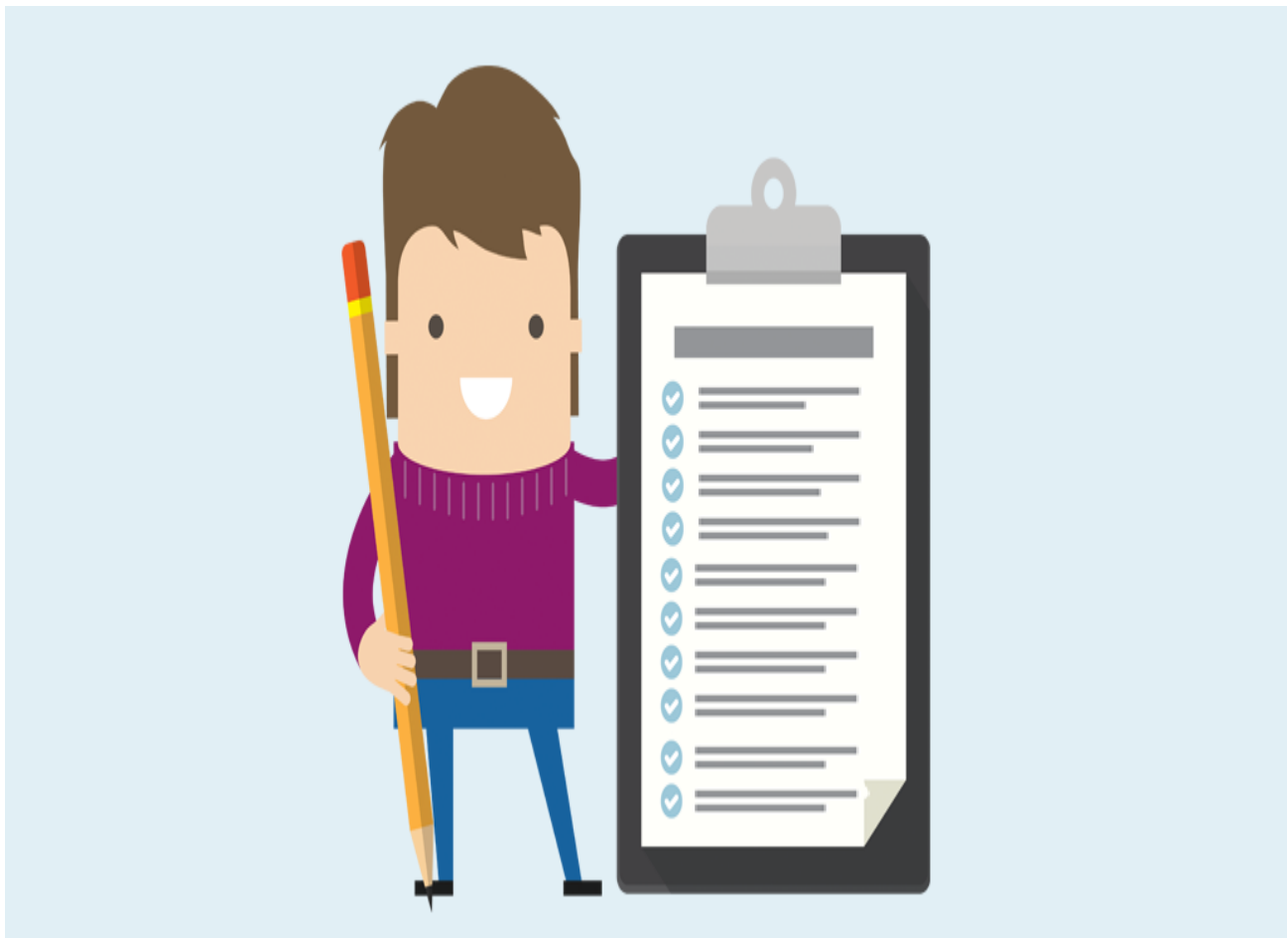


Resource

Top 10 rheumatoid arthritis healthcare essentials

Every person diagnosed with RA deserves and should expect a good level of healthcare. To show you what good care looks like, we have listed our top 10 healthcare essentials.

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At a glance

The following is a summary of our 10 healthcare essentials for RA.

1 Check your Disease Activity Score (DAS)

Your rheumatology team should check your DAS at least twice a year.

2 Regular blood monitoring

Regular blood tests are important. Some show levels of inflammation. Others can show potential side effects to your medication.

3 Get support to quit smoking (if you smoke currently)

If you smoke, quitting could make a big difference to your RA. Smoking can make RA medication less effective and symptoms worse.

4 Monitoring and Reviews

Your rheumatology team should check the progression of your RA. Your GP can assess the risk of heart disease. Regular eye screening is important, as RA can effect the eyes.

5 Access to the multidisciplinary team

Your rheumatologist and specialist nurse are part of a wider healthcare team. This is the 'multidisciplinary team'. It includes many health professionals, including a physiotherapist, occupational therapist and podiatrist.

6 Learn how to self-manage with the right support

'Supported self-management' means anything you can do, with support, to improve your RA. Your healthcare team and organisations like NRAS can help you with this. Our online self-management programme, SMILE, can help. www.nras.org.uk/smile

7 Access to a specialist nurse-led adviceline

You should have access to a nurse-led adviceline when you need it. The opening hours for nurse-led advicelines vary, as do the response times.

8 Clear signposting

Ask your rheumatology team about trusted patient organisations. They can also tell you about research opportunities that you may benefit by taking part in.

9 Exercise

Exercise is essential and plays a key role in controlling symptoms of RA such as fatigue and pain.

10 Pregnancy

Get information and specialist care if you are planning to have a baby, regardless of your gender. Make sure that you know whether it is safe to continue your medication.

Our top 10 healthcare essentials come from guidance produced by organisations including:

- The NHS
- NICE (National Institute for Health and Care Excellence)
- SMC (Scottish Medicines Consortium)
- British Society for Rheumatology

Each point represents checks and services you should be receiving or that it would help you to know. You can use this as a checklist of items to discuss with your rheumatology team.

1. Check your Disease Activity Score (DAS)

NICE guidelines recommend that a DAS assessment should take place at least twice a year. If you don't think you have had your DAS assessed for a while, ask about it at your next appointment. [Click here](#), for more information on DAS.

2. Regular Blood Monitoring

Depending on the medicines you are taking for your RA and for how long, frequency of blood tests may vary. Your consultant or specialist will let you know how often you will need to have these blood tests.

Routine blood monitoring tests include:

- ESR and CRP (which measure inflammation)
- liver and kidney function tests (to check for effects from the medication)
- FBC (Full Blood Count)

Knowing if you are positive or negative for Rheumatoid Factor (RF) and/or Anti-CCP antibodies is important. RF and Anti-CCP tests for antibodies are generally done around time of diagnosis and the results of these blood tests may be a factor in deciding which medicines will work best for you. For more information on the blood tests used in RA, see our Blood Matters booklet.

3. Get support to quit smoking (if you smoke currently)

Having RA increases the risk of heart disease, which smoking further increases. Studies show that RA treatment and therapy is less effective in people who continue to smoke. Smoking can also make your RA symptoms worse. For more information on how to quit smoking, speak to your doctor or go to the [NHS website](#).

4. Monitoring and reviews

Monitoring of your RA disease progression should take place during rheumatology appointments. These appointments might be initiated by you or your rheumatology team. This will depend on whether you are on a patient initiated follow up pathway (PIFU). To help you make the most of your appointments, watch our SMILE module: [How to get the best from your consultation](#).

Your rheumatology team usually only needs to review your bone health every few years. If you break a bone between appointments, you should contact your rheumatology team. This is especially important if the break occurs without much force. This is because it could be a sign that the bones have weakened (e.g. through osteoporosis).

Your GP is best placed to review the impact of other conditions (such as heart disease) on your RA. Heart disease is more common in people with RA. Your GP can go through a cardiovascular (heart) risk assessment with you. Periodic blood pressure and cholesterol checks are also recommended.

RA can affect your eyes, so regular screening is recommended. This is particularly important if your eyes feel 'gritty', as this can be a sign of Sjogren's syndrome. Sjogren's syndrome causes dryness in areas of the body that produce fluids such as tears and saliva. Eye drops can help to treat dry eyes.

For further information on how to keep your heart healthy: www.bhf.org.uk

For further information on osteoporosis: theros.org.uk

5. Access to the multidisciplinary team

Your rheumatologist and specialist nurse are part of a wider healthcare team. This team of specialists is the 'multidisciplinary team, which may include:

- Physiotherapist
- occupational therapist
- podiatrist
- dietician
- psychologist (if available).

Not everyone will need to see all the people on this list. If you do see them, don't be afraid to ask any questions you may have and ask again if you do not understand the answer.

[Click here](#) for more information on the roles of healthcare professionals in managing RA. You can

also watch our [SMILE module: Meet the Team](#)

6. Learn how to self-manage

Your healthcare team should make you aware of relevant supported self-management education tools. Self-management' means anything you can do yourself to improve your RA. 'Supported self-management' means that you aren't expected to do this all by yourself. Your healthcare team and patient organisations such as NRAS are here to support you. Self-management and good quality information form part of your 'individual care plan'.

Register for free, to our [SMILE RA online self-management educational programme](#).

7. Access to a specialist nurse-led adviceline

You should have access to a nurse-led adviceline when you need it. For example, you might call when experiencing side effects to medications or a flare. The opening hours for nurse-led advicelines vary, as do the response times.

8. Clear signposting

Patient organisations: Ask your rheumatology team about patient organisations that can offer help such as:

- a helpline
- information booklets
- online forums and other ways to connect with other people who have RA
- training and resources to help you self-manage.

Research: Ask your rheumatology team about any opportunities to take part in research. Ideally, all patients should have opportunities to take part in research. This could involve testing new treatments or procedures. It could also be observational studies on subjects such as fatigue or exercise.

9. Exercise

Ask your physiotherapist about an individual exercise programme designed for you. Exercise is essential and plays a key role in controlling symptoms of RA such as fatigue and pain. Following a healthy diet and maintaining a good weight can also help.

[Click here](#) for more information on exercise, or [sign up to our RA online self management programme, SMILE to view our exercise module](#).

10. Pregnancy

Get information and specialist care if you are planning to have a baby, whether you are male or

female.

Your healthcare team will help you to manage your RA and discuss any changes to treatment. Some medications may not be advisable when:

- trying to conceive
- pregnant
- breastfeeding.

For more information on pregnancy and parenthood, [click here](#).

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