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Drug Guide: DMARDs

Disease-modifying antirheumatic drugs stop or slow the disease progress.

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What do they do?

Each disease-modifying antirheumatic drug (DMARD) works in different ways to slow or stop the inflammatory process that can damage the joints and internal organs.

Who are they for?

Doctors prescribe DMARDs for people with inflammatory arthritis who are at risk of permanent joint damage. Most of the DMARDs in this guide are approved for rheumatoid arthritis. Some are also approved for ankylosing spondylitis, psoriatic arthritis, juvenile inflammatory arthritis and lupus. Some DMARDs – for example, cyclophosphamide and mycophenolate mofetil (*CellCept*) – are reserved for people with diseases that have the potential to cause severe organ damage, such as lupus or vasculitis.

What's important to know about the drug class?

DMARDs, particularly methotrexate, are often prescribed with other DMARDs or biologics. This is called combination therapy. While DMARDs can be effective in slowing or modifying the disease process, they do not work quickly. You will need to take them consistently for weeks or even months before you notice their beneficial effects. Your doctor may prescribe an NSAID and/or corticosteroid with a DMARD, at least initially until the DMARD takes effect.

Before taking DMARDs (and any medication), always tell your doctor if you have an active infection, high blood pressure or a history of kidney or liver disease. Also talk to your doctor before getting any vaccines.

While taking DMARDs, it is important to be aware of any signs of infection – chills, fever, sore throat, painful urination, for example – and report them to your doctor immediately.

[See all DMARD drugs.](#)

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