



Rheumatoid Arthritis Media Backgrounder

Rheumatoid arthritis (RA) is a chronic, systemic autoimmune disease that can be painful and disabling.¹ RA causes a range of symptoms, including stiffness and swelling in the joints,² particularly those in the hands, feet and knees.¹

Although the exact cause of RA is unknown,¹ it is considered to be an autoimmune disease, because the immune system in people with RA mistakes the body's healthy tissues for a threat and attacks them.¹

Some people are at increased risk of developing RA, including people with a family history of RA, smokers and women.³ Three times as many women are affected by RA compared to men.²

RA affects approximately 23.7 million people⁴ worldwide and 1.6 million people in the United States.^{5,6} It can develop at any time during adulthood, but it usually occurs between 40 and 70 years of age.²

The Impact of Rheumatoid Arthritis

Over time, RA can cause a decrease in physical function and the ability to perform daily activities. Symptoms of RA and impaired physical function can have an impact on quality of life. People with RA are twice as likely to have a physical activity limitation than those without RA.⁷

Diagnosing Rheumatoid Arthritis

An accurate diagnosis of rheumatoid arthritis can be difficult. There is no single test for the condition, and the symptoms develop over time.⁸ Typically, a diagnosis is based upon a number of factors, such as a clinical exam, including pattern of affected joints; lab testing; imaging studies, which can show joint damage; elevated levels of rheumatoid factor and/or anti-cyclic citrullinated peptide (anti-CCP) antibodies in the blood.⁸ Anti-CCP antibodies are highly specific and predictive for RA diagnosis.⁹

Treating Rheumatoid Arthritis

With biologic agents becoming available more than a decade ago, the treatment of RA changed greatly, evolving from conservative treatment designed to control symptoms to aggressive treatment designed to limit joint destruction and disability.¹⁰ Current treatment options for RA are used to limit joint disease activity, alleviate signs and symptoms and maintain physical function.¹¹

International recommendations established by rheumatology medical societies, such as the European League Against Rheumatism and the American College of Rheumatology, set treatment goals of clinical remission or states of low disease activity. To achieve these goals, these organizations support the use of disease-modifying antirheumatic drugs (DMARDs) as soon as an RA diagnosis is made and monitoring treatment and adjusting it every one to three months if the target has not been achieved.^{11,12}

Although multiple treatments for RA are available, some patients do not adequately respond. Specifically, up to one-third of patients do not adequately respond, and about half stop responding to any particular DMARD within five years.^{13,14,15,16,17,18}

Due to the chronic nature of RA, most patients can expect to require treatment for several decades. Additionally, many patients cycle through treatments due to lack of response or intolerance.

Thus, there remains an unmet medical need for additional therapeutic options for patients with moderately to severely active rheumatoid arthritis.

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The information contained in this fact sheet is as of November 2012. Pfizer assumes no obligation to update forward-looking statements contained in this fact sheet as the result of new information or future events or developments.

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