Medication for your arthritis
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IF YOU HAVE ARTHRITIS, you will probably be taking some kind of medication, both to keep your arthritis under control and to help manage pain. This short guide will give you the key facts about the main drug types, and about some of the drugs that can benefit anyone with arthritis, to help you better understand your drug treatment.

What do you think of this booklet?
Email us at reviewing@arthritiscare.org.uk with your thoughts – we would really like to hear from you.
For most people with arthritis, taking medication is a fact of life. Many drugs can be extremely effective in reducing the pain and symptoms of arthritis, and some – if you have an inflammatory type of arthritis – can slow down the progression of the condition.

It can sometimes be difficult to accept that you need medication for your arthritis – and in many cases, this can be long term. It is important that you feel in control of your medication and can discuss what works best for you with your doctor or others in your health team. Understanding the types of drugs available, and being well informed about those that you are prescribed and how they work, can help you be more in control.

It is important to remember that any drug can have side effects. The benefits will usually outweigh the negatives, but always discuss any medication plan with your doctor.
There are two main families of drugs used by people with arthritis, and your doctor may prescribe a combination. They are:

- **drugs that control the symptoms of your condition.** These are used to treat most types of arthritis, including osteoarthritis and rheumatoid arthritis, and they alleviate specific symptoms such as pain, swelling and stiffness. They include painkillers and non-steroidal anti-inflammatory drugs (NSAIDs).

- **drugs that affect the condition itself.** These drugs affect the progression of the condition – for example by suppressing the immune system in rheumatoid arthritis. They include disease-modifying anti-rheumatic drugs (DMARDs) and corticosteroids (steroids). These drugs can also control symptoms. Biologics are a newer class of drug, which include anti-TNFs. These target the damaging chemicals in certain forms of inflammatory arthritis. They are used when other treatments have not been successful.

An autoimmune condition is one in which the immune system – the body’s own defence system – attacks rather than protects the body.
The four main types of drug

Drugs used in the treatment of arthritis can be grouped into four main types:

1 Painkillers (analgesics)
   see pages 7–8
2 Non-steroidal anti-inflammatory drugs (NSAIDs)
   see pages 9–11
3 Disease-modifying anti-rheumatic drugs (DMARDs) and biologic drugs (including anti-TNFs)
   see pages 12–18
4 Corticosteroids (steroids)
   see pages 19–21.

The type of drugs you are prescribed will depend on your particular needs. Over the following pages, we will explain each of these types, before providing more detail on pages 24–31 about specific drugs.
Painkillers (analgesics)

paracetamol

How do they work?

When we experience injury or illness, our body’s natural healing process involves the production of certain chemicals that cause pain, fever and inflammation. Painkillers block our response to these chemicals, relieving pain and bringing down a high temperature. Unlike NSAIDs (see page 9), analgesics do not reduce inflammation.

How are they taken?

Painkillers are usually taken orally in tablet, capsule or soluble form, or can be given by injection. Slow-release painkilling patches are also available, which are put directly on the skin and last anywhere from three to seven days. Patches are not widely prescribed, but may be used by people whose pain is not adequately managed with NSAIDs or other analgesics.
What you should know

Painkillers come in varying strengths and are used specifically to relieve pain. Paracetamol is a readily available painkiller that you can buy at any chemist. It is the simplest and safest painkiller – providing you follow the correct dosage instructions – and it is often the best over-the-counter medicine to try first.

Some anti-inflammatory drugs, such as aspirin and ibuprofen, can also be used as painkillers in low doses, but they act in a different way (see opposite).

Alway take painkillers as directed and do not exceed the stated dose. Possible side effects of stronger types of painkillers include nausea, vomiting, drowsiness, constipation and occasionally breathing difficulties. These medicines may also become less effective if used long term.
Non-steroidal anti-inflammatory drugs (NSAIDs)

ibuprofen; diclofenac; aspirin / Cox-2 inhibitors:
celecoxib (Celebrex) and etoricoxib (Arcoxia)

How do they work?

Inflammation is part of the body’s response to injury and normally helps with the healing process. However, in joints affected by inflammation, especially with rheumatoid arthritis, it is the inflammation itself that causes the problems. NSAIDs relieve pain and stiffness, reducing inflammation on the joint lining. They also help to lower a high temperature.

NSAIDs are the most common of all drugs used to treat arthritis. They are often taken alongside painkillers (see page 7).

How are they taken?

NSAIDs are usually taken orally, but are also available as creams or gels to rub onto the skin over painful areas. They may also be prescribed in suppository form. Some

Always ask your doctor or pharmacist about which treatment is suitable for you, about side effects and any other concerns you may have.
types must be taken several times a day, while others – for example, some types of diclofenac – have a slow-release action and only need to be used once a day. A low dose is usually prescribed at first and increased if necessary.

**What you should know**

Most people who take NSAIDs do not experience any problems, but as with all medicines, there can be side effects. These can include heartburn, indigestion, stomach or bowel problems, peptic ulcers (see opposite) or allergic reactions such as rashes or wheeziness. The risk of any side effect is reduced by taking the lowest dose for the shortest period of time, and you can also help minimise side effects by making sure you take the tablets with or after meals, never on an empty stomach, and by avoiding alcohol and not smoking.

Before taking any NSAID, talk to your doctor, particularly if you have a history of stomach problems, asthma, or an allergy to aspirin (if you are allergic to aspirin you could also be allergic to NSAIDs). The current medical advice is
The four main types of drug

**Ibuprofen** is widely available and valued for its effectiveness in relieving pain and reducing inflammation.

that anyone who has had a stroke or heart trouble should not take NSAIDs. A newer type of NSAID (Cox-2 inhibitors) is designed to be safer for the stomach. However, both the older NSAIDs and the newer Cox-2 inhibitors may slightly increase the risk of stroke or heart trouble, particularly when the drugs are used at higher doses for prolonged periods of time.

If your condition is controlled with DMARDs (see page 12), you may not need to take NSAIDs.

**Anti-ulcer drugs**

Peptic ulcers are a common complication of the treatment of arthritis. NSAIDs, alcohol and smoking can all irritate the stomach lining, causing an ulcer to form. Ulcer-healing drugs such as misoprostol (Cytotec), lansoprazole (Zoton) and omeprazole (Losec) are sometimes prescribed to be taken with NSAIDs. These drugs reduce the production of acid in the stomach, helping the ulcer to heal. Some NSAIDs are also available already combined with an anti-ulcer drug. For example, diclofenac sodium combined with misoprostol is called Arthrotec.

As with all medications, if you develop any new symptoms you should discuss these with your doctor immediately.
Disease-modifying anti-rheumatic drugs (DMARDs)

There are two types of DMARD:
• conventional DMARDs
• biologic drugs (see page 15).

Conventional DMARDs

methotrexate; sulfasalazine; hydroxychloroquine; mycophenolate

How do they work?

Unlike analgesics or NSAIDs, which treat the symptoms of a condition, DMARDs act on the condition itself. They are used in the treatment of disorders caused by an immune system problem (known as autoimmune conditions), such as rheumatoid arthritis or psoriatic arthritis. DMARDs are often effective where using NSAIDs on their own is not.

In an autoimmune condition, the immune system attacks rather than protects the body. It is this attack that causes damage to the joints in rheumatoid arthritis, for example. DMARDs calm down this immune system activity to stop
this attack and prevent further damage. This reduces the risk of long-term pain, loss of function, or other long-term complications associated with having an active condition for long periods.

**How are they taken?**

DMARDs are usually given in tablet or capsule form, but some may be administered by injection.

**What you should know**

DMARDs can take several weeks to start working, so it is important to keep taking them even if you do not experience any benefits straight away. It can take weeks or even months for their full effect to be felt.

As with all medications, there can be side effects, but these are hard to predict, as they will vary depending on the individual, the condition, and the particular drug taken. Your doctor will discuss potential side effects with you and answer any questions you may have.
Because DMARDs affect your immune system, you may be more susceptible to infection and other side effects. Tell your doctor or rheumatology nurse immediately:

- if you develop a sore throat, fever, bruising, bleeding or any other new symptoms, or
- if you come into contact with anyone who has a highly infectious illness, such as chickenpox or shingles, or if you develop these conditions.

The Department of Health recommends anyone taking immunosuppressants and steroids to have annual flu and pneumonia vaccinations. But some other vaccinations can be dangerous, so it is very important to discuss immunisation with your GP before starting any immunosuppressant medication.

Other things to be aware of:

- DMARDs can have higher levels of toxicity than NSAIDs, so you will usually have regular blood tests to detect and prevent any damaging side effects.
- Active arthritis can affect fertility and some DMARDs can be unsafe in pregnancy, so it is important to get advice from your doctor before starting any treatment.
Biologic drugs

How do they work?

Biologic drugs are a more recent development and tend to work more quickly than conventional DMARDs. Biologic drugs specifically target certain cells and chemicals that play a key role in the body’s autoimmune response.

Anti-TNFs

etanercept (Enbrel); infliximab (Remicade);
adalimumab (Humira); golimumab (Simponi);
certolizumab pegol (Cimzia)

In some forms of arthritis, the body produces too much of the protein TNF, which causes inflammation and pain, and can damage the bones and joints. Anti-TNFs suppress the action of this protein, thereby reducing the inflammation.

Anti-TNFs are a type of biologic drug. They are not suitable for everyone, but can be used by people with

‘TNF’ is short for tumour necrosis factor.
**Biosimilars**

Biosimilars are drugs similar to anti-TNFs, which have been approved for use in the UK. These are drugs that are similar in terms of quality, safety and effectiveness. An example is Remsima, which is a biosimilar of Remicade.

Biologic drugs are prepared from living organisms. For example, a serum or a vaccine is a biologic drug.

Severe rheumatoid arthritis, ankylosing spondylitis or psoriatic arthritis, who have not responded well to other disease-modifying drugs by themselves. Biologic drugs are usually most effective when used along with DMARDs, such as methotrexate, although there are exceptions.

For cost and other reasons, the use of anti-TNFs is governed by strict guidelines from the National Institute of Health and Care Excellence (NICE) which have to be followed in assessing who can be treated. These include having had an inadequate response to two DMARDs. Ask your rheumatologist whether you could be a suitable candidate.

The NICE approval process looks at the best way to treat a condition, both in terms of effectiveness and cost, and applies to England and Wales. It can be extremely difficult for medical practitioners to persuade funders to pay for certain treatments before they are NICE-approved. Decisions in Northern Ireland usually take NICE’s lead. The equivalent body in Scotland is the Scottish Medicines Consortium (SMC).
Other biologic drugs

- rituximab (MabThera);
- abatacept (Orencia);
- tocilizumab (RoActemra)

There are other biologic drug treatments available for people with inflammatory arthritis who have not responded to anti-TNF treatment.

What you should know

All biologic drugs can make you more prone to infections, although their benefits usually outweigh any risks.

Because these drugs are relatively new, long-term effects are not known. Many people being treated with biologic drugs have joined a biologics register to record the progress of their treatment and any side effects, so that their long-term safety can be studied.
If you are taking biologic drugs and you are thinking of becoming pregnant or fathering a child, speak to your doctor. You may need to stop taking your medication for a while.

**Eligibility for treatment with biologic drugs**

If you have rheumatoid arthritis, to be eligible for treatment with biologics, you will need first to have tried a conventional DMARD. For ankylosing spondylitis, you do not need to have tried a conventional DMARD. However, you will usually take methotrexate with a biologic drug because it makes these more effective.
Corticosteroids (steroids)

- hydrocortisone; triamcinolone; prednisolone; methyl prednisolone

**How do they work?**

Corticosteroids (steroids) are powerful drugs that can be very effective in reducing inflammation and controlling the body’s response to inflammation.

**How are they taken?**

For arthritis, steroids are taken in three main ways:

- As an injection to control specific areas of inflammation and reduce pain. Often combined with a local anaesthetic, the steroid is injected into or near a joint. The effects of the treatment normally start within one or two days and the benefits can last from a few weeks up to several months.
- As an injection, but not in a particular place – for example, in rheumatoid arthritis for a general flare-up on an occasional basis.

Note that the steroids prescribed for the treatment of arthritis are not the same as those sometimes used by athletes.
• As tablets usually taken daily to reduce more widespread inflammation and to damp down the normal attack response of the body’s immune system.

**What you should know**

Although steroid tablets can be highly effective, they are known to produce side effects if taken over long periods or in high doses. Your doctor will always try to give you the lowest possible dose of steroids for the shortest possible time, and will monitor you carefully while you are taking them. This is to guard against some of the potentially serious side effects of long-term use, such as weight gain, high blood pressure, osteoporosis, diabetes and mood swings.

If steroids are lost from the body – from vomiting or diarrhoea, for instance – you should consult your doctor.
It can be very dangerous to suddenly stop taking steroids or to alter your dose unless agreed with your doctor. Ask your doctor or pharmacist for a steroid card, recording which steroid you are on and the dose, and always carry this with you, or wear a Medic Alert bracelet. This way, if for any reason you are taken ill, doctors will always know to continue your treatment.

Steroids can result in unwanted side effects, but untreated inflammatory conditions also carry serious risks. You and your doctor will need to consider carefully the relative risks and benefits before deciding whether or not to use steroids.

The most commonly prescribed steroid tablet for those with rheumatoid arthritis is prednisolone – see page 31 for more information.
Safety checklist

There are a number of things to remember for taking any medication safely:

- Talk to your doctor about possible side effects of a treatment – this will help you weigh up the benefits and risks.

- Keep a list of all the medication you are taking. Let your doctor or pharmacist see this before you start on any new treatment – even over-the-counter medicines.

- Some drugs affect your immune system and can leave you susceptible to infection, so it is important to report any new symptoms to your doctor without delay.

- For symptom-relieving drugs (for example, NSAIDs and painkillers) take the lowest dose for the shortest period of time to control symptoms. Only take them regularly and in full doses if you find this is the only way to control your symptoms. If this is the case, let your doctors know, as there may be other ways of managing your condition.

- Your blood and urine will be tested regularly, before and during some treatments. Other tests, such as chest X-rays, may also be needed.

- Always follow the instructions for taking your medication – keep to the correct dose and times, and note whether your tablets are best taken with or without food.
• Some drugs used by people with arthritis can affect fertility (for both men and women), and be harmful if you are pregnant or breastfeeding. Always check with your doctor before starting any medication.

• With some medication you may need to avoid alcohol or reduce your alcohol intake. Refer to the instructions provided with your medication.

• If you miss a dose, don’t try to catch up by taking more next time.

• Immunisation against flu and pneumonia is recommended for everyone taking immunosuppressants, anti-TNFs or steroid tablets. Immunisations involving live vaccines (such as rubella) should be avoided. Ask your doctor for more information.

• Remember, if one drug doesn’t work for you, or you experience severe side effects, this won’t necessarily happen with them all. Ask for regular medication reviews, persevere and, with your doctor’s help, you should be able to find a treatment that works for you.
Medication in detail

On the following pages you will find an outline of some of the most commonly prescribed disease-modifying anti-rheumatic drugs, biologic drugs and steroid medications for people with arthritis. The brand names are given in brackets alongside each.

DMARDs

Methotrexate (Maxtrex)

What does it do?
Used to treat several different rheumatic conditions including rheumatoid arthritis, juvenile arthritis and psoriatic arthritis. It is more effective and has fewer side effects than gold or azathioprine and is usually prescribed in the early stages of the condition.

How is it taken?
It is normally taken in tablet form once a week and is slow-acting, taking up to 12 weeks to become fully effective.

What you need to know
Initially you will need regular blood tests every three to six months as methotrexate can, very occasionally, damage the bone marrow or the liver. It can also interact with some sulphur-containing antibiotics such as Septrin.

Tell your doctor if you are prescribed an antibiotic and you are already taking a DMARD or an anti-TNF.
If you drink alcohol while on methotrexate, you may be at risk of causing liver damage. Talk to your doctor to see whether it is safe for you to drink, and how much.

Possible side effects
Some people feel unwell after taking this drug. This usually settles down after a few hours, but it can last for a couple of days. Other side effects can include:
• itchy skin or rash
• sore mouth or mouth ulcers
• vomiting or diarrhoea.

Taking a folic acid vitamin supplement (vitamin B9) can reduce the likelihood of mouth ulcers, gut irritation and diarrhoea.
**Sulfasalazine (Salazopyrin EN)**

**What does it do?**
It reduces the inflammation in joints and decreases pain, swelling and stiffness.

**How is it taken?**
The drug has a special ‘enteric’ coating, which means it dissolves more slowly, passing beyond the stomach before releasing its contents. This can help reduce nausea and stomach irritation. The tablets should be swallowed whole so that the coating is not broken. They must not be chewed or crushed. You will need to have monthly blood tests for the first three months of taking the drug, followed by tests every three months.

**Possible side effects**
The most common are:
- sickness (nausea)
- headaches, particularly when you have just begun treatment.

If you experience any of these or other symptoms, you should tell your doctor. If you develop a skin rash you should stop taking the drug immediately. If you develop a sore throat and mouth, report this to your doctor as soon as possible. Sulfasalazine may also turn your urine orange or dark yellow and your tears may be discoloured. This is nothing to worry about. If you use extended-wear contact lenses tell your doctor, as they may develop an orange stain. If you develop a rash, tell your doctor immediately.

**Azathioprine (Azamune or Imuran)**

**What does it do?**
An effective treatment for several different rheumatic conditions, including rheumatoid arthritis, lupus and other connective tissue disorders, such as polymyositis.

**How is it taken?**
Azathioprine is taken as a tablet, once or twice daily with food. As it is a slow-acting drug, you may not notice any effects for eight weeks or longer.

**What you need to know**
If you are on steroid treatment, your doctor may also prescribe azathioprine as it sometimes means the dose of steroids can be reduced.

**Possible side effects**
The most common side effects of azathioprine are feeling sick and a loss of appetite. Though less common, you may also experience:
- unexplained bruising and bleeding
- a slightly increased risk of developing certain types of cancer with azathioprine, which you should discuss with your doctor.
Ciclosporin (Neoral)

What does it do?
Very occasionally used for people with rheumatoid arthritis to reduce pain, swelling and stiffness. It is also effective in treating other conditions such as psoriatic arthritis and lupus.

How is it taken?
It is usually taken in capsule form, twice a day, although it is also available as a liquid. People normally start on a low dose, and increase it as necessary. It may take up to four months before you feel any benefit.

Possible side effects
Risks associated with ciclosporin include a rise in blood pressure and kidney problems. The risks increase the longer the treatment is used, so your doctor will arrange regular checks on your blood and blood pressure. You may be asked to keep a booklet recording your blood test results.

Other side effects can include:
- feeling sick
- diarrhoea
- gum overgrowth
- tiredness
- excess hair growth
- mild tremor (shaking).

Cyclophosphamide

What does it do?
This works by suppressing the activity of bone marrow. It is a very powerful drug and is only prescribed under close supervision. It is used to treat several different rheumatic conditions, including lupus and conditions that inflame the walls of blood vessels.

How is it taken?
Cyclophosphamide is given by injection into a vein. It does not work immediately – it may take six weeks or more to take effect. Because cyclophosphamide affects the blood and the bladder, your doctor will arrange a blood and urine test before you start treatment, and arrange regular tests during treatment.

What you need to know
Cyclophosphamide can lead to permanent sterility in men and reduced fertility in women, so it is used with caution. Inflammation and bleeding of the bladder is another important side effect. If this happens, you may notice blood in your urine and you must tell your doctor straight away. There is an increased risk of catching herpes zoster (shingles) and other infections while taking cyclophosphamide, as your immunity is lowered.
Cyclophosphamide may react with some gout and anti-diabetic drugs, so give your doctor all the details of your current medication. There is also a slightly increased risk of certain cancers with cyclophosphamide, which you should discuss with your doctor.

Hydroxychloroquine (Plaquenil)

**What does it do?**
This was originally developed to treat malaria, but has been used successfully for people with lupus and rheumatoid arthritis. It is known as an anti-malarial and is among the mildest and least toxic of the DMARDs. It works by slowing down the progress of the condition and reducing inflammation. It can help with some of the rashes associated with lupus.

**How is it taken?**
Hydroxychloroquine is taken in tablet form once a day, preferably with food. Anti-malarial drugs are slow-acting, so it can take three to six months for the full benefit to be felt, although some effects may be noticeable within four to six weeks.

**Possible side effects**
There may be minor effects on your eyesight, so regular eye checks are advised.

Other side effects are also rare, but can include:
- indigestion
- diarrhoea
- headaches
- skin rashes
- occasional blurred vision.

**Gold by injection (sodium aurothiomalate)**

**What does it do?**
Also referred to by its brand name Myocrisin, or more simply as ‘gold’. Gold is one of the oldest drugs used in the treatment of rheumatoid arthritis and in this form it is always given as an injection. Gold is also used in some cases of psoriatic arthritis and palindromic arthritis.

**How is it taken?**
Initially, the injection is given once a week into the buttock. This will be done at your rheumatology clinic or your GP’s surgery. If gold treatment helps your arthritis, you will probably continue to take it indefinitely. It is a slow-acting drug and may take from three to six months to become effective. If your arthritis improves, the interval between injections will gradually be extended to four weeks or longer. It is usual to give a small test dose first to see if you have any strong reactions.
**Possible side effects**

Gold can cause side effects, but not everyone will experience them. The commonest fall into three main groups:

- **Skin and hair** – dermatitis is common, but its severity can be reduced by reporting any itchiness or rash to the doctor before the next injection. Loss of hair can also occur.
- **Blood** – bone marrow damage can occur, causing a reduction of white blood cells or platelets. It can be avoided by regular full blood counts before each injection.
- **Kidneys** – toxic effects on the kidneys can be identified by the appearance of protein in the urine. Regular urine tests must be done before each gold injection.

Reactions to gold normally stop once treatment ends.

Always carry your gold record card with you and give it to the nurse or doctor to fill in after every test and before every injection.

**Leflunomide (Arava)**

**What does it do?**

Like any other DMARD, it aims to stop the immune system from attacking itself, which causes the pain and inflammation in rheumatoid arthritis.

**How is it taken?**

It comes in tablet form and is taken daily. As with other DMARDs, leflunomide does not work immediately and it may be as long as six months before you feel the full benefit. You must have regular blood and blood pressure tests if you are taking leflunomide and you may be asked to keep a card recording the results.

**Possible side effects**

You may be more prone to infection and should discuss any new symptoms with your doctor straight away. This drug can also seriously affect the liver. If you experience unusual tiredness or abdominal pain, report it to your doctor immediately.

Some of the more common side effects are:

- sickness or diarrhoea
- mouth ulcers
- weight loss
- hair loss
- high blood pressure – ask your GP to monitor it.
Biologic drugs

Adalimumab (Humira)

What does it do?
An anti-TNF drug that has become available for people with rheumatoid arthritis, psoriatic arthritis, juvenile arthritis and those with ankylosing spondylitis.

How is it taken?
Usually given once every two weeks by injection under your skin. You or another family member or friend can learn to do this, or it will be done by a nurse. If adalimumab works for you, you should start feeling better in around two to twelve weeks.

What you need to know
Your consultant will not prescribe adalimumab if you are pregnant, breastfeeding or have an infection. They may also decide against it if you have had cancer or tuberculosis, or other repeated infections in the past.

Possible side effects
• redness, swelling or pain at the injection site
• susceptibility to infections
• (rarely) allergy to the drug itself.

Etanercept (Enbrel)

What does it do?
Like adalimumab and infliximab, etanercept is an anti-TNF drug that has become available for people with rheumatoid arthritis. It is also used to treat children with juvenile arthritis and is licensed for use with people with psoriatic arthritis and ankylosing spondylitis.

How is it taken?
If etanercept is suitable for you, it will need to be injected under your skin once or twice a week. You or another family member or friend can learn to do this, or it will be done by a nurse. If you respond to the treatment, you will probably feel better in around two to twelve weeks.

What you need to know
As with adalimumab, there are certain conditions under which your doctor will not prescribe etanercept (see ‘Adalimumab’ above).

Possible side effects
As with other anti-TNF drugs, taking etanercept can make you more prone to infections. Tell your doctor without delay if you develop:
• bruising
• bleeding
• fever
• rash
• inflammation round the injection site.
Infliximab (Remicade)

What does it do?
Anti-TNF drug to treat rheumatoid and psoriatic arthritis. As with other anti-TNFs, it is usually only prescribed for people who meet specific criteria (see Adalimumab, opposite).

How is it taken?
Infliximab is given over several sessions in hospital using an intravenous drip into a vein. If infliximab works for you, you should begin to feel the benefits in around 2 to 12 weeks.

Possible side effects
Taking infliximab can make you more prone to infection. You may experience:
- headache and dizziness
- flushing
- rash
- abdominal pain or indigestion.

Certolizumab pegol (Cimzia)

What does it do?
This is an anti-TNF drug that has become available for people with rheumatoid arthritis. As with the other anti-TNFs, it is only available to people who meet specific criteria.

How is it taken?
Certolizumab pegol is given as an injection under the skin of the thigh or tummy every two weeks. You or another family member or friend can learn to do this, or it will be done by a nurse. If certolizumab pegol works for you, you should begin to feel the benefits in around 2 to 12 weeks.

Possible side effects
Taking it can make you more prone to infection. You may experience:
- a sore throat
- a fever.

Other biologic treatments
Other biologic treatments for rheumatoid arthritis have become available since anti-TNFs were developed, which target different parts of the immune system thought to play a part in rheumatoid arthritis.

- **Rituximab (MabThera)** – given in conjunction with methotrexate in a single treatment course of two infusions in hospital, two weeks apart. Each course has an effect for 6 to 12 months. You will only be prescribed rituximab if you have not had sufficient success in using other medications, including anti-TNFs.
- **Abatacept (Orencia)** – also given by infusion or injection under the skin. Not available in Scotland.
- **Tocilizumab (RoActemra)** – given by infusion or injection under the skin in hospital every four weeks.
Prednisolone (Deltacortril)

What does it do?
This is the most commonly prescribed steroid for people with rheumatic conditions. The immune system is suppressed by a powerful anti-inflammatory. It is used by people with rheumatoid arthritis, lupus, polymyalgia rheumatica, giant cell arteritis and other inflammatory conditions. Because of its possible side effects, it is generally only used to treat people with inflammatory conditions where major organs are involved, and where there is a possibility of vasculitis, or where a person is not responding to other types of treatment.

How is it taken?
Prednisolone is available as a plain tablet or in a special form known as ‘enteric coated’. This form dissolves more slowly, passing beyond the stomach before releasing its contents. This can help reduce nausea and stomach irritation. Coated tablets should always be swallowed whole (not crushed or chewed).

Prednisolone works very quickly. You will usually notice a benefit within a few days. Your doctor will test your blood and urine from time to time because steroids can cause pre-existing diabetes to develop or worsen.

Possible side effects
The longer you take prednisolone and the higher the dose, the more likely you are to experience side effects. If you are on very low doses, you may never have any problems – 5mg is generally regarded as the threshold dose below which major side effects are less likely to occur. Your doctor will aim to keep you on the lowest possible dose necessary to keep your condition under control.

Steroids can have a number of unwanted side effects. For more information about these, see the introductory section on page 19.
Abatacept (Orencia) 17, 30
Adalimumab (Humira) 15, 29
Arthrotec 11
Aspirin 9
Azathioprine (Azamune or Imuran) 25
Biologic drugs 15, 29
Celecoxib (Celebrex) 9
Certolizumab pegol (Cimzia) 15, 30
Ciclosporin (Neoral) 26
Corticosteroids (steroids) 19
Cyclophosphamide 26
Disease-modifying anti-rheumatic drugs (DMARDs) 12, 24
Etanercept (Enbrel) 15, 29
Etoricoxib (Arcoxia) 9
Gold by injection (sodium aurothiomalate) 28
Golimumab (Simponi) 15
Hydrocortisone 19
Hydroxychloroquine (Plaquenil) 12, 27
Ibuprofen 9
Infliximab (Remicade) 15, 30
Lansoprazole (Zoton) 11
Leflunomide (Arava) 28
Methotrexate 12, 24
Methyl prednisolone 19
Misoprostol (Cytotec) 11
Mycophenolate 12
Non-steroidal anti-inflammatory drugs (NSAIDs) 9
Omeprazole (Losec) 11
Painkillers (analgesics) 7
Paracetamol 7
Prednisolone (Deltacortril) 19, 31
Remsima 16
Remicade 16
Rituximab (MabThera) 17, 30
Steroids 31
Sulfasalazine (Salazopyrin EN) 12, 25
Tocilizumab (RoActemra) 17, 30
Triamcinolone 19
Other useful organisations

**General**

**Arthritis Research UK**
Funds medical research into arthritis and produces information.
Tel: 0300 790 0400
[arthritissresearchuk.org](http://arthritissresearchuk.org)

**NHS**
NHS Choices: for links to NHS services in your area,
NHS 111 Service:
Tel: 111
[nhs.uk](http://nhs.uk)
NHS Inform (Scotland):
Tel: 111
[nhsinform.co.uk](http://nhsinform.co.uk)
NHS Direct (Wales):
Tel: 0845 4647
[nhsdirect.wales.nhs.uk](http://nhsdirect.wales.nhs.uk)

**Drugs**

**Medicines and Healthcare Products Regulatory Agency (MHRA)**
Provides information on medicines available in the UK on prescription.
Tel: 020 3080 6000

**Pain**

**The British Pain Society**
Information about chronic pain and pain clinics.
Tel: 020 7269 7840
[britishpainsociety.org](http://britishpainsociety.org)

**Pain Concern**
Offers information and a helpline.
Helpline: 0300 123 0789 (10.00–16.00)
Office: 0131 669 5951
[painconcern.org.uk](http://painconcern.org.uk)
How Arthritis Care can help you

Want to talk to someone about your arthritis?
Or read more about the condition?

Call our free, confidential helpline on 0808 800 4050 for information and support. We’re open weekdays from 09:30 to 17:00 – we’d really like to hear from you.

We have over 40 free booklets and factsheets on various aspects of arthritis, from diet and surgery, to managing pain and fatigue. These can be sent to you in the post – just ask our helpline staff for details.

Go online

You can download all our booklets and factsheets as PDFs from arthritiscare.org.uk/information

We also have an online community, where you can chat to others with arthritis, and can be reached at arthritiscareforum.org.uk

Talk to others

There are Arthritis Care branches and groups all over the country, where you can chat to other people with arthritis, in a social setting. Call the helpline or visit arthritiscare.org.uk to find your nearest branch or group.
How Arthritis Care can help you

Become a member of Arthritis Care and receive *Inspire*, our quarterly magazine on how to live well with arthritis.

**Share your experience**

Want to share your story to help others live well with arthritis? Contact our helpline if you would like to get your story heard.

**Raise awareness**

Could you help us raise awareness of arthritis? Whether it’s putting up posters in your local supermarket, handing out leaflets or organising a bake sale, we would really appreciate your time.

**Donate**

Help us to help the 10 million people in the UK living with arthritis. Every donation, big or small, makes life better for those with the condition.

Just visit arthritiscare.org.uk/donate or call us on 020 7380 6540

**Leave a gift in your will**

Gifts in Wills help us reach over half the people we support.

For more information about remembering Arthritis Care in your will, visit arthritiscare.org.uk/wills or call 0330 2002 0311
We believe there is always something you can do to reduce the impact of arthritis. Call our free and confidential helpline. Talking about arthritis, sharing your concerns and how you feel, can really help.

There are free publications that you can find on our website or order by post. Or you may prefer to visit our online community where you can chat to others about the things that matter to you.

To find out more about arthritis and Arthritis Care call:

0808 800 4050
(open weekdays 09.30–17.00)

arthritiscare.org.uk
Twitter: @arthritis_care
Facebook: facebook.com/arthritiscareuk
Instagram: @arthritiscareuk

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Please check our website for up-to-date information and reference sources or call 020 7380 6577.

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