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TREATMENT

Patients' 9 Biggest Concerns About Rheumatoid Arthritis Medication Side Effects

These are questions every RA patient has considered at some point. Here are the answers you need to make better treatment decisions.



Taking medication for any condition carries some risks, but information is power. Here is the information you need to make sense of potential side effects so you can balance them against the benefits of treating your rheumatoid arthritis (RA).

Read more here about [what every RA patient should know about drug side effects](#), as well as get a [checklist of questions to ask your doctor any time you start a new RA medication](#).

1. My medication came with an insert that includes a long list of side effects. Am I guaranteed to have one or more of them?

Not at all. Drug manufacturers are required to tell you about all those potential side effects, but there's a less than 10 percent chance that an individual patient will experience a side effect of any FDA-approved drug, says Kathryn Dao, MD, associate director of clinical rheumatology at Baylor Research Institute in Dallas, Texas.

The chance that you'll experience a serious side effect — such as an infection that requires being hospitalized — is even lower: less than 5 percent.

2. Is there anything I can do to lower my risk further?

Yes. It starts by picking the right drug, which means working with your doctor to choose the option that you both think will work best for your RA and will be the safest, given any other conditions and risk factors you might have, says Kevin Winthrop, MD, a professor of infectious diseases and public health at Oregon Health & Science University in Portland. Also key: If you take methotrexate, as many RA patients do, [pairing it with a folic acid supplement](#) can help counter many of its side effects, says Dr. Dao.

3. What if I'm especially concerned about a specific side effect?

Tell your doctor. There are many RA treatments to choose from. Each drug has a different side effect profile. Tell your doctor what's on your mind and they can help you choose a medication that's less likely to cause the problem you're worried about, says Dr. Winthrop.

4. I heard methotrexate is a chemotherapy drug. Doesn't that mean it's toxic?

Methotrexate is, in fact, sometimes used to treat cancer — but “the dose makes the poison.” Cancer patients typically take 100 to 300 mg of methotrexate, says Dr. Dao; people with RA are usually prescribed 10 to 25 mg a week. This means that the side effects of methotrexate are much different for treating RA than they are for cancer.

5. Many RA drugs raise the risk of infection. How worried should I be about this?

Serious infections do happen. This is because RA drugs work on the immune system to reduce inflammation, which can also make you more susceptible to infections. With certain RA drugs, [your doctor will test you for inactive tuberculosis \(TB\)](#) and treat that first if you have it. That said, most patients who take RA drugs that suppress the immune system only end up with a few more minor infections like colds or urinary tract infections, says Dr. Dao.

Here’s more information on other [tests you should get before starting a biologic for RA](#).

6. Are biologics more apt to cause side effects than other types of RA drugs?

No. Some biologic drugs, including TNF inhibitors, are considered “safer” than methotrexate, which is not a biologic,, says Dr. Dao, who adds that pregnant women can use TNF inhibitors but cannot take methotrexate. Long-term use of corticosteroid medication, like prednisone, also generally confers a greater risk of side effects than do biologic drugs. “Biologic” just means that a drug is made from a natural source (animal or human protein) rather than from a synthetic compound.

7. If I develop side effects after agreeing to take a drug, can I stop?

Of course — you’re not signing a long-term contract. That said, your doctor may advise you to wait a certain period of time to see how you adjust to a new drug before making any changes. You should also know that certain medications can take a while to get out of your system. After starting rituximab, for instance, it can remain in your body for up to a year. And some drugs, like prednisone, need to be tapered off slowly.

Never stop a drug without first talking to your doctor.

8. Why do new side effects sometimes come to light after a drug has been approved by the Food and Drug Administration (FDA)? Shouldn’t these have been sorted out earlier?

Clinical trials leading up to FDA approval yield a lot of information about drug efficacy and safety (including possible side effects), but they’re done on a relatively small group of patients compared to how many people end up using these drugs after they hit the market, says Barbara Young, PharmD, editor of consumer medication information at the American Society of Health-System Pharmacists. Adverse events may be reported by patients and doctors after a drug is out for some time; sometimes drug manufacturers also conduct post-marketing studies that lead to new information about side effects.

9. Where can I find more information about a drug I’m taking?

Your doctor or pharmacist is always a good place to start, as is the drug manufacturer’s website. You can also search the [FDA’s Medication Guide Database](#) or consult [safemedication.com](#).

Keep Reading

- [Tips to Help You Remember to Take Your Arthritis Medications](#)
- [What to Do Any Time You Start a New Medication for Arthritis](#)
- [Signs to Consider Switching Your Arthritis Medication](#)

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