


Access to your rheumatologist

- Timely access to a rheumatologist is fundamental to appropriate and effective management of patients with rheumatoid arthritis (RA).
- However, limited and delayed access to care for patients with RA is a global problem. Some of the reasons for this include
 - The availability of rheumatologists is limited.
 - The burden of arthritis is increased in the general population with an aging population.

Why the need for early access?

- RA can cause pain, physical disability and other health problems if not adequately treated.
 - Permanent joint damage occurs early in the course of RA.
 - Early use of appropriate disease modifying drugs can help slow and possibly prevent the progression of joint damage.
 - Making an early diagnosis is therefore important as it offers the opportunity to start appropriate disease modifying therapy in a timely manner.
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- **Your rheumatologist is best able to help provide the appropriate medications and offer advice on lifestyle changes to help you feel better and limit disability.**

Not all joint pain is RA

- “Arthritis” is NOT a diagnosis. There are several types of arthritis and joint pains may not always mean you have arthritis.
- Osteoarthritis is the most common type of arthritis and may not require you to see a rheumatologist or may not require urgent attention.
RA affects only about 1% of the general population.

Making a diagnosis of rheumatoid arthritis

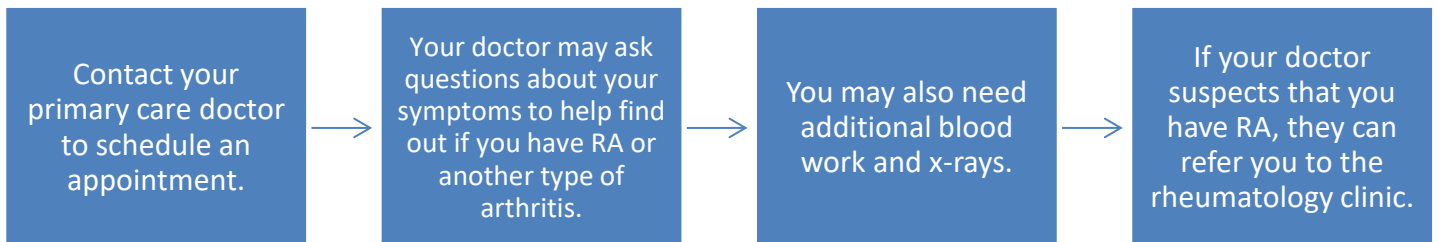
Making a diagnosis of RA can sometimes be difficult and it can sometimes be hard to differentiate from other forms of arthritis early in the disease course.

Making a diagnosis of RA often involves a combination of history, exam and lab tests.

A lab test alone is often not sufficient to make the diagnosis of RA.

- Things you may feel
 - Joint pain typically affecting 3 or more joints and often affects fingers, wrists and toes.
 - Joint stiffness of above joints especially in the mornings.
 - Symptoms are present for more than 6 weeks.
- Things you may notice
 - Joint swelling – often with redness and warmth.
 - Joint deformities.
- Lab tests
 - A positive rheumatoid factor (RF).
 - A positive anti-cyclic citrullinated peptide (anti-CCP) antibody.
 - Elevated inflammatory markers- sedimentation rate, C-reactive protein.
- Imaging studies
 - X-rays – often of hands and feet.
 - Ultrasound studies of affected joints.

What to do if you think you have RA?



Contact information for the URM C Rheumatology clinic:

☎ Phone number: 585-486-0901

📠 Fax number: 585-340-5399