

INTRODUCTION

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Rheumatoid arthritis (RA) is a common, severe inflammatory disorder, of multifactorial origin, including a genetic predisposition, and is characterized by immune-driven chronic inflammation. It's marked by a variable course, involving exacerbation and remission of disease activity. Many cases are chronic and progressive, resulting in severe disability (*Bacon, 1993*).

RA has articular and extra articular involvement, the extra articular features as rheumatoid nodules, neuropathy, scleritis, pericarditis, lymphadenopathy, and splenomegaly occur with considerable frequency (*Schumacher et al., 1993*).

RA is a progressively debilitating disease, but not every one progresses at the same rate. Some evidence suggests that the disease progresses more quickly in women compared with men, and in those less than the age of 60 years compared with those more than 60 (*Leigh and Fries, 1992*).

RA results in profound weight loss in some people, the association between weight loss and inflammatory joint disease has been recognized since the mid 19th century, however, the proportion of RA patients who have significant reduction in body mass is less clear (*Munro and Capell, 1997*).

Weight loss and loss of lean body mass in particular are powerful predictors of health both in disease states and the general population (*Higgins et al., 1993*).

The reasons for weight loss in RA are probably multi-factorial and include mechanical problems leading to muscle wasting, poor appetite due to drug therapy of the disease, and the metabolic burden of the inflammatory response (*Munro and Capell, 1997*).