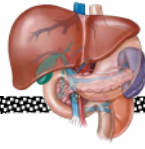


Summary and Conclusion



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Rheumatoid arthritis is a chronic, systemic inflammatory disorder that affects many tissues and organs, but principally attacks the joints producing inflammatory synovitis that often progresses to destruction of the articular cartilage and ankylosis of the joints.

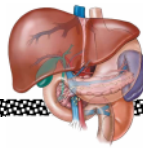
Rheumatoid arthritis is a systemic disorder characterized by many extra-articular manifestations, it can produce diffuse inflammation in the lungs, kidneys, pleura, pericardium, sclera. Also, the presence of rheumatoid nodules most common in subcutaneous tissue under the skin.

The onset of rheumatoid arthritis is uncommon under the age of 15 and from then on the incidence rises with age until the age of 80. The prevalence rate is about 1%, with women affected three to five times as often as men.

Some native American groups have higher prevalence rates (5-6%) and people from the Caribbean region have lower prevalence rates. First degree relatives prevalence rate is 2-3% and disease genetic concordance in monozygotic twins is approximately 15-20%.

The aetiology of RA is not clear. It is postulated that a genetically susceptible host is exposed to unknown pathogen (antigen), and this interaction gives rise to a persistent immunological response.

There is a growing interest in describing and assessing quality of life in chronic disabling conditions like rheumatoid arthritis. The term (quality of life) includes the wishes, expectations and emotional responses of the individual related to his/her health. It is a reflection of the way in which patient perceives and reacts to his/her health status.



Patients with active rheumatoid arthritis have been shown to suffer deficits in health related quality of life along a number of physical functioning and mental health dimensions.

Many studies have developed to evaluate health-related quality of life in patients with rheumatoid arthritis and to study the impact of rheumatoid arthritis through many health assessment questionnaires which evaluate their physical and mental health status.

Conclusion:

Rheumatoid arthritis has a significant impact on multiple dimensions of health related quality of life (HRQOL), patients with active rheumatoid arthritis haven been shown to suffer deficits in HRQOL in comparison with age and sex matched populations without arthritis, these decreases in HRQOL are attributed to pain, impairment in physical function, and fatigue associated with the disease.

The introduction of new disease modifying anti-rheumatic drugs (DMARDs), biologic agents have shown to some extent improvement in physical function and HRQOL.