



# Health Awareness

## Lesser-Known Arthritis Plagues Millions

(NAPSA)—Researchers are working on ways to bring relief to people with two of the most common types of arthritis: osteoarthritis and rheumatoid arthritis.

Many Americans are all too familiar with osteoarthritis—the pain and stiffness that can creep into one’s joints as you grow older. Many people, however, don’t know about rheumatoid arthritis, or RA, the type that can be more debilitating and painful and requires lifelong medication. RA is different from the better-known osteoarthritis, which occurs when joints wear down and grind together.

RA is an autoimmune disease in which the immune system mistakenly attacks the joints, causing considerable inflammation and irreversible destruction of cartilage, tendons and bones. RA affects more than 2 million Americans, predominantly women, and often those in their 20s and 30s.

With symptoms such as pain, swelling and exhaustion, women with early signs of RA may think they’re just overworked or over-extended. The experts behind National Arthritis Month seek to raise awareness about arthritis and get the full story out on the lesser-known condition—RA.

### OA vs. RA:

#### What’s The Difference?

RA, like other autoimmune diseases, can be unpredictable, striking young people as well as old. As a systemic disease, RA can also affect other tissues and organs such as the lungs and eyes, and may lead to cardiovascular and pulmonary complications.

RA can cause disfigurement of the hands and other joints and can make even small tasks—such as getting dressed or tying shoe-

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**Doctors may have a new way to relieve symptoms of rheumatoid arthritis.** 

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laces—impossible. In more severe cases of RA, life expectancy can even be shortened by 10 to 15 years.

### What Are The Symptoms of RA?

Common RA symptoms include inflammation of the joints, swelling, fatigue, stiffness and pain. Patients may also experience loss of appetite, low-grade fever, anemia and/or lumps (nodules) under the skin.

Annette Medina, now a busy 70-year-old grandmother, was first diagnosed with RA as a young mother at age 24. She first noticed pain and inflammation in the joints of her hands and then the symptoms began to move into her legs and back. At times, Medina’s symptoms were so severe that she needed help doing simple, everyday tasks like bathing.

### How Is RA Treated?

Though the causes of RA are unknown, recent scientific research provides insight into what may be happening when the body inappropriately attacks the joints. The choices for the first line of treatment for RA are nonsteroidal anti-inflammatory drugs (NSAIDs), which reduce pain and joint inflammation, and disease-modifying anti-rheumatic drugs (DMARDs). People who don’t respond to these treatments are treated with tumor necrosis factor antagonist drugs (anti-TNFs), which target a special immune system cell called a T cell that may be involved in the immune response in RA.

However, another immune cell called a B cell may also play an

important role in RA. A prescription therapy that targets this cell is now available for adult patients who have not responded adequately to anti-TNF therapies.

For Medina, this prescription treatment, called Rituxan®, helps control her symptoms so she can enjoy activities like playing with her grandchildren. Medina says, “I’m able to focus on living my life and enjoying my grandchildren rather than living each day focused on the pain from my RA.”

More than 1 million treatments of Rituxan have been given over a period of nine years. Rituxan first received FDA approval in November 1997 for the treatment of certain B cell non-Hodgkin’s lymphomas, and in February 2006, Rituxan received FDA approval in combination with methotrexate to reduce signs and symptoms in adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more TNF antagonist therapies.

### Learn More

Rituxan can cause serious side effects, some of which may be life threatening, such as tumor lysis syndrome and viral infections, including progressive multifocal leukoencephalopathy (PML).

Individual responses to treatment may vary and only you and your doctor can decide what’s best for you. Rituxan is given only by a health care professional. If you have any questions about Rituxan, be sure to contact your doctor.

For more information on RA, or a copy of the Rituxan full prescribing information, including Boxed Warning, call (877) 474-8892 or visit [www.rituxan.com](http://www.rituxan.com).