

Many Rheumatoid Arthritis Patients Also Battle Feelings Of Depression

(NAPSA)—Rheumatoid arthritis (RA), a chronic autoimmune disease that causes swelling and stiffening in the joints of the hands, feet and wrists, often affects a patient's ability to participate in normal life activities. Those limitations can lead to experiencing a diminished quality of life and contribute to feelings of depression. While depression or other emotional problems do not cause RA, they can make it more difficult for a person to successfully cope with the disease.

Although there is not a cure for RA or depression, by accepting the limitations of the disease and communicating with a physician and loved ones about frustrations and the new advances in therapies, patients can become able to better manage their disease and be better prepared to deal with RA-related depression.

RA affects 2.1 million Americans and approximately 75 percent of those diagnosed are women. It is most commonly diagnosed between the ages of 30 and 50 and the risk of developing RA increases with age. Without the proper treatment, RA can destroy the joints, gradually disabling sufferers. The long-term prognosis for patients with the disease is poor and many patients struggle with pain and fatigue on a daily basis, which contributes to bouts

of depression.

Along with the pain and disability of RA, increased worry about one's health and the effects of the disease on their relationships, have been shown to be directly associated with depression in RA patients. Often patients feel guilty they are unable to adequately care for others and in return need to be taken care of by their family and friends.

"After being diagnosed with rheumatoid arthritis, my symptoms of pain and fatigue were so severe that I was unable to get through the day without taking a nap," says Dawan Mazzu, part-time flight attendant and mother of two. "Simple daily activities like doing laundry seemed nearly impossible and that left me feeling hopeless and I feared I would never be able to regain the energy I once had or be able to take care of my family."

Diagnosing depression in patients with a chronic disease can be complex as many of the factors commonly used to evaluate depression overlap with the symptoms of arthritis and chronic pain. Compounding the confusion is the fact that certain medications commonly used in the treatment of RA, such as prednisone, non-steroidal anti-inflammatory drugs (NSAIDs) and sedatives can also cause mood changes, including depression.



For three years, after being diagnosed with RA, Dawan's health continued to deteriorate. She was initially treated with NSAIDs, which did little to diminish her joint pain and did nothing to either halt the progression of the disease or diminish the potential for deformities. Dawan grew more isolated, feeling like RA was taking over her life and that no one understood the severity of her disease.

"Because of the high prevalence of depression in patients with chronic diseases like rheumatoid arthritis, I make a point to talk to my patients about it," says Dr. Jennifer Capezio, M.D., a rheumatologist in Lake Forest, Illinois. "For patients who do express feelings of depression, I let them know that what they are feeling is perfectly normal and

that they are not alone. I encourage them to reach out to other people with the same condition and talk about their feelings and their disease."

In the fall of 2003, Dawan started taking the latest biologic treatment option for RA, HUMIRA (adalimumab), which helps relieve the symptoms of RA and slow disease progression in patients that have failed at least one DMARD (disease-modifying anti-rheumatic drug). After only one injection, Dawan experienced a dramatic improvement in her symptoms and felt virtually pain free after one week.

"I was me again," says Dawan, "I used to limp from my bed to go to the bathroom in the morning, and now I wake up with significantly less pain."

Along with starting HUMIRA, Dawan also became involved in her local Arthritis Foundation, which allowed her to meet and talk with people who had the same feelings and frustrations that she was dealing with. "Being able to talk with other people who understand my disease has helped me keep a good perspective of my disease state," says Dawan.

For more information on RA and depression or new treatment options, please visit ra.com or the Arthritis Foundation at www.arthritis.org.

HUMIRA is indicated for reducing signs and symptoms, inhibiting the progression of structural damage and improving physical function in adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more DMARDs. HUMIRA can be used alone or in combination with methotrexate or other DMARDs.

Important Safety Information

Cases of tuberculosis (TB) have been observed in patients receiving HUMIRA. Serious infections and sepsis, including fatalities, have been reported with the use of TNF-blocking agents, including HUMIRA. Many of these infections occurred in patients also taking other immunosuppressive agents that in addition to their underlying disease could predispose them to infections. The combination of HUMIRA and anakinra is not recommended. TNF-blocking agents, including HUMIRA, have been associated in rare cases with demyelinating disease and severe allergic reactions. Infrequent reports of serious blood disorders and rare reports of lymphoma have been reported with TNF blocking agents. Patients with rheumatoid arthritis, particularly those with highly active disease, are at a higher risk for the development of lymphoma. The potential role of TNF-blocking therapy in the development of malignancies is not known. The most frequent adverse events seen in the placebo-controlled clinical trials in rheumatoid arthritis (HUMIRA vs. placebo) were injection site reactions (20 percent vs. 14 percent), upper respiratory infection (17 percent vs. 13 percent), injection site pain (12 percent vs. 12 percent), headache (12 percent vs. 8 percent), rash (12 percent vs. 6 percent) and sinusitis (11 percent vs. 9 percent). Discontinuations due to adverse events were 7 percent for HUMIRA and 4 percent for placebo. As with any treatment program, the benefits and risks of HUMIRA should be carefully considered before initiating therapy.