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Diploma in Pharmacy 2nd Year

Community Pharmacy & Management

Experiment

To provide counselling to patients with rheumatoid arthritis.

Aim:

To provide counselling to patients with rheumatoid arthritis.

Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Gupta Richa, “Practical Manual of Community Pharmacy and Management” Published by Nirali Prakashan, Page no 50 – 53

Theory :

Rheumatoid arthritis is a chronic inflammatory joint disorder. Immune system is believed to protect the body from diseases. But, the immune system of a RA patient is triggered due to certain factors (e.g., infections, smoking, physical or emotional stress, etc.) and it recognises the joints as foreign body and attacks them, causing inflammation and pain. Thus, RA is an autoimmune condition.

Patient Counselling Points

- 1) Education and Counselling:** Approaches like cognitive behavioural therapy (a type of therapy in which you learn to change the way to react to situation) and biofeedback (a technique that teaches to manage specific bodily functions) may be beneficial
- 2) Exercise:** Regular exercise can both avoid and counteract these consequences Exercise of many types, such as range-of-motion exercises to maintain and restore joint motion, exercises to build strength, and endurance- building activities (for example, walking, swimming, and cycling) might be helpful. Regular gentle movement (for example, tai chi) can be beneficial.

- 3) Physical and Occupational Therapy:** Particular types of therapy should be used to address particular effects of RA. For example,
- i) Individualised exercise programs should be used that use resistance, mobility, and aerobic activities to safely enhance function and health.
 - ii) Functional training and activity modifications should be used to keep engaged in desired activities at home and in the community.
 - iii) Balance training should be used to avoid falls.
 - iv) Splints or braces (to keep a joint from moving) should be used to support the weak joints.
 - v) Recommendations for footwear or orthotics (devices that help foot alignment) should be used to lessen foot pain and enhance walking.
 - vi) Assistive devices or modifications should be used to help challenging tasks, such as opening a jar or walking long distances.
 - vii) Physical or occupational therapists should be consulted to create self- management plans to control symptoms and maintain function at home.
- 4) Nutrition and Dietary Therapy:** Methotrexate, a medication frequently used for RA, has side effects that can be reduced by taking folic acid as a supplement. The addition of omega-3-rich fish oils and vitamin D₃ supplementation have only slightly reduced joint swelling and arthritis discomfort. However, there is no proven diet that can treat RA. Additionally, some herbal or dietary supplements, such collagen or cartilage, might be harmful and are typically not advised.
- 5) Smoking and Alcohol:** Smoking is a risk factor for RA, giving up the habit might lessen symptoms as well as the likelihood of developing lung cancer and lung infections, which are more common in people with RA. It is important to try to entirely quit smoking. Generally, moderate to low alcohol consumption is not dangerous, while it may raise the risk of liver damage brought on by some medications, such methotrexate. Methotrexate should be taken on a day when alcohol consumption is considerably less
- 6) Measures to Reduce Bone Loss:** Several measures should be taken to reduce the bone loss brought on by steroid therapy:

- i) The doctor should be consulted to determine the lowest dose of steroids that is necessary to treat RA for the shortest period of time.
- ii) An adequate amount of calcium and vitamin D should be consumed either through food or supplements.
- iii) The doctor may also prescribe additional drugs, such as some analgesics, that raise the risk of bone loss. Being physically active and taking other preventative measures are important since bone loss can result in fractures and serious disability

Drug Counselling Points in Rheumatoid Arthritis

Drug recommendations will be based on the severity of symptoms and the duration of rheumatoid arthritis:

- 1. NSAIDs:** Pain and inflammation can be reduced with the help of NSAIDs. Ibuprofen and naproxen sodium are two OTC NSAIDs. Stronger NSAIDs can be bought through prescription. Stomach irritation, heart problems and kidney damage are the possible side effects.
- 2. Steroids:** Inflammation, pain, as well as slow joint damage can be reduced by corticosteroids (prednisone). Bone thinning, weight gain and diabetes are the possible side effects.
- 3. Conventional DMARDs:** These medications can help to reduce the progression of rheumatoid arthritis and prevent permanent damage to the joints and other tissues. Methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine are the commonly used DMARDs. Liver damage and serious lung infections are the possible side effects.
- 4. Biologic Agents or Biologic Response Modifiers:** Abatacept, adalimumab, anakinra, certolizumab, etanercept, golimumab, infliximab, rituximab, sarilumab and tocilizumab are the newer class of DMARDs.
- 5. Biologic DMARDs:** These are commonly most effective when used together with conventional DMARDs. However, the risk of infections increases with this type of drug

6. Targeted Synthetic DMARDs: If conventional DMARDs and biologics have failed, baricitinib, tofacitinib, and upadacitinib can be used. Tofacitinib in higher doses can raise the risk of pulmonary blood clots, severe cardiac events, and cancer.

Use of Assistive Devices

- 1) **Orthotic Shoes or Insoles:** They can support feet during walk.
- 2) **Walkers, Crutches, or a Cane:** They may assist reduce the chance of falling. They lessen the stress on the affected joints.
- 3) **Devices to Prevent Falls:** They include raised toilet seats and bathtub bars to help stand up from a seated position. Handrails can be placed where balance and support is required.
- 4) **Devices to Help with Support and Rest:** They include splints to wear on hands and a firm pillow to help with support and rest. It should be confirmed that the pillow is capable of supporting the head and neck

Result :

Counselling to patients with rheumatoid arthritis was provided.

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