Rheumatoid arthritis is an inflammatory deformative articular disease that can result in significant physical disability and psychosocial impairment. Eighty percent of patients develop the disease between the ages of 35 and 50, the prime time of their life. The disease compromises quality of
life and lead to work incapacity. Indeed the economic burden created by rheumatoid arthritis is enormous. In 1994, the cost of rheumatoid arthritis accounts for 0.3% of the gross domestic product of the United States. Direct costs per patient have been estimated to be $1,812-11,972 annually and indirect costs $1,260-37,994. Disability as measured by the Health Assessment Questionnaire (HAQ) was shown to have great impact to the costs.

Advancement in technologies involved in diagnosis and treatment of rheumatoid arthritis has revolutionised the management of these patients. The old pyramidal approach of treatment involving gradual stepping up of medications in terms of efficacy has been rejected for more than a decade. We now recognise that patients with rheumatoid arthritis should be managed with the ‘hit hard and early’ approach. Evidence based clinical trials have provided ample information confirming a favourable outcome of lesser radiological erosion and physical disability by treating these patients early in their disease course. Combination therapy involving multiple disease modifying agents has also been well demonstrated to give better clinical response than monotherapy short of higher incidence of adverse effects.

In order to start treatment early, the issue of early diagnosis of rheumatoid arthritis comes into question. The 1987 American Rheumatism Association criteria like radiological erosion are not sensitive to the diagnosis of early rheumatoid arthritis. Further, there are patients with early undifferentiated arthritis or those with polyarthralgia short of disease duration of 6 weeks. The recent characterisation of anti-cyclic citrullinated peptide (CCP) antibodies, which are involved in the immunopathogenesis of rheumatoid arthritis, has been identified early and treated with individually tailored regimen. Researches into the production of the United States than a decade. We now recognise that patients with rheumatoid arthritis should be managed with the ‘hit hard and early’ approach. Evidence based clinical trials have provided ample information confirming a favourable outcome of lesser radiological erosion and physical disability by treating these patients early in their disease course. Combination therapy involving multiple disease modifying agents has also been well demonstrated to give better clinical response than monotherapy short of higher incidence of adverse effects.

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