

## RA drugs

Drugs are the basis of the treatment plan for RA. A series of protocols designed by the **American College of Rheumatology, ACR**, direct the treatment of rheumatoid arthritis in the American community. Information regarding these protocols can be found on their webpage. [American College of Rheumatology](http://www.rheumatology.org).

- **DMARDs, Disease Modifying Anti-Rheumatic Drugs** are a category of drugs that reduce the symptoms of RA and slow the progression of the disease. These drugs can not cure RA, but they can make a patient feel better and they can delay permanent damage caused by the disease. This category of drugs includes:
  - the traditional chemical drugs, like methotrexate
  - the JAK inhibitors, Janus Kinase inhibitors
  - the biologics, like Orencia and Humira
  - the biosimilars
- **NSAIDs, Non-Steroidal Anti-Inflammatory Drugs**, are a class of drugs that reduce the inflammation of RA. These drugs relieve some of the symptoms of RA, but they do not change the course of the disease. Examples are :
  - Aspirin
  - ibuprofen
  - naproxen
  - Voltarin ointment
  - prescription NSAIDs such as Mobic, Voltarin and Celebrex.

Over the counter drugs (OTC) are sometimes over-used because people think that since they are OTC, they must be safe. They are safe only if their cautions are respected. Aspirin and ibuprofen can be dangerous drugs.

- **Steroids**, like prednisone and methylprednisolone, are powerful drugs that relieve symptoms of RA. They are used to calm the symptoms of a flare. They are used as bridge therapy., calming symptoms until the DMARD starts working. They are also used to help control symptoms of severe disease.
- **Analgesics** start with ibuprofen and naproxen as noted under NSAIDs. Tramadol is a weak opiate that is frequently used for RA. Norco and Lortab are combinations of acetaminophen/hydrocodone. Acetaminophen is not

very effective when used alone for RA, but it boosts the pain relief when used with hydrocodone. Remember about a third of those with RA do not respond to RA drugs.

There was a time not far in the past when doctors started RA treatment with a NSAID like ibuprofen. DMARDs were not started until joint damage was noted. Although NSAIDs can reduce inflammation, they will not slow the progression of the disease.

**Today RA patients are started on a DMARD usually methotrexate.** Those with a milder disease might be started on hydroxychloroquine, Plaquenil. After a few months, a combination therapy might be tried. After a few months if there is no improvement, a TNF inhibitor, a biologic, might be started.

Most of the drugs for RA depress the immune system and will increase the risk of infection.

This is the **first in a series** of articles about treatment for RA. Next will be an in-depth report on the first line of treatment the traditional chemical drugs like methotrexate and Plaquenil.