

Beebe Healthcare
Margaret H. Rollins School of Nursing
N101 – Foundations of Nursing

	OA	RA
Patho	<ul style="list-style-type: none"> -Slowly progressive noninflammatory disorder of the diarthrodial joints/articular joint cartilage -non-systemic, more common in women, 30 million US adults affected -Gradual loss of articular cartilage, formation of osteophytes at joint margins, not a normal part of the aging process, cartilage destruction -Inflammation and thickening of capsule and synovium cause early-stage pain and stiffness -secondary is caused by direct damage or joint instability -idiopathic is an even or condition that may not be known, genetics may contribute 	<ul style="list-style-type: none"> -Chronic, systemic autoimmune disease; inflammation of connective tissue in diarthrodial joints -exact cause is unknown; autoimmune etiology: combination of genetics and environmental triggers - antigen triggers formation of abnormal IgG; an inflammatory response <ul style="list-style-type: none"> -T helper cells (CD4) activated, stimulating monocytes, macrophages, and synovial fibroblasts to secrete proinflammatory cytokines - Pannus, highly vascular granulation inflammatory response; genetic predisposition, strongest evidence for a familial influence is the increased occurrence of certain human leukocyte antigens
Risk Factors	<ul style="list-style-type: none"> Age, decreased estrogen at menopause, obesity, anterior cruciate ligament injury, frequent kneeling and stooping, smoking, trauma 	<ul style="list-style-type: none"> -Age, family hx and genetics, smoking, obesity, co-morbidities
S&S	<ul style="list-style-type: none"> -Mild discomfort to significant disability, pain worsens with joint use - early stage: rest relieves pain; later stages: pain with rest and trouble sleeping d/t increased joint pain; pain may lower with barometric pressure -early warning stiffness that resolves within 30 min <ul style="list-style-type: none"> -crepitation, joint stiffness, decreased ROM - deformity (Heberden's nodes, Bouchard's nodes), fatigue, fever 	<ul style="list-style-type: none"> - Onset typically subtle - Fatigue, anorexia, weight loss, generalized stiffness that becomes localized stiffness with progression, pain, stiffness, limited motion, signs of inflammation - Symptoms occur symmetrically, often affects small joints -joint pain that increases with motion, varies in intensity, may not be proportional to the degree of inflammation, tenosynovitis, grasp objects, inflammation, and fibrosis -vasculitis, Rheumatoid nodules, Sjogren syndrome, Felty syndrome
Dx	<ul style="list-style-type: none"> - Bone scans, CT scan, MRI, x-ray, synovial fluid analysis 	<ul style="list-style-type: none"> -H&P, positive RF factor, Anti-CCP: antibody specific to RA, synovial fluid analysis, tissue biopsy, x-rays

Tx	<ul style="list-style-type: none"> -Managing pain and inflammation, preventing disability, maintaining, and improving joint function -education, drug therapy with topical, oral, intraarticular agents - arthroscopy, osteotomy, arthrodesis, arthroplasty 	<p>Individualized tx plan: aggressive early tx, drug therapy (DMARDs, BRMs, corticosteroids, immunosuppressants, abx) and education, physical therapy, occupational therapy</p> <ul style="list-style-type: none"> -Surgical therapy (total joint replacement, synovectomy)
NI	<ul style="list-style-type: none"> - Educate on the correct use of assistive devices - Heat and ice therapy, ROM exercises - Putting on well-fitting support shoes 	<ul style="list-style-type: none"> - Administer medications as prescribed - Educate on importance of adherence to medication regimen <ul style="list-style-type: none"> - Heat and ice therapy - Having the pt perform gentle ROM exercises daily