

Approach to Rheumatoid Arthritis at the Primary Care

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Dear Editor,


Rheumatoid arthritis (RA) is a chronic, inflammatory, autoimmune and systemic rheumatic disease which might cause sequel and shortens the expected length of life at birth. Although, genetic, hormonal and environmental factors are considered in its ethology, the exact reason of RA is still unknown. The frequency of RA is approximately 1% in worldwide and it is 23 times more common among women [1]. This chronic disease is frequently managed during daily routine family practitioner practices.

There is no primary preservative precaution in RA yet; however, early diagnosis at the primary care will increase the quality of patients. At the secondary care, it is necessary to perform tests including whole blood, hepatitis B and C, PPD and liver functions prior to the initiation of drugs or biological agents modifying the disease [2].

It must be known especially that the patient must be referred to a center that is specialized in RA therapy for a detail examination in case of morning stiffness more lasting than 30 minutes at the joints, symmetrical pain and swallow in hands, feet and small

joints in generally female patients aged between 50 and 55 years. Detailed feed-back of rheumatologist or physical therapist will be a facilitating factor for the follow up the patient by the family practitioner.

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