Introduction

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Rheumatoid arthritis (RA) is chronic auto immune disease causing inflammation of joint and surrounding tissue. patient with Rheumatoid arthritis (RA) experience pain, stiffness, swelling and detoriation of joint ***(Tudor et al., 2008).***

Rheumatoid arthritis (RA) pain and depression tend to be predictive of each other and together lead to a downward spiral of functioning characterized by greater disability, increased sleep disturbance, fatigue and heightened disease activity ***(Don., 2010).***

Rheumatoid arthritis (RA) have a myriad of co-morbidities, including fatigue, depression and sleep disturbances. The comorbidity of psychiatric disorders with arthritis are also striking, the lifetime prevalence of psychiatric disorders among patients with RA is 63%. Indeed, approximately 20% of patients with RA are found to have current major depression with potential impact on RA symptoms ***(Michael et al ., 2008).***

There is association between systemic inflammation and depressive symptoms. Neuroimmune pathways may account for the high prevalence of depression in individuals with inflammatory conditions such as rheumatoid arthritis (RA). However, this relationship is complicated by factors linked to both inflammatory disease activity and mood, such as pain and physical disability. The depression in the context of RA may result from the overlap of somatic depressive and RA symptoms rather than neuroimmune pathways ***(Carissa et al.,2009).***

Much social psychiatry research focuses on measuring the harmful effects of social stressors, separate from and in combination with dispositional variables such as psychopathology (e.g., depression). The stressful experiences led to increases in inflammatory markers in patients with RA, and the combination of stress and depressive symptoms predicted greater elevations of these markers of inflammation ***(Dickens et al., 2002)***

Recent evidence points to a significant influence of depression history on adaptation to illnesses such as RA. One study found that patients with RA who have had an episode of depression (but who were not currently depressed) had significantly greater pain than controls without a history of depression ***(Anderson et al.,1998 ; Bugajska et al., 2010).***

Patients with RA who have had multiple depressive episodes fare the worst. Recurrently depressed patients with RA reported higher levels of pain than patients who had never been depressed and those who had experienced only a single episode of depression (***Masayo et al., 2009)***.