



RHEUMATOID ARTHRITIS (RA)

ADALIMUMAB

UNDERSTANDING YOUR CONDITION

LEARN ABOUT EXEMPTIA

PATIENT CARE

WHAT IS RHEUMATOID ARTHRITIS?

SCIENCE AND SYMPTOMS

HOW IT IS DIAGNOSED?

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What is Rheumatoid Arthritis?

Rheumatoid arthritis is a chronic inflammatory disorder. It affects the small joints in your hands and feet. Rheumatoid arthritis typically affects the lining of joints, causing a painful swelling that may result in bone erosion and joint deformity. RA is one of the most common autoimmune disorder, occurs when your immune system mistakenly attacks your own body's tissues. RA can affect other organs of the body such as the skin, eyes, heart, kidney, lungs and blood vessels. RA can occur at any age but is usually seen in the age group of 30 to 50 years. The disorder is much more common in women than men.

Science and Symptoms

Science of RA

- > Rheumatoid arthritis occurs when your immune system attacks the synovium, which is the lining of the membranes that surround your joints.
- > The resulting inflammation thickens the synovium, which can eventually destroy the cartilage and bone within the joint.
- > The tendons and ligaments that hold the joint together get weakened and gradually, the joint loses its shape and alignment.
- > Although the exact cause is unknown, a genetic component appears likely. Environmental factors such as infection with certain viruses and bacteria may trigger the disease.

Symptoms

Signs and symptoms of rheumatoid arthritis may include:

- > Tender, warm, swollen joints
- > Morning stiffness that may last for hours
- > Firm bumps of tissue under the skin on your arms (rheumatoid nodules)
- > Fatigue, fever and weight loss

Early rheumatoid arthritis tends to affect your smaller joints first — particularly the joints that attach your fingers to your hands and your toes to your feet. As the disease progresses, symptoms often spread to the wrists, knees, ankles, elbows, hips and shoulders. In most cases, symptoms occur in the same joints on both sides of your body. Rheumatoid arthritis signs and symptoms may vary in severity and may even come and go. Factors that may increase your risk of rheumatoid arthritis include:

- > **Sex.** Women are more likely to develop rheumatoid arthritis.
- > **Age.** Rheumatoid arthritis can occur at any age, but it most commonly begins between the ages of 30 and 50.
- > **Family history.** If a member of your family has rheumatoid arthritis, you may have an increased risk of the disease.

How it is Diagnosed?

- > Rheumatoid arthritis can be difficult to diagnose in its early stages. There is no one blood test or physical finding to confirm the diagnosis.
- > During the physical exam, your doctor will check your joints for swelling, redness and warmth. He will also check your reflexes and muscle strength.
- > People with rheumatoid arthritis tend to have an elevated erythrocyte sedimentation rate (ESR), which indicates the presence of an inflammatory process in the body.
- > Other common blood tests look for rheumatoid factor and anti-cyclic citrullinated peptide (anti-CCP) antibodies.
- > Your doctor may recommend X-rays to help track the progression of rheumatoid arthritis in your joints over time.

Treatment Options

The goals of treatment are to minimize symptoms such as pain and swelling, to prevent bone deformity and improve your quality of life. Many drugs used to treat rheumatoid arthritis have potentially serious side effects. Doctors typically prescribe medications with the fewest side effects first. You may need stronger drugs or a combination of drugs if your disease progresses.

The drugs commonly used to treat RA are:

- > **NSAIDs**
- > **Corticosteroids.**
- > **Disease-modifying antirheumatic drugs (DMARDs):** These drugs can slow the progression of rheumatoid arthritis and save the joints and other tissues from permanent damage. Common DMARDs include methotrexate, leflunomide, hydroxychloroquine and sulfasalazine. Side effects vary but may include liver damage, bone marrow suppression and severe lung infections.
- > **Biologic agents:** This newer class of DMARDs, also known as biologic response modifiers can target parts of the immune system that trigger inflammation that causes joint and tissue damage. Biologic DMARDs are usually most effective when paired with a nonbiologic DMARD, such as methotrexate. EXEMPTIA (adalimumab) is a biologic disease-modifying anti rheumatic drug, also called a biologic DMARD, or simply biologic which blocks TNF- α which causes inflammation and tissue damage.

INFORMATION FROM ZYDUS

- > About Zydus
- > Zydus Innovation programme
- > Adalimumab
- > Adalimumab Biosimilar
- > Adverse Event Reporting
- > Site Map

IMPORTANT LINKS

- > Healthcare Professional Site
- > Exemptia™ Care – Patient Support Programme
- > Important Safety Instructions
- > Medication Guide
- > Prescribing Information

CONDITIONS

- > Rheumatoid Arthritis (RA)
- > Ankylosing Spondylitis (AS)
- > Psoriatic Arthritis (PsA)
- > Juvenile Idiopathic Arthritis (JIA)
- > Plaque Psoriasis
- > Hidradenitis Suppurativa (HS)
- > Crohn's Disease & Ulcerative Colitis (CD & UC)
- > Uveitis (New)

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