

Resource

# **DMARDs**

'DMARD' (pronounced 'dee-mard') stands for disease modifying anti-rheumatic drug. These drugs are usually prescribed early on in the disease by the rheumatology team. They help to slow down the progression of your RA and in doing so can improve the day-to-day symptoms of your disease.

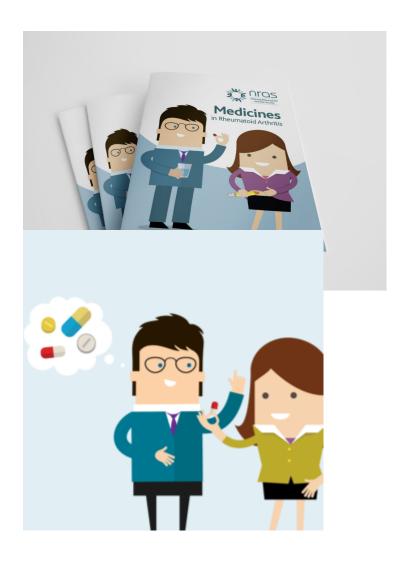
#### **Print**

Unlike drugs used purely for symptom control, such as painkillers and anti-inflammatories, DMARDs can take a number of weeks to kick in (usually around 3-12 weeks). They will then continue to improve up until around 6 months when they will be working to their full potential. Each individual will respond differently to different medications, and it is not currently possible for healthcare professionals to know in advance which medications will work best for you. Therefore, a lot of trial and error may be needed to determine the best medication or combination of medications to control your RA, and because each drug tried can take several weeks to take effect, this process can take some time.

However, there are many different DMARDs available and newer drugs available or in the pipeline to try if these drugs do not work well for you, give you side effects which are severe or do not lessen over time or if they lose their effectiveness. There is, therefore, a good chance that your healthcare team will find a drug or combination of drugs to suit you and help keep your condition under good control.

## Medicines in rheumatoid arthritis

We believe it is essential that people living with RA understand why certain medicines are used, when they are used and how they work to manage the condition.



### Article

### Methotrexate

Methotrexate has been around since 1947 and is often described as the 'gold standard' treatment in RA. It is the most commonly used RA drug and will often be the first drug prescribed to treat RA. It is commonly used in combination with other RA drugs.

### Article

### Sulfasalazine

Sulfasalazine was introduced in the 1950s, initially to treat inflammatory bowel disease, but also for the treatment of RA. It remains a common RA treatment.

### Article

### Hydroxychloroquine

Hydroxychloroquine is a treatment for malaria but has been shown to have an effect on the messaging system between cells by interrupting the inflammatory response. It is this mechanism that is beneficial in both RA and juvenile idiopathic arthritis (JIA). Hydroxychloroquine has been available since the 1970s and is used widely for the treatment of [...]

#### **Article**

### Leflunomide

Leflunomide was developed specifically to control inflammatory arthritis. It has been used since the early 2000s and is now a common treatment for RA.

#### Article

### Azathioprine

Azathioprine is used to control severe active RA, usually as an 'add on' treatment to supplement the main DMARD or to enable the reduction of regular steroid treatment.

#### Article

# Ciclosporin

Ciclosporin is usually an 'add on' treatment to supplement the main DMARD or to enable the reduction of regular steroid treatment. It is one of the least commonly prescribed RA drugs.

This article was downloaded from www.nras.org.uk. National Rheumatoid Arthritis Society (NRAS) is a registered charity in England and Wales (1134859) and Scotland (SC039721). A private company limited by guarantee. Registered in England and Wales (7127101).