

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

	OA	RA
Patho	Gradual loss of articular cartilage with formation of bony outgrowths at joint margins, cartilage destruction. Inflammation & thickening of joint capsule & synovium cause.	Chronic, systemic autoimmune disorder. Inflammation of connective tissue in diarthrodial joints. Periods of remission & exacerbation. Antigen triggers. Autoantibodies develop against abnormal IgE.
Risk Factors	Age Decreased estrogen at menopause Obesity Frequent kneeling & stooping Smoking Sex Obesity	Young to middle age Family history of RA Autoimmune disease Obesity Smoking Sex Environmental triggers
S&S	Pain Stiffness Joint swelling Grating/crepitus Limited ROM	Joint stiffness after activity Pain increasing with motion Fatigue, anorexia, weight loss Deformity & disability Joint swelling
Dx	Bone scan, CT, MRI (early joint changes) X-Ray (shows joint space narrowing, increased bone density, & osteophytes)	Rheumatoid factor (RF) ESR, ANA, CBC, anti-CCP, CRP X-ray Synovial fluid analysis, synovial biopsy
Tx	Manage pain & inflammation Prevent disability Maintain & improve joint function Medications such as NSAIDs, DMOADs, topical agents, supplements Joint injections Surgical therapy	Drug therapy; DMARDs, BRMs Etanercept/Enbrel (decrease inflammatory & immune response) Infliximab/Remicade: (IV with methotrexate) Adalimumab/Humira: (SC injection, decreases inflammation, slows or prevents progressive destruction of joints) Surgical therapy
NI	Non-pharmacological management (heat, ice, distraction) Exercises (ROM, balance, muscle strengthening,) Education	Non-pharmacological management (heat, ice, distraction, relaxation) Nutritional therapy Rest

	Assistance with ADLs & lifestyle modifications Support	Exercises (ROM, balance, muscle strengthening.) Support
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