

Rheumatoid arthritis and methotrexate

Summaries and decision aid

Based on Suarez-Almazor M, Osiri M, Emery P, Ottawa Methods Group. Rheumatoid arthritis. In Evidence-based Rheumatology. London: BMJ Books, 2003.

Information about rheumatoid arthritis and treatment

What is rheumatoid arthritis?

Rheumatoid arthritis is a disease in which the body's immune system attacks its own healthy tissues. The attack happens mostly in the joints of the feet and hands, causing redness, pain, swelling, and heat around the joint. There also can be damage to cartilage, bone, tendons, and ligaments. The pain and damage from rheumatoid arthritis limits people's ability to do daily activities at home and work and affects their well-being.

The pain and swelling sometimes gets worse and then gets better on its own. However, if the disease progresses or if it is moderate or severe rheumatoid arthritis and is not treated, it may result in:

- limited daily activities
- deformed joints
- permanent damage to joints
- need for surgery.

What can I do on my own to manage my disease?

✓ exercise ✓ hot/cold packs ✓ relaxation ✓ activity with less stress on joints

What treatments are used for rheumatoid arthritis?

Four kinds of treatment may be used alone or together. The common (generic) names of treatment are shown below.

1. *Pain medicine, aspirin, and non-steroidal anti-inflammatory drugs (NSAIDs)*
 - Acetylsalicylic acid
 - Acetaminophen
 - Celecoxib
 - Diclofenac
 - Etodolac
 - Ibuprofen
 - Indomethacin
 - Ketoprofen
 - Naproxen
 - Piroxicam
 - Rofecoxib
 - Sulindac
 - Tenoxicam
2. *Disease modifying antirheumatic drugs (DMARDs)*
 - Antimalarials
 - Auranofin
 - Azathioprine
 - Cloroquine
 - Cyclophosphamide
 - Ciclosporin
 - Leflunomide
 - Methotrexate
 - Minocycline
 - Parenteral Gold
 - Penicillamine
 - Sulphasalazine
3. *Biologic agents*
 - Etanercept
 - Infliximab
 - Adalimumab
 - Anakinra
4. *Oral corticosteroids*
 - Prednisolone
 - Prednisone

What about other treatments I have heard about?

There is not enough evidence about the effects of some treatments. Other treatments do not work. For example:

- Acupuncture
- Electropuncture
- Ultrasound
- Thermotherapy
- Electrical stimulation

What are my choices? How can I decide?

Treatment for your disease will depend on your condition. You need to know the good points (pros) and the bad points (cons) about each treatment before you can decide.

Rheumatoid Arthritis (RA) decision aid

Should I take methotrexate?

This guide can help you make decisions about the treatment your doctor is asking you to consider.

It will help you to:

1. Clarify what you need to decide
2. Consider the pros and cons of different choices
3. Decide what role you want to have in choosing your treatment
4. Identify what you need to help you make the decision
5. Plan the next steps
6. Share your thinking with your doctor.

Step 1: Clarify what you need to decide

What is the decision?

Should I start taking methotrexate when pain killers such as acetaminophen are not working to control rheumatoid arthritis?

Methotrexate is an injection given at set times within a month or taken as a pill.

When does this decision have to be made? Check ✓one

within days within weeks within months

How far along are you with this decision? Check ✓one

I have not thought about it yet
 I am considering the choices
 I am close to making a choice
 I have already made a choice

Step 2. Consider the pros and cons of different choices

What does the research show?

Methotrexate is classified as: **Beneficial**

There is “Gold” level evidence from 7 reviews (2 are Cochrane Reviews) and 8 more studies of people with rheumatoid arthritis. Studies lasted up to 2 years. These studies found pros and cons that are listed in the chart below.

What do I think of the pros and cons of methotrexate?

1. Review the common pros and cons.
2. Add any other pros and cons that are important to you.
3. Show how important each pro and con is to you by circling from one (*) star if it is a little important to you, to up to five (*****) stars if it is very important to you.

PROS AND CONS OF METHOTREXATE TREATMENT			
PROS (number of people affected)	How important is it to you?	CONS (number of people affected)	How important is it to you?
Improves pain and function 46 out of 100 are helped at least a little 23 out of 100 people are helped a lot	* * * * *	Side effects: diarrhoea, lung infections, headache, nausea, heartburn, and rash 10 out of 100 people had side effects with methotrexate	* * * * *
Slows progress of disease 70 out of 100 people show improvement on x-rays	* * * * *	Unsure of long term side effects and rare serious harms (such as cancer)	* * * * *
Same effect as other DMARDs	* * * * *	Extra clinic visits and blood tests needed	* * * * *
More people stay on methotrexate longer compared to other DMARDs	* * * * *	Cost of medicine	* * * * *
Other pros:	* * * * *	Other cons:	* * * * *

What do you think about taking methotrexate? Check ✓ one

Willing to consider this treatment

Pros are more important to me than the Cons

Unsure

Not willing to consider this treatment

Cons are more important to me than the Pros

Step 3: Choose the role you want to have in choosing your treatment.

Check ✓ one

- I prefer to decide on my own after listening to the opinions of others
- I prefer to share the decision with: _____
- I prefer someone else to decide for me, namely: _____

Step 4: Identify what you need to help you make the decision

What I know	Do you know enough about your condition to make a choice? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Do you know which options are available to you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Do you know the good points (pros) of each option? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Do you know the bad points (cons) of each option? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
What's important	Are you clear about which pros are most <i>important to you</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Are you clear about which cons are most <i>important to you</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
How others help	Do you have enough support from others to make a choice? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Are you choosing without pressure from others? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Do you have enough advice to make a choice? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
How sure I feel	Are you clear about the best choice for you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Do you feel sure about what to choose? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

If you answered No or Unsure to many of these questions, you should talk to your doctor.

Step 5: Plan the next steps

What do you need to do before you make this decision?

For example – talk to your doctor, read more about this treatment or other treatments for rheumatoid arthritis.

Step 6: Share the information on this form with your doctor

It will help your doctor understand what you think about this treatment.

Decisional Conflict Scale © A O'Connor 1993, Revised 1999.

Format based on the Ottawa Personal Decision Guide © 2000, A O'Connor, D Stacey, University of Ottawa, Ottawa Health Research Institute.