

10 COMMON RA MYTHS

The following Rheumatoid Arthritis myths are commonly repeated as facts. Repeating such myths has unfortunate consequences for people living with Rheumatoid Disease and contributes to inadequate medical care, scanty disease research, and insufficient vocational accommodations. While some contain an element of fact, these statements are not entirely true.

1. There is an RA test.

Currently, there is no test capable of determining whether Rheumatoid Disease is present or active.

2. Rheumatoid Arthritis starts in the hands.

Frequently, the first symptom of RA is noticed in joints other than hand joints, or in an extra-articular (non-joint) part of the body.

3. Disability, extreme pain, or permanent damage occurs *eventually*.

While disease onset is heterogeneous, RA often begins with sudden severe symptoms or with unremitting disease activity. Disability can be immediate and damage may occur quickly.¹

4. RA tends to flare occasionally.

Patterns of disease activity are extremely diverse. Although some people experience a flaring-remitting disease pattern or even periods of remission, others experience unrelenting disease activity.²

5. Affected joints always look noticeably different.

It is not always obvious to the naked eye which joints are involved although they may sometimes appear swollen, red, or warm. Membranes around joints or tendons can be inflamed, creating pain, weakness, stiffness, or other symptoms which may only be visibly observed by expert use of imaging such as MRI or musculoskeletal ultrasound. Damage can occur to bone or cartilage without obvious perceptible change.

6. Treatments relieve all symptoms.

Unfortunately, few patients experience complete relief from disease treatments,³ and therefore most rely upon symptom treating medications as well. In a large survey, only 8% of respondents diagnosed with RA stated that their symptoms were completely relieved by DMARD or biologic treatments, while 36% stated that they continue to live with a lot of symptoms regardless of *any* medicines. Eighty percent of patients reported sometimes having low-grade fevers, and 99% reported sometimes experiencing RA-related fatigue.⁴ In another large study, 75% of respondents were currently taking pain relief medications, and a high proportion still reported experiencing daily pain (72%).⁵

7. **Healthy living can help prevent developing RA.**

There is nothing yet known that a person can do to prevent developing Rheumatoid Disease. Smoking is the only behavior that may be associated with an increased risk; however, many people develop RD without ever smoking.

8. **RA is a disease of the elderly.**

Rheumatoid Disease tends to strike young people during their most active years. The average age of onset is 40, and many young people and children are also affected. According to the Centers for Disease Control and Prevention “RA can begin at any age.”⁶ Similarly, the American College of Rheumatology says, “RA can start at any age.”⁷

9. **It’s a type of arthritis.**

The name “Rheumatoid Arthritis” causes an unfortunate misperception that there is some type of association between Rheumatoid Disease and “arthritis,” or what has recently been called *osteoarthritis*. RD is a systemic disease of which joint inflammation (arthritis) is a symptom.

10. **That various aspects of the disease are comorbidities.**

Manifestations of Rheumatoid Disease can include synovitis, bursitis, tendonitis, iritis, scleritis, uveitis, pleuritis, pericarditis, gastritis, vasculitis, laryngitis, and other “itises” because systemic inflammation can have numerable and diverse consequences. RD can cause Sjögren's syndrome, Rheumatoid heart disease, neuropathy, carpal tunnel syndrome, Rheumatoid pulmonary disease, nodules on the skin or various organs, cachexia, Raynaud’s phenomenon, osteoporosis, or other problems which should be regarded as part of the disease process, and not comorbidities.⁸

FOOTNOTES

¹ Young K. When eventually is now: the rheumatoid time warp. Rheumatoid Arthritis Warrior [Internet]. 2012 Nov 28 [cited 2013 May 28]. Available from: <http://rawarrior.com/when-eventually-is-now-the-rheumatoid-time-warp/>

² Young K. Courses of Rheumatoid Arthritis. Rheumatoid Arthritis Warrior [Internet]. 2010 Mar 30 [cited 2013 May 28]. Available from: <http://rawarrior.com/courses-of-rheumatoid-arthritis/>

³ Grigor C, Capell H, Stirling A, McMahon AD, Lock P, Vallance R, Kincaid W, Porter D. Effect of a treatment strategy of tight control for rheumatoid arthritis (the TICORA study): a single-blind randomised controlled trial. *Lancet*. 2004 Jul 17-23 [cited 2013 25];364(9430):263-9. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/15262104>

⁴ Rheumatoid Patient Foundation [Internet]. Unmasking rheumatoid disease: the patient experience of rheumatoid arthritis. A white paper from the Rheumatoid Patient Foundation. 2013 Apr 20. Cited 2013 Mar 28]. Available from: <http://rheum4us.org/wp-content/uploads/2013/04/Unmasking-Rheumatoid-Disease-The-Patient-Experience-of-Rheumatoid-Arthritis-White-Paper.pdf>

⁵ Strand V, Emery P, Fleming S, Griffin C. The impact of rheumatoid arthritis (RA) on women: focus on pain, productivity and relationships [abstract]. *Arthritis Rheum* [Internet]. 2010 [cited 2013 Mar 24];62 Suppl 10:1063. Available from: <http://www.blackwellpublishing.com/acrmeeting/abstract.asp?MeetingID=774&id=89712> doi: 10.1002/art.288302012

⁶ Rheumatoid Arthritis [Internet]. Centers for Disease Control and Prevention. 2012 Nov 19 [cited 2013 May 28]. Available from: <http://www.cdc.gov/arthritis/basics/rheumatoid.htm>

⁷ Rheumatoid Arthritis [Internet]. American College of Rheumatology. 2011 Dec 23 [cited 2013 May 28]. Available from: http://www.rheumatology.org/practice/clinical/patients/diseases_and_conditions/ra.asp

⁸ Young K. Can we treat the whole person or at least the whole disease? Rheumatoid Arthritis Warrior [Internet]. 2012 Feb 24 [cited 2013 May 28]. Available from: <http://rawarrior.com/can-we-treat-the-whole-person-or-at-least-the-whole-disease/>

MORE INFORMATION ON RHEUMATOID ARTHRITIS

[Rheumatoid Arthritis Factsheet](#) - Basic facts about RA help explain why the disease is different from “arthritis”

[Rheumatoid Heart Disease Facts](#) - 20 Specific findings about the history and distinctiveness of the heart disease of Rheumatoid Arthritis

[The 10 Fundamentals of Rheumatology Care for Rheumatoid Patients](#) - 10 critical needs of Rheumatoid patients, with documentation

[The RA Onset Story project](#) - 150+ stories from patients in their own words

[RA 101](#) - Basic Rheumatoid Arthritis information for patients

REPORT OF RHEUMATOID PATIENT FOUNDATION SURVEY OF 1465 RA PATIENTS:

[Unmasking Rheumatoid Disease: The Patient Experience of Rheumatoid Arthritis, a white paper from the Rheumatoid Patient Foundation](#)

- [How many people really have Rheumatoid Arthritis?](#)
- [The official ribbon for Rheumatoid Disease!](#)
- [February 2nd is Rheumatoid Awareness Day - RPF press release](#)
- [7 Common Rheumatoid Arthritis effects wrongly assumed to be atypical](#)
- [5 Reasons Rheumatoid Disease Is a Better Term than Rheumatoid Arthritis](#)
- [7 Key Questions & Answers on Rheumatoid Arthritis](#)