RHEUMATOID ARTHRITIS

What's the issue?

"Rheumatoid arthritis is a long-term condition that causes pain, swelling and stiffness in the joints. The hands, feet and wrists are commonly affected, but it can also cause problems in other parts of the body. There may be periods where your symptoms become worse, known as a flare-up or flare. A flare can be difficult to predict, but with treatment it is possible to decrease the number of flares and minimise or prevent long-term damage to the joints. Diagnosing rheumatoid arthritis quickly is important because early treatment can help stop the condition getting worse and reduce the risk of further problems such as joint damage. Rheumatoid arthritis is an autoimmune disease. This means that your immune system – which usually fights infection – attacks the cells that line your joints by mistake, making them swollen, stiff and painful. Over time, this can damage the joint itself, the cartilage and nearby bone. It's not clear what triggers this problem with the immune system, although you are at an increased risk if you are a woman, you have a family history of rheumatoid arthritis, or you smoke. Rheumatoid arthritis affects around 400,000 people in the UK. It can affect adults at any age, but most commonly starts between the ages of 40 and 50. About three times as many women as men are affected. Whilst there is no cure, medication can relieve symptoms, supportive treatments such as physiotherapy and occupational therapy can keep people mobile and help people find ways around any problems with daily activities, and surgery can correct any joint problems that may develop. Having rheumatoid arthritis can lead to several other conditions that may cause additional symptoms and can sometimes be life-threatening. Possible complications include carpal tunnel syndrome, inflammation of other areas of the body (such as the lungs, heart and eyes), and an increased risk of heart attacks and strokes” [306].

What’s our situation?

For 2015/16, the prevalence of diagnosed rheumatoid arthritis was 0.86% among those aged 16+ years which was the second highest among comparator areas (which ranged from 0.63% to 0.85% except for Wolverhampton at 1.00%) [93]. A total of 2,067 patients aged 16+ years were on the GP disease register. There was no association between the diagnosed prevalence and deprivation. Rheumatoid arthritis is a relatively new measure included on the GP disease registers, so it is possible that the numbers will increase as registers are updated over time.

For more detailed information, see the JSNA Toolkit: General Health, Disabilities and Caring report.

What are the strategic needs?

People already diagnosed with rheumatoid arthritis should attend their annual reviews so that they get the best on-going treatment for their condition.

People should be aware that symptoms can be relieved by medication, and supportive treatments are available to help lead full lives and continue regular employment (if applicable). Furthermore, people should be aware that there can be complications of rheumatoid arthritis, so should be encouraged to visit their doctor if they have symptoms of rheumatoid arthritis.

References


Public Health Sciences, Hull City Council; NHS Hull Clinical Commissioning Group