Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · RHEUMATOLOGY

Rheumatoid arthritis
the first twelve weeks change the outcome

Rheumatoid arthritis is an autoimmune condition attacking the joint lining. Unlike osteoarthritis it is inflammatory, systemic, and causes permanent joint damage if untreated — and there is a well-defined window early on during which treatment substantially alters the long-term course.

Seek urgent assessment if you have

- a **single hot, red, swollen joint with fever** — possible septic arthritis
- **severe neck pain with pins and needles, weakness or clumsiness** in the hands
- **breathlessness, chest pain or a persistent dry cough**
- **a red painful eye** or sudden visual change
- a **flare with fever and feeling systemically unwell** while on immunosuppressive treatment
- **new numbness or foot drop**

Anyone on immunosuppressive treatment who develops a fever needs prompt assessment, as infection can present atypically and progress quickly. Neck instability is a recognised complication of long-standing rheumatoid arthritis and must be flagged before any general anaesthetic.

Referral should be within weeks, not months

NICE recommends urgent referral to rheumatology for anyone with **persistent swelling of the small joints of the hands or feet**, or more than one joint, or a delay of three months or more between symptom onset and seeking help — and to refer **even if blood tests are normal**. Around a third of people with rheumatoid arthritis have negative rheumatoid factor. A normal blood test in someone with persistent joint swelling should not close the door; it should prompt referral. Starting treatment within about twelve weeks of symptoms beginning gives the best chance of long-term remission.

Early symptoms

- **Morning stiffness lasting more than 30 minutes**, often an hour or more — the key distinction from osteoarthritis, where stiffness lasts minutes

- **Swelling of the small joints** of the hands and feet, typically **symmetrical**, sparing the end finger joints
- difficulty making a fist, gripping, or squeezing across the knuckles
- **fatigue that is out of proportion**, low-grade fever, weight loss
- improvement with movement and worsening with rest — the reverse of wear-and-tear pain
- early foot involvement is common and frequently overlooked

Tests

- **Rheumatoid factor and anti-CCP antibodies** — anti-CCP is more specific and can be positive years before symptoms.
- **CRP and ESR**, and a full blood count.
- **Ultrasound** detects synovitis and erosions earlier and more sensitively than X-ray, and can confirm inflammation where examination is equivocal.
- X-rays of hands and feet as a baseline.
- None of these makes the diagnosis alone — it is clinical, supported by tests.

Treatment

Treat to target
aiming for remission, reviewed monthly at first

DMARDs
started early, often methotrexate

Biologics
where DMARDs are not enough

- **Conventional DMARDs** — methotrexate is usual first-line, often combined with others. It takes 6 to 12 weeks to work fully, and **folic acid is taken alongside** to reduce side effects.
- **Methotrexate is once weekly.** Taking it daily by mistake is dangerous and has caused deaths — check the day on the box, and keep it separate from daily medicines.
- **Steroids** as a short bridge while DMARDs take effect, or for flares.
- **Biologics and JAK inhibitors** where response is inadequate.
- **Regular blood monitoring** is required throughout.
- **Avoid live vaccines** on immunosuppression; have flu, COVID and pneumococcal vaccination.

Alongside treatment

- **Keep moving.** Exercise does not damage inflamed joints and improves pain, function and fatigue. Hydrotherapy and low-impact work suit flares.
- **Stop smoking** — it both causes rheumatoid arthritis and reduces treatment response.
- **Cardiovascular risk is raised** by the inflammation itself; blood pressure, lipids and glucose should be checked annually.
- Occupational therapy for hand splints, joint protection and workplace adjustments.
- Dental health matters — gum disease is associated with worse disease activity.

Why come to us. The delay between noticing swollen fingers and seeing a rheumatologist is where the damage happens. We can assess you within days, take **anti-CCP, rheumatoid factor, CRP, ESR and full blood count in-house** with results explained the same visit, and perform **ultrasound on site** to confirm synovitis — then refer to rheumatology with the workup complete rather than starting the queue from scratch. Seven days a week, no referral needed.

Assessed in days, with the workup already done

Anti-CCP and ultrasound on site, results the same visit.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Musculoskeletal** · **Blood Tests** · **Ultrasound Scans** · **Physiotherapy** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

Ref: TBH-PIL-215

This leaflet is based on current NHS and NICE NG100 guidance on rheumatoid arthritis in adults. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.