

Arthritis and Medication

ARTHRITIS ACTION FACTSHEETS



Most people with arthritis will probably have been prescribed tablets at some point. Some medicines for arthritis are used to treat pain or stiffness and may not need to be taken all the time, while other medicines work to affect the immune system and may need to be taken regularly to be effective. In this factsheet, we will breakdown some of the medicines you may come across for managing your condition.

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. They do not treat the cause of arthritis or affect the immune system itself, but just manage the symptoms that you feel. It is similar to cutting the top off a weed – the weed will temporarily be damaged, but the root of the problem isn't stopped.

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. 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.

Opioid medicines can be very effective for acute pain, (for example pain caused by injury or surgery) or for the pain of cancer, but they are often not effective at all for chronic pain (long-term pain) such as the pain of arthritis. All opioids are very addictive and are dangerous due to the risk of overdosing. For this reason, their use should be kept to a minimum and preferably they should not be prescribed at all for arthritis pain.

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 your body can become dependent on the medicines over long-term use, and you may suffer unpleasant withdrawal symptoms if you stop suddenly. Many hospital pain departments now have clinics designed to help people reduce the amount of opioid medicines they are taking.

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.

Amitriptyline

Amitriptyline is an example of a medicine called a tricyclic antidepressant (TCA), which are older types of antidepressants that are rarely used now. In a very low dose, amitriptyline is not used for depression but instead can be useful to help with pain. The medicine is especially useful for “neuropathic” pain where nerve endings around painful joints become overactive. Amitriptyline can also be very useful for improving sleep quality.

Gabapentin and Pregabalin (Gabapentinoids)

Gabapentin was originally designed as an anti-epilepsy drug. The medicine inhibits nerve impulses, which was found to be useful for some people with neuropathic pain. Pregabalin is a similar medication. Both of these drugs can have many side effects including weight gain, nausea, and disorientation, although they can be useful for some people with arthritis if their joint pain has a neuropathic cause.

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 our immune system (which usually protects us from infections) starts to attack the joints. These medicines work on the immune system, because if inflammatory arthritis is left untreated then it may cause permanent joint damage and disability. DMARDs treat the cause of the arthritis itself, 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 because 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 include infliximab, etanercept, adalimumab and some of the newer agents including abatacept and tocilizumab. These are medicines that target different parts of the immune system, and are given by injection or infusion. They are used for severe rheumatoid arthritis and other types of inflammatory arthritis.

JAK inhibitors

These are the newest type of medicines developed for inflammatory arthritis and include baricitinib and filgotinib. These medicines also target part of the immune system. However, unlike older biologic medicines, they can be given as a tablet rather than as an injection.

Steroids and Corticosteroids

Steroids or corticosteroids are medicines based on the body's own natural chemicals which are produced during periods of extreme stress. In arthritis, steroid medicines can help reduce inflammation and swelling inside the joints. 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. For this reason, 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. However, 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, and 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 doesn't 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 start taking the medicine again 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 before it gets worse.