

What is reactive arthritis?

Reactive arthritis is a general term covering a wide range of joint inflammation and other symptoms that occur after a viral or bacterial infection. Reactive arthritis develops a few days or weeks after the infection or virus has cleared. For a minority of people, no cause can be identified. It is usually temporary, lasting for a few months. Once triggered the arthritis will last its course.

Reactive arthritis can be caused by many infections. In the past, food poisoning and sexually acquired infections were recognised to cause what was called Reiter's syndrome. Nowadays other causes are recognised such as Streptococcal throat infection, glandular fever or viral flu.

Reactive arthritis is not caused directly by an infection in the joints. Joint inflammation is a reaction to an infection elsewhere in the body. While the main symptoms are: inflamed and painful joints, there may be inflammation and sticky discharge from the eyes, and inflammation and discharge from the urethra – the tube that carries urine from the bladder.

Reactive arthritis is most common in men aged 20 to 40. It affects about five in every 100,000 people. It develops in people who are susceptible when the immune system over-reacts to the initial infection and attacks the body. The joints are most commonly affected, but the eyes and skin can also be affected.

The severity of reactive arthritis varies widely – from joint swelling, mild fever and a few weeks of discomfort, through to more severe symptoms lasting 12 months or more. The severity of the initial infection is not related to the severity of the arthritis.

REAL LIFE STORIES

‘ After I had food poisoning, I had about nine months of never feeling quite right, sometimes worse than others. I then had a course of antibiotics and within three weeks the joint pains started. It felt like I had sprained my wrist, and then it went to both knees and my feet. I also had mouth ulcers and severe flu-like symptoms. I could not walk to my local shop that was nine doors from my house. Painkillers and steroids did not seem to make much difference, and no one seemed to know much about reactive arthritis.

I was eventually sent to a specialist centre in London where I started on a combination of drugs. They took about three months to kick in and then I started to feel much better. During the next year I slowly built up my stamina and strength in my muscles and joints. I began to be able to do everyday tasks again. ’

How will it affect me?

You might experience symptoms very quickly but more usually they develop over a few days or longer. Even without a clear diagnosis, it can be a shock to get ill, and find out it will be a few months before you could recover. When the joint inflammation is active, it may make you feel tired and generally unwell.

Symptoms come in five groups

Joints and tendons: The joints affected will vary - hips, knees, ankles, feet and toes are the most commonly affected and become swollen and painful (especially fingers and toes). Tendons can become inflamed, particularly the Achilles tendon at the back of your ankle. Low back and buttock pain often occur. Your wrists, fingers and elbows can also be affected.

Eyes: These can become red and inflamed, with a mucus discharge (conjunctivitis). More seriously, the inner eye can become inflamed, causing pain and blurred vision. It is important to detect and treat this early.

Genitourinary (penis or vagina/urethra): giving rise to discharge and/or rash on the penis.

Skin: Patches of scaly skin rashes sometimes develop over your hands or feet.

Whole body: Fever, weight loss, diarrhoea, feeling like you have the flu, and mouth ulcers often occur with the other symptoms.

What is the outcome?

For most people, reactive arthritis will last from two to 12 months. You will probably be able to start returning to normal activities after three to six months. There is usually no lasting joint damage. Once symptoms start to ease, they often come and go, with some days better than others. You can also have periods where symptoms go away completely and then come back. A small minority of people will develop long-term arthritis and require the same treatment as for inflammatory arthritis.

Relapses can be caused by another similar infection so it is important to reduce the risk of food poisoning and sexually transmitted diseases as much as possible. A child with reactive arthritis is not at greater risk of developing other forms of arthritis as an adult.

What is the treatment?

Antibiotics can be used to treat the initial infection. The arthritis can be treated by one or more of the following drugs.

- **Non-steroidal anti-inflammatory drugs (NSAIDs).** Ibuprofen (Nurofen) and diclofenac (Voltaren, Voltarol and many more) are used at first to reduce inflammation and pain.
- **Steroids.** These can quickly suppress inflammation if it is severe. They can be injected directly into the joints if only a few are affected, or given orally if many joints are inflamed. While steroids are very effective at reducing pain and inflammation, they have side effects if used long-term.
- **Disease-modifying anti-rheumatic drugs (DMARDs).** These include methotrexate and sulphasalazine which can be used if the symptoms are severe and last more than a few months.

What can I do to help myself?

- Your joints may need to be rested when the pain and inflammation is most severe.
- Wrist splints and shoe insoles may be helpful in the short-term.
- Ice packs and heat pads, sometimes used alternatively, can help to relieve joint pain and swelling.
- Find the medication that works best for you can take time. If you are worried about side effects or are concerned that it is not working, ask your doctor for something different.
- Learn to manage fatigue by listening to your body so you know how much you can do before your symptoms get worse.
- Pace yourself and find ways to conserve your energy.
- Learn relaxation exercises to help to reduce pain and improve sleep.
- Find support from other people with similar problems on the Arthritis Care online discussion forum.
- Help your family and friends to understand how reactive arthritis affects you, for example, by giving them this factsheet.
- Eat a simple but healthy diet rich in fresh fruit and vegetables.
- Exercises will help to strengthen muscles and keep the joints moving once the severe inflammation has subsided. It is important to get moving as soon as you can.
- Stretching exercises are important for regaining flexibility. You can learn how to do them from a physiotherapist, self-help books or CDs, or take up a form of exercise such as yoga or tai-chi. Arthritis Care has a very practical booklet about exercise.
- Swimming in a heated pool is especially good because the warm water can soothe and support your body at the same time.
- Adapt your work to shorter hours, change to something less demanding, and make sure your workstation is comfortable. It can be important for your state of mind to keep working if you can.

Exercising may be difficult at first and make you feel tired. Just do a small amount to begin with and gradually build up – don't overdo it. Starting with 10 minutes a day can help.

Who will I see?

The first person to see is your GP. Make detailed notes of your symptoms because there are some clues that might point to reactive arthritis, especially if you can remember any infection in the weeks before, however mild.

Because reactive arthritis is quite rare and the symptoms quite general, you may need to press for a diagnosis or a referral to a rheumatologist. Physiotherapy can be very helpful for moving the affected joints and strengthening the muscles.

Is it hereditary?

People with a gene called HLA-B27 may be more susceptible to developing reactive arthritis. About three-quarters of those who develop reactive arthritis have this gene.

Where can I get more information and support?

Arthritis Care is the UK's largest voluntary organisation working with and for all people with arthritis.

Our publications are just one of the many services Arthritis Care provides. These include a confidential helpline, self-management and awareness training, information for people with arthritis and health professionals, and local activity and support. We also campaign locally and nationally to help change attitudes and laws and to ensure people with arthritis have access to the treatments and services they need and deserve.

Our factsheets are reviewed every 18 months. Please check our website for up to date information and reference sources or call 020 7380 6577.

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Note

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Contact us

For confidential information and support,
contact the Arthritis Care Helpline

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