Medications for Inflammatory Arthritis

MEDICATION MANAGEMENT



There are several groups of medications used for inflammatory arthritis and these broadly fall into two categories - those that are used for short-term or emergency treatment of arthritis symptoms or flares such as painkillers and corticosteroids (steroids), and those that are used longer-term to help better manage the immune processes or inflammation that can cause joint damage and disability, such as disease modifying drugs or biologics.

Short-term Treatments for Inflammatory Arthritis

You may be prescribed simple over-the-counter pain killers such as paracetamol, stronger prescription painkillers such as codeine and non-steroidal anti-inflammatory drugs (NSAIDs), for example naproxen and ibuprofen.

All of these drugs, especially NSAIDs, should be used at the lowest possible dose for the shortest amount of time possible to manage the symptoms of flares. Using these treatments over longer periods can lead to other problems.

Non-steroidal anti-inflammatory drugs (NSAIDs) *Tablets*	**Corticosteroids (steroids)** *Tablets*	**Opioids (e.g. codeine)**
Long-term NSAID use can cause problems with inflammation in the stomach and small intestine (even if used with proton pump inhibitors such as omeprazole), kidney problems, high blood pressure and cardiovascular disease, so their oral use should be limited.	Corticosteroids should be used sparingly, especially by mouth as they have significant immunosuppressing effects and over time can cause diabetes, high blood pressure, thinning of the skin, osteoporosis and many other health issues.	Opioid-based painkillers such as codeine can be useful for pain emergencies but do not work longer-term and can lead to problems with dependence.

Other Short-term Treatments

Corticosteroid (steroid) injections

Corticosteroids (steroids) are fast-acting immune suppressors, so they can be useful for helping with arthritis flares.

Steroids can be given locally into an inflamed joint via an intramuscular injection to help with the joints and arthritis symptoms generally.

Topical non-steroidal anti-inflammatory drugs (NSAIDs)

NSAIDs can also be prescribed as a gel, for example diclofenac or ibuprofen, which can be applied directly to inflamed joints and these preparations are much safer long-term.

Long-term Treatments for Inflammatory Arthritis

Your medical team will look at other treatments to manage your inflammatory arthritis longer- term which aim to manage the inflammation on a day-to-day basis.

They may consider:

- Non-biologic disease-modifying anti-rheumatic drugs (DMARDs) (for example methotrexate and sulfasalazine)

- JAK-inhibitors such as baricitinib, and biologic medicines such as adalimumab or etanercept.

These medicines are not painkillers so are not used short-term but work by modulating the immune processes that cause inflammation and joint damage. They need to be taken regularly and long-term and typically take up to 12 weeks to become effective.

Most biologic medicines are given by injection, which can either be done as an infusion in hospital or via an injection pen which you will be taught how to use yourself.

Managing Medication Side Effects

All medicines have the potential to cause side effects, some of which may be mild and easy to manage and others that are potentially serious or more difficult to control.

Whilst healthcare professionals tend to worry more about serious side effects, they are aware that for patients, common side effects, for example nausea or constipation, can be much more of a problem and lead to day-to-day problems with taking your medication.

Sharing your concerns, however small, can help your rheumatology team to find ways to overcome these with you. They are aware that some side effects can be such a problem that patients miss doses or do not take their medicines at all so don’t be afraid to tell them.

If you have any worries about your medicine or have been missing doses because of side effects, it is important that you tell your prescriber so that they can take these issues seriously and you try to solve the problem together.

To manage the side effects, you may be given other treatments or have other checks at the same time.

Non-steroidal anti-inflammatory drugs (NSAIDs)

Tablets

NSAIDs cause gastrointestinal irritation including heartburn and sometimes gastric bleeding, so most people should be co-prescribed with a proton-pump inhibitor such as omeprazole and be told to only take with or after food.

Corticosteroids (steroids)

Tablets

Use of high dose corticosteroids, or lower doses for long periods can cause rapid bone loss, so should be co-prescribed with calcium and Vitamin D at a minimum, and will often be prescribed with a bisphosphonate such as risedronate to prevent fragility fractures.

Corticosteroids by mouth commonly also cause gastric irritation and significant insomnia, so should be taken with food first thing in the morning to minimise these issues.

Methotrexate

Methotrexate commonly causes a sore mouth and nausea. These can usually be improved by taking folic acid tablets at the same time.

For some people, nausea is so severe that methotrexate is stopped, and if so, it can be much better tolerated if given by a weekly injection instead.

Disease-modifying drugs

All disease-modifying drugs can cause problems with the liver and blood count, so anyone taking these medicines needs to have regular blood tests to make sure that they are safe.

Disease-modifying drugs should not be stopped before joint-replacement surgery because this can lead to an increased risk of post-operative infection.

Biologic medicines

Biologic medicines can increase the risk of serious infections so need to be stopped before major surgery, and when taking antibiotics.

Opioids (e.g. codeine)

Opioids can cause nausea and constipation, so if being used for more than a day or so, laxatives should almost always be prescribed at the same time, and anti-nausea medicine may be offered too.

Taking Your Medicine

If medicines aren't taken regularly, they may not work as well. Healthcare professionals know that 1 in 2 patients don't take their medicine as prescribed and there are many reasons for this. However, this can lead to symptoms becoming harder to control and may even cause long term problems. It can also lead to unnecessary changes in treatment.

It is human nature to forget to take doses or get confused about when to take the medicines or their purpose.

As well as side effects there are other reasons you may be having issues.

With injection treatments (biologics) some people find injections difficult or feel nervous about needles. This is very common, and you should never feel embarrassed to mention it. Your team can help you find ways to make injections easier or explore other options.

How Your Healthcare Team Can Support You

Your doctor, nurse or pharmacist can help by:

- Explaining clearly what each medicine is for
- Talking through any worries or side effects
- Reviewing your medicines regularly
- Reducing the number of medicines you take, where possible
- Helping you find a routine that fits your daily life

Specialist rheumatology nurses often have more time to talk through concerns and can offer practical advice about injections, side effects and long-term treatment.

Practical Tips That Can Help

Many people find these simple ideas useful:

- Keep medicines somewhere visible, like next to your toothbrush
- Use a pill organiser or dosing box
- Set reminders on your phone
- Link taking your medicine to something you already do every day
- Ask about prescription prepayment certificates if cost is a worry

You're not alone

Struggling with medicines is very common. What matters is having honest conversations so you can get the support you need. Your healthcare team wants to work with you to make your treatment as easy and effective as possible

Last reviewed: 16 October 2026

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