No-one enjoys taking medicines but most people with arthritis will probably have been prescribed tablets at some point. Some medicines for arthritis are used to treat pain and stiffness and may not need to be taken all the time, and other medicines work to affect the immune system and may need to be taken regularly to be effective.

Non-steroidal anti-inflammatory drugs (NSAIDs)
These include naproxen, diclofenac, ibuprofen and celecoxib. NSAIDs are used to help with the pain and stiffness caused by an injury or arthritis but they do not treat the cause of arthritis or affect the immune system, they just manage the symptoms. What they do can be thought of as similar to cutting the top off a weed - the weed will temporarily be damaged, but they don’t treat the cause of the problem. NSAIDs can be helpful with managing joint stiffness, but can cause irritation of the stomach, bleeding and ulcers, so are often prescribed with other medicines to protect the stomach. In some people, NSAIDs can increase the risk of cardiovascular disease such as heart attack or stroke and may not be safe for people with asthma or kidney problems. In general, NSAIDs should be used at the lowest possible dose for the shortest possible amount of time and in the elderly should probably be avoided completely. NSAIDs are also available as creams or gels to rub into painful areas and this can be an effective and safer way of treating painful joints than taking NSAIDs by mouth.

Analgesics (painkillers)
These are usually divided into medicines called “simple” analgesics such as paracetamol and opioid medicines including codeine, tramadol, co-codamol, and morphine as well as opioid (pain) patches. Simple and opioid analgesics are all pain-relieving medicines. They do not affect the immune system or treat the cause of arthritis; they just help to manage the pain of arthritis.
MEDICATION AND ARTHRITIS

Opioid medicines can be very effective for acute pain, (e.g. pain caused by injury or surgery) but they are often not effective at all for chronic pain (long-term pain) such as the pain of osteoarthritis. If you are taking opioid medicines for chronic pain and you still have pain, it means that the medicines are not working and they should be stopped or reduced. You should not do this suddenly without seeking advice from a healthcare professional, because long-term use your body can become dependent on the medicines and you may suffer unpleasant withdrawal symptoms if you stop suddenly. If you find these medicines helpful, you can continue to take them. If you need regular painkillers, it is often better to take them before the pain starts rather than to wait until the pain becomes unbearable because then it is much more difficult to control.

Disease-modifying anti-rheumatic drugs (DMARDs)
These medicines include methotrexate, sulfasalazine, and hydroxychloroquine. DMARDs are usually used to treat rheumatoid arthritis and other types of “inflammatory” arthritis where the immune system, which usually protects us from bacteria and viruses, starts to attack the joints. These medicines work on the immune system, as if left untreated can cause permanent joint damage and lead to disability. DMARDs treat the cause of the problem which is the immune system, rather than only the symptoms. If you are taking DMARDs, it is very likely that you will need to take them in the long-term as they take several weeks or months to start working and can't be used in the same way as painkillers if pain suddenly gets worse.

“Biologic” medications
These are injectable medicines given for severe rheumatoid arthritis and other types of inflammatory arthritis. They should not be stopped without medical advice.

Steroids and arthritis
Steroids or corticosteroids are medicines based on the body’s own natural chemicals, that are produced during periods of extreme stress. In arthritis, steroid medicines can help reduce inflammation and swelling inside the joints.
MEDICATION AND ARTHRITIS

They can be given as tablets, injections into muscles or injections into joints. Steroid tablets can be very useful in life-threatening conditions but in the long-term can be harmful, so their use should be kept to a minimum. Steroid injections can be very safe and helpful for reducing pain, stiffness and swelling in inflamed joints, but most professionals would not recommend having too many injections into individual joints because of a potential for causing harm.

Frequently Asked Questions

> Do I need to take my tablets every day?
If you have rheumatoid arthritis or another type of inflammatory arthritis, it may be possible for you to reduce your DMARD medicines if your arthritis is well-controlled, but it is very important that you do not do this unless it has been advised by a healthcare professional. This is because inflammatory arthritis is a disorder of the immune system, which is very likely to come back or get worse if you stop your medicines suddenly. If you are taking painkillers or anti-inflammatory medicines, you may find your pain improves and that you do not need these medicines every day. Try reducing the number of painkillers or NSAIDs that you take to see if you really need them – you may find that your pain and stiffness do not increase. Your arthritis will not get worse and you will not come to any harm if you stop or reduce these medicines if you are feeling better.

> What happens if I forget to take a dose?
Try to take the medicine as soon as you remember but do not double up the dose as this could be dangerous.

> What should I do if I am having a flare-up?
If you are not already taking the maximum dose of your painkillers or NSAIDs, you could try increasing the dose temporarily until the pain settles. Try resting the joints or applying heat or cold, or you could try NSAIDs in a cream or gel which you can rub into painful joints. If you are planning an activity which you know may be painful, try taking your medicines in advance to prevent the pain.