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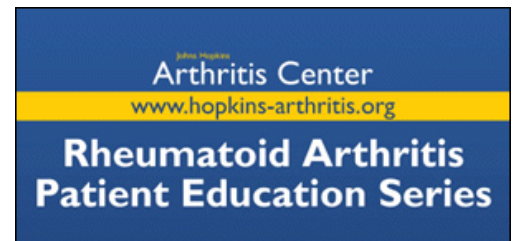
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Rheumatoid Arthritis Signs and Symptoms

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Epidemiology

Rheumatoid arthritis has a worldwide distribution with an estimated prevalence of 1 to 2%. Prevalence increases with age, approaching 5% in women over age 55. The average annual incidence in the United States is about 70 per 100,000 annually. Both incidence and prevalence of rheumatoid arthritis are two to three times greater in women than in men. Although rheumatoid arthritis may present at any age, patients most commonly are first affected in the third to sixth decades.

Clinical History

The typical case of rheumatoid arthritis begins insidiously, with the slow development of signs and symptoms over weeks to months. Often the patient first notices stiffness in one or more joints, usually accompanied by pain on movement and by tenderness in the joint. The number of joints involved is highly variable, but almost always the process is eventually polyarticular, involving five or more joints. Occasionally, patients experience an explosive polyarticular onset occurring over 24 to 48 hours. Another pattern is a palindromic presentation, in which patients describe

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If my lab results are <15.0 for my ra fact is this normal. And if not how much is it over the range. Thank you so much.

[What Is Rheumatoid Factor?](#)

85 yrs old. Recent blood work with a Rheumatoid Factor reading of 695. What is normal reading? Past few months burning & tingling in ankles & legs.

swelling in one or two joints that may last a few days to weeks then completely go away, later to return in the same or other joints, with a pattern increasing over time.

The joints involved most frequently are the proximal interphalangeal (PIP) and metacarpophalangeal (MCP) joints of the hands, the wrists, and small joints of the feet including the metatarsophalangeal (MTP) joints. The shoulders, elbows, knees, and ankles are also affected in many patients. The distal interphalangeal (DIP) joints are generally spared. With the exception of the cervical spine, the spine is unaffected.

Nonspecific systemic symptoms primarily fatigue, malaise, and depression, may commonly precede other symptoms of the disease by weeks to months and be indicators of ongoing disease activity. Fatigue can be an especially troubling feature of the disease for many patients. The pattern of symptoms may wax and wane over the course of a day and even from one day to the next. Sometimes “flares” of RA are experienced as an increase in these systemic symptoms more than discrete joint swelling or tenderness. Fever occasionally occurs and is almost always low grade (37° to 38°C; 99° to 100°F). A higher fever suggests another illness, and infectious causes must be considered, especially in patients who are taking biological therapies and immunosuppressive medications.

Morning stiffness, persisting more than one hour but often lasting several hours, may be a feature of any inflammatory arthritis but is especially characteristic of rheumatoid arthritis. Its duration is a useful gauge of the

Methotrexate Side Effects

Have recently been prescribed methotrexate tablets for RA. I'm really worried to take them as they work by dampening the immune system. Would that not leave my immune system weak to fight infections ?

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inflammatory activity of the disease. Similar stiffness can occur after long periods of sitting or inactivity (gel phenomenon). In contrast, patients with degenerative arthritis complain of stiffness lasting but a few minutes.

Physical Examination

Symmetrical joint swelling is characteristic of rheumatoid arthritis that has been persistent for a period of time. However when only a few joints are affected at the beginning of disease, symmetry may not be seen and should not preclude the diagnosis of RA. Careful palpation of the joints can help to distinguish the swelling of joint inflammation from the bony enlargement seen in osteoarthritis, with the swelling often described as being doughy or spongy in RA in contrast to firm knobby enlargement in osteoarthritis. Swelling of the PIP and MCP joints of the hands is a common early finding (**Pictured below**). Wrists, elbows, knees, ankles and MTP are other joints commonly affected where swelling is easily detected. Pain on passive motion is a sensitive test for joint inflammation as is squeezing across the MCPs and MTPs. Occasionally inflamed joints will feel warm to the touch. Inflammation, structural deformity, or both may limit the range of motion of the joint. Over time, some patients with RA develop deformities in the hands or feet. RA spares the distal joints of the fingers (DIPs) and the spine with the exception of the cervical spine (especially the atlanto-axial joint at C1-C2), which may become involved especially with longer standing disease.

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Rheumatoid Arthritis Symptoms for RA Patients



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Permanent deformity is an unwanted result of the inflammatory process. Persistent tenosynovitis and synovitis leads to the formation of synovial cysts and to displaced or ruptured tendons. Extensor tendon rupture at the dorsum of the hand is a common and disabling problem.

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