three months later, the pain in my knees was gone. My rheumatologist agreed: The combination of a more relaxed schedule where I could take breaks and do yoga, pray regularly, and get outside in nature, along with a switch to an autoimmune protocol diet, had no doubt accelerated my healing.

Since then, I've become passionate about the power of nutrition. A longtime blogger, I changed the focus of my blog to nutrition and named it Cook 2 Nourish. I post paleo and low-carb recipes that help me manage my symptoms and encourage other people with RA to keep

positive and find food that gives them joy while also nourishing their body.

Since I was immersed in this new position of telling my story while sharing my love of cooking, it felt like it was the right time for me to change my profession and get formally trained in nutrition. In 2018, I became a nutrition therapy practitioner with the Nutritional Therapy Association, and just last year became a certified AIP (autoimmune protocol) coach.

In a way, I feel like I've found my RA silver lining. I never would have thought I would quit my job and pursue what I'm doing now. But in addition to helping others, I'm able to manage my health and the health of my family, all while focused on a vocation I love.



INDIRA'S TIPS

- + **Raise your loved ones' RA awareness.** Educate yourself about your disease, and then pick one or two people you care about most and help them understand it better, too. Sometimes lack of support isn't because your friends and family don't care, it's because they don't know what you're going through.
- + **Find a doctor who fits.** You want a doctor with whom you are comfortable, who will support you fully as you search for the therapies that work best for you.
- + **Explore diet and lifestyle changes.** Medications work synergistically with your lifestyle. A healthy diet and a focus on stress relief both help your treatment work more effectively. Eat well, get good sleep, practice yoga or mindfulness, pray, turn off the news—whatever it takes to help you be your healthiest.



PROTECT YOUR JOINTS

EVERYDAY TIPS TO PREVENT DAMAGE

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD, WebMD Lead Medical Director

Alongside medical treatments, joint protection is an important tool in your RA management kit. Joints that are inflamed can't put up with the same amount of stress that healthy joints can. So when you take steps to lessen tension on your joints, you help prevent inflammation and pain.

"Medications go a long way to help slow and sometimes even reverse progression of the disease, but everyday actions also play a key role," says Rashmi Maganti, MD,

assistant professor of immunology, allergy and rheumatology and medical subspecialty clinic director at Baylor College of Medicine in Houston.

Here are some purposeful ways you can support your joint health as you go about your daily activities.

BE MOVEMENT (AND STILLNESS) MINDFUL

Use good body mechanics throughout your day. In other words, support your joints as you lift, reach, type, or even sit so that you don't overextend or overuse them. "Use neutral joint positions," Maganti says. "Whatever gives you the most comfort is where you want to keep it." If you sit at a desk most of the day, support your back and feet as you sit in your chair.

When you carry something heavy, hold it close to your body. Try not to stretch or twist unnaturally to reach for objects, and use support when picking something up off the floor.



WATCH YOUR WEIGHT

The more pounds your frame supports, the more strain on your joints, especially in your lower body: hips, knees, ankles, and feet. It's possible a lower number on the scale could even translate to you needing a lower dose of your RA medication.

"Some RA medications work better with leaner body mass," Maganti says. The more body fat you have, the less effective your treatment may be. "I've seen people who've dropped 20 pounds be able to reduce the amount of medication they need," she says.

EAT FOR JOINT HEALTH

There's no one "rheumatoid arthritis diet" to follow, but you may reduce the inflammation in your body by choosing certain foods and avoiding others.

"An anti-inflammatory diet is generally along the lines of a Mediterranean diet," Maganti says. With it, you eat lots of

vegetables, fruits, herbs, nuts, beans, and whole grains and smaller amounts of poultry, fish, eggs, and dairy. Benefits include lower blood pressure, improved heart health, and potential weight loss for easing stress on joints.

EXERCISE WHEN WELL

If you're dealing with warm, inflamed joints, rest is best. But when you're feeling OK, physical activity is key for keeping limber and well. "Circulation improves when you're moving joints, and with more blood reaching them, there's a higher turnover of inflammatory chemicals," Maganti says.

You lose muscle more quickly when you have RA and are inactive, and you're also at higher odds for developing osteoporosis, a condition that causes bone loss—something that's made worse with some RA medications. Weight-bearing exercises using resistance bands or dumbbells help

build both bone and muscle, keeping you moving and independent. Focus on low-impact cardio options such as biking, swimming, and walking to strengthen your heart and keep heart disease and diabetes at bay.

USE ASSISTIVE DEVICES

Many products exist to help correct and support joints and to help make everyday tasks less challenging. "Hand grip can become an issue with RA, so tools that help open can prevent strain on those joints," Maganti says.

You can find these tools for nearly every room in your house, from tub rails to help you move steadily in and out of the shower to hands-free headsets for keeping your neck straight and hands neutral while you talk on the phone. Occupational therapists can also suggest self-help devices to support your joint health as you go about your day-to-day activities.



KNOW WHEN TO REST

Rashmi Maganti, MD, shares some signs it's time to slow down.

- + **Pain worse than baseline.** That's a protective signal that means you're doing something wrong when you're exercising or moving, and you need to stop.
- + **Long-lasting pain.** If you're still hurting an hour after exercise, for example, that's a sign you should change the movements you're doing. See your doctor if the pain or discomfort continues.
- + **Visible symptoms.** The golden rule is if it's swollen, red, or inflamed, that means a joint needs rest, and maybe also ice, splinting, or anti-inflammatories.



Read articles and watch videos on
A Full-Body Approach to RA
 at [WebMD.com/rabody](https://www.webmd.com/rabody).



EXERCISING WITH ADVANCED RHEUMATOID ARTHRITIS

WHY YOU CAN—AND SHOULD—KEEP MOVING

By Barbara Brody

Reviewed by Michael W. Smith, MD, WebMD Chief Medical Director

If your rheumatoid arthritis (RA) has advanced to the point where your range of motion is seriously limited and you're often in pain, exercise of any kind might seem like a nonstarter. But the truth is that physical activity has real benefits for everyone with RA; you just need to determine what's safe and enjoyable for you, says Christie Bartels, MD, MS, associate professor of rheumatology at the University of Wisconsin-Madison School of Medicine and Public Health.

"We recommend exercise for all our patients," Bartels says. She explains that while moving more won't undo the damage that RA has already caused, there are ample reasons to become less sedentary.

YOU'LL FEEL BETTER

People with RA who exercise regularly report an improved sense of well-being for a variety of reasons, Bartels says. "RA patients are often really burdened with

fatigue, and there are very few interventions that can help with it," she explains. "If people gradually build stamina, they can exercise enough to release endorphins, which helps reduce fatigue."

Exercise might also ease your pain a little. Bartels says you shouldn't expect a major change in your pain level, but that RA patients who participate in a regular walking program benefit from a pain-relieving effect that's similar to what you'd get from acetaminophen.

YOU'LL BE MORE LIKELY TO MAINTAIN YOUR INDEPENDENCE

Advanced RA can be debilitating, but exercise can help you stay strong longer by preserving muscle mass. People with RA who remain active are better able to function independently because they're more likely to be able to handle everyday physical activities like walking up a flight of stairs or carrying a bag of groceries.

READY, SET, MOVE!

Christie Bartels, MD, MS, associate professor of rheumatology at the University of Wisconsin-Madison, shares tips on how to safely become more active.

- **Start slow.** Walking is almost always a safe bet. "I have some patients who aim to get to the end of the block; next month they'll try to go two blocks," she says.
- **Branch out.** Bust boredom by trying something new. Explore tai chi, arthritis-adapted yoga, chair aerobics, or water aerobics.
- **Set yourself up for success.** Work with your rheumatologist to set a realistic exercise goal and be prepared to update it at your next appointment. Also, ask your doctor about any tools that might help you remain active. If you need a walker, try one with a seat so that you can rest in the middle of a walk. Not ready for a walker or a cane? Bartels recommends walking with trekking poles, which can help with stability.

YOU'LL PROTECT YOUR HEART

RA is an inflammatory disorder, and that same inflammation can damage your heart and blood vessels. Continuing to get aerobic exercise, such as walking or swimming, can help your heart as well as your joints, Bartels says.

YOU MIGHT LIVE LONGER

Research has found that older adults who are able to walk quickly tend to live longer, probably because faster folks have more muscle strength and better cardiovascular health. While you don't need to become a speed walker, "just maintaining your walking ability has a survival advantage," Bartels says.