



Health Bulletin



Treatment Fills Void For Some Rheumatoid Arthritis Sufferers

(NAPSA)—Angie Jenkins, a mother of two and a grocery store supervisor from Florida, found it difficult to accept she had rheumatoid arthritis (RA) at the age of 37. Like many of the 2 million Americans who have this debilitating autoimmune disorder, Jenkins endured swelling, aching in her joints and overwhelming fatigue. During her eight-year battle with pain, Jenkins struggled to find an effective treatment.

“At one point I took 13 pills a day, and it was very frustrating not to find relief,” Jenkins said. “Even simple everyday things were hard. First thing in the morning, I like a cup of tea. I couldn’t pick up the cup empty, let alone with tea in it.”

RA occurs when the body’s immune system malfunctions, mistakenly attacking tissues and joints, causing inflammation and destroying cartilage, tendons and bones. Although there is no cure for RA, treatments focus on relieving pain, reducing inflammation and improving overall well-being.

Experts estimate that as many as one-third of RA patients treated with tumor-necrosis factor (TNF) antagonist therapies, one of the most commonly prescribed RA treatments, don’t respond adequately to the therapy. Like Jenkins, these patients continue to experience daily symptoms, such as swollen joints and fatigue.

Relief for Jenkins finally

- RA affects more than 2 million Americans and is 2.5 times more common in women than men
- RA usually begins between 25 to 55 years of age
- RA patients may be at an increased risk for heart disease and stroke
- Life expectancy may be lessened three to seven years for the average RA patient and 10 to 15 years for those with severe disease
- As many as one-third of RA patients don’t respond well enough to the most common treatments, requiring different therapies.



arrived when she was treated with Rituxan, a prescription medication approved by the FDA earlier this year for a new indication to reduce the signs and symptoms in adult patients with moderately-to-severely active RA. Not everyone responds to Rituxan in the same way and results may vary. Rituxan, in combination with methotrexate, is specifically for patients who have not responded well enough to one or more TNF antagonist therapies. Rituxan takes a different approach than other RA treatments by selectively targeting certain B-cells, immune cells believed to play a role in RA.

Encouraging news for patients such as Jenkins was recently published in *Arthritis and Rheuma-*

tism, a leading medical journal. The study reported that more than half of patients treated with Rituxan saw their RA symptoms improve.

“In this study, Rituxan demonstrated profound benefits over time, including a significant improvement in symptoms that lasted more than six months in many patients,” said Dr. Stephen Paget, chairman, professor of medicine and physician-in-chief at the department of medicine, division of rheumatology, at the Hospital for Special Surgery in New York.

For Jenkins, Rituxan has relieved her symptoms dramatically, and the experience has affected her everyday life.

“After one course of treatment, my joint pain and swelling started disappearing,” said Jenkins. “I had been in pain for so long, I almost couldn’t believe it. I can now dress myself, fix my own meals, enjoy that morning cup of tea—I feel normal again.”

In general, the adverse events observed in RA treatment with Rituxan were similar to those seen in all indications. The most commonly reported adverse events were infusion-related reactions and infections. Severe infusion reactions have been reported in patients treated with Rituxan.

For a copy of the Rituxan full-prescribing information, including Boxed Warning, call (877) 474-8892 or visit www.rituxan.com.