

Beebe Healthcare
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N101 – Foundations of Nursing

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	OA	RA
Patho	<ul style="list-style-type: none"> -localized disease w/ variable, progressive course -Cartilage becomes dull, yellow, and granular -Cartilage destruction outweighs the body's ability to repair: collagen structure changes so articular cartilage structure becomes cracked and worn out. The central cartilage becomes thinner and outer edges thicker where osteophytes can form. This results in the joint surface itself to become uneven, causing unequal stress on joint to reduce motion -Secondary synovitis can occur from phagocytes try to get rid of the small pieces of cartilage torn out by the joint surface. This can cause early pain and stiffness, while pain later in the disease occurs when the cartilage is lost and the bony joint surfaces rub together w/o the smooth movement of cartilage. 	<ul style="list-style-type: none"> -systemic autoimmune disease w/ exacerbations and remissions -inflammation of connective tissue in synovial joints resulting in a combo of genetics and environmental triggers. An antigen encounters the immune system, and the body makes antibodies that are known as RF (rheumatoid factors) combining to form IgG immune complexes that deposit on synovial membranes or superficial articular cartilage. Cytokines drive the inflammatory response. -A precipitating stressful event can be the environmental trigger, but also smoking. The strongest genetic predisposition is the role of human leukocyte antigen (HLA)
Risk Factors	<ul style="list-style-type: none"> -usually older than 40YO -females 2:1 after age 60; except for traumatic arthritis, men less affected until age 70 or 80 -overweight or obese 	<ul style="list-style-type: none"> -young to middle age -female-to-male ratio 3:1. Less marked difference after age 60 -loss of maintained weight
S&S	<ul style="list-style-type: none"> -stiffness occurs on getting up but usually goes away after 30 min. Pain gradually worsens w/ joint use and disease progression, relieved w/ joint rest but may disrupt sleep -effusions are uncommon -Heberden (distal interphalangeal - DIPs) and Bouchard (proximal interphalangeal- PIPs) nodes 	<ul style="list-style-type: none"> -stiffness last 1hr to all day and may decrease w/ joint use. Pain is variable and may disrupt sleep -effusions are common -nodules present on exterior surfaces
Dx	<ul style="list-style-type: none"> -WBC <2000/microliters (mild leukocytosis); normal viscosity -XR: joint space narrowing, osteophytes, 	<ul style="list-style-type: none"> -WBC 5000-60000/microliters w/ mostly neutrophils, low viscosity -XR: joint space narrowing and erosion w/ bony overgrowths,

	<p>subchondral cysts, sclerosis</p> <p>LABS:</p> <ul style="list-style-type: none"> -Rh factor negative -ANA negative -Anti-CCP negative -Transient elevation in ESR r/t synovitis 	<p>subluxation w/ advanced disease. Osteoporosis r/t to decrease activity and corticosteroid use</p> <p>LABS:</p> <ul style="list-style-type: none"> -Rh factor positive in about 80% of patients; negative titers in early disease for about 25% -increased antinuclear antibodies (ANAs) titer likely -Positive anti-CCP (anti-citrullinated peptide in 60-80%) -increase ESR, CRP indicative of active inflammation, used to test disease activity that are not specific to RA <p>-at least 1 joint w/ definitive clinical synovitis & synovitis not better explained by another disease</p>
Tx	<p>-drug therapy (NSAIDs and intraarticular corticosteroids) and surgery (partial/total hip/knee replacements)</p>	<ul style="list-style-type: none"> -disease modifying antirheumatic drugs -biologic response modifiers (B-cell depleting agent, interleukin 1&6 receptor antagonists, JAK-Janus Kinase- inhibitors, T-cell activation inhibitor, Tumor necrosis factor-TNF-inhibitors_
NI	<ul style="list-style-type: none"> -health promotion (weight loss and nutrition) -pain management, PT/OT, body mechanics, correct use of assistive devices, principles of joint protection and energy conservation, stress management, therapeutic heat and cold, fall prevention measures 	<ul style="list-style-type: none"> -broad program of drug therapy, self-management strategies, exercise, pt and caregiver teaching, therapeutic heat and cold, rest, relaxation techniques joint protection, biofeedback, transcutaneous electrical nerve stimulation, hypnosis -ROM exercises, PT/OT, social worker