

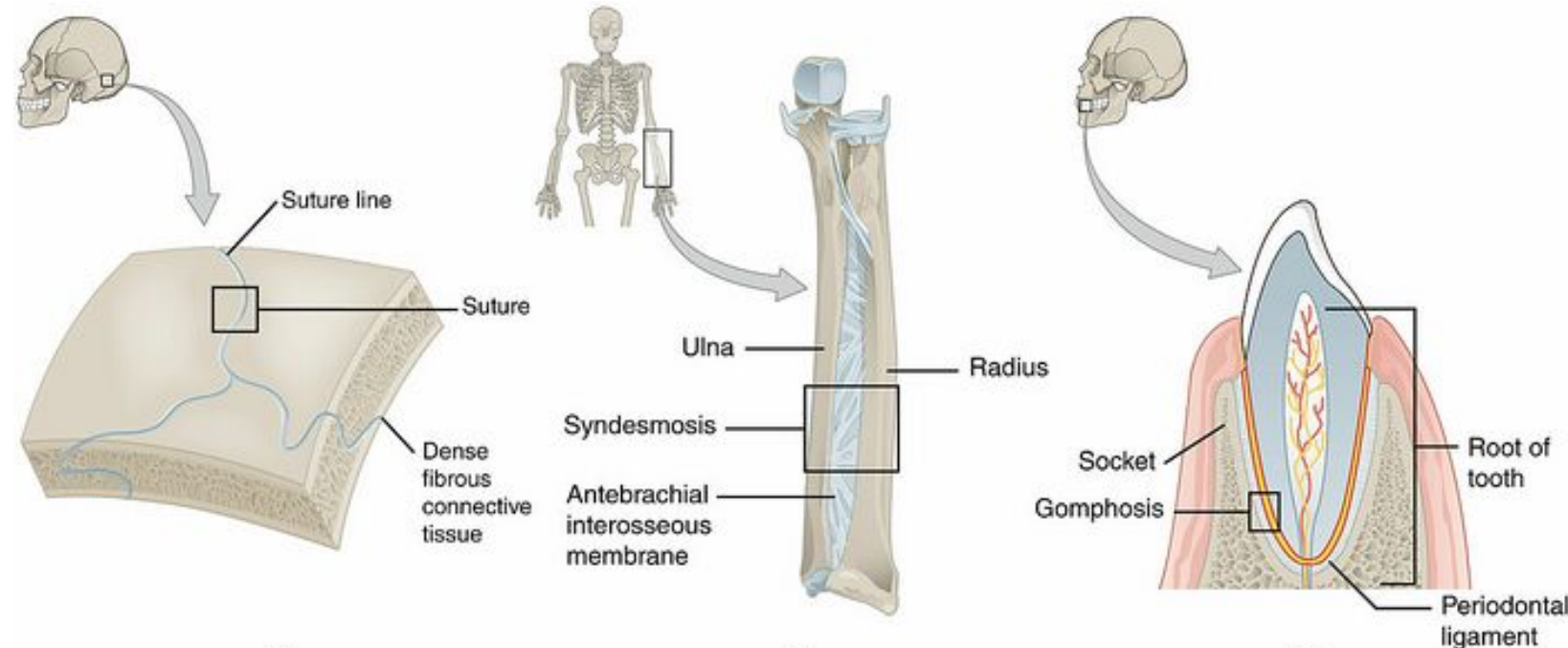
Pharmacology 4th Stage

Drugs for Joints Disorders Part I

Dr. Ali Al-Athari

- **Joints:**

- Joints allow movement while providing mechanical stability.
- They are classified as *solid (nonsynovial)* and *cavitated (synovial)*.
- **The solid joints** provide structural integrity and allow only minimal movement. They lack a joint space and are grouped according to the type of connective tissue (fibrous tissue or cartilage) that bridges the ends of the bones. Solid joints include the **cranial sutures and the bonds between roots of teeth and the jawbones.**



COMMON RA TREATMENTS

NSAIDS

A.K.A. non-steroidal anti-inflammatory drugs (think ibuprofen). Often need high doses.



DMARDs

Short for disease-modifying anti-rheumatic drugs. Usually your first line of treatment.



BIOLOGICS

Newest kids on the Rx block. Offer powerful and highly targeted treatment to slow RA progression.



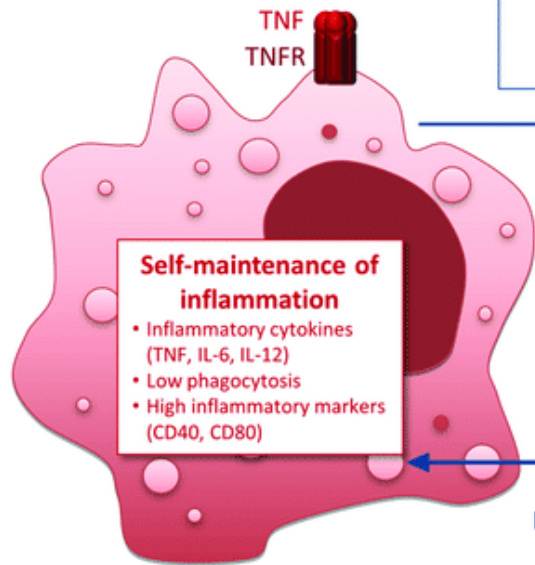
STEROIDS

Helpful for calming flares. Can be injected into joints for quick relief. Best for short-term use only.



RHEUMATOID INFLAMMATION

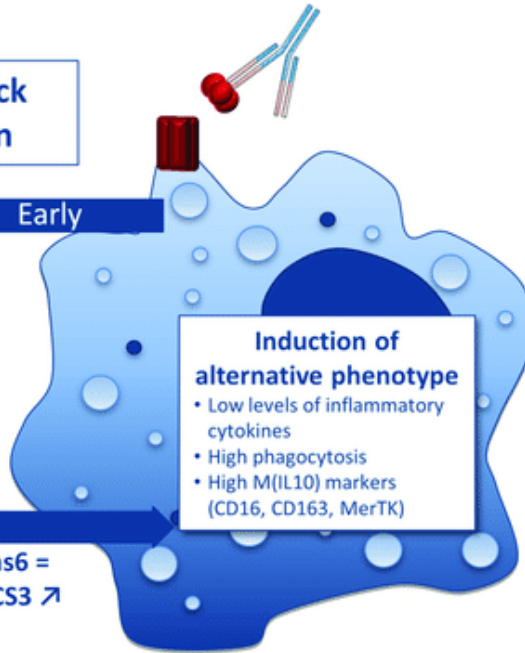
Without treatment



Negative feedback on inflammation

IL-10
↓
STAT3

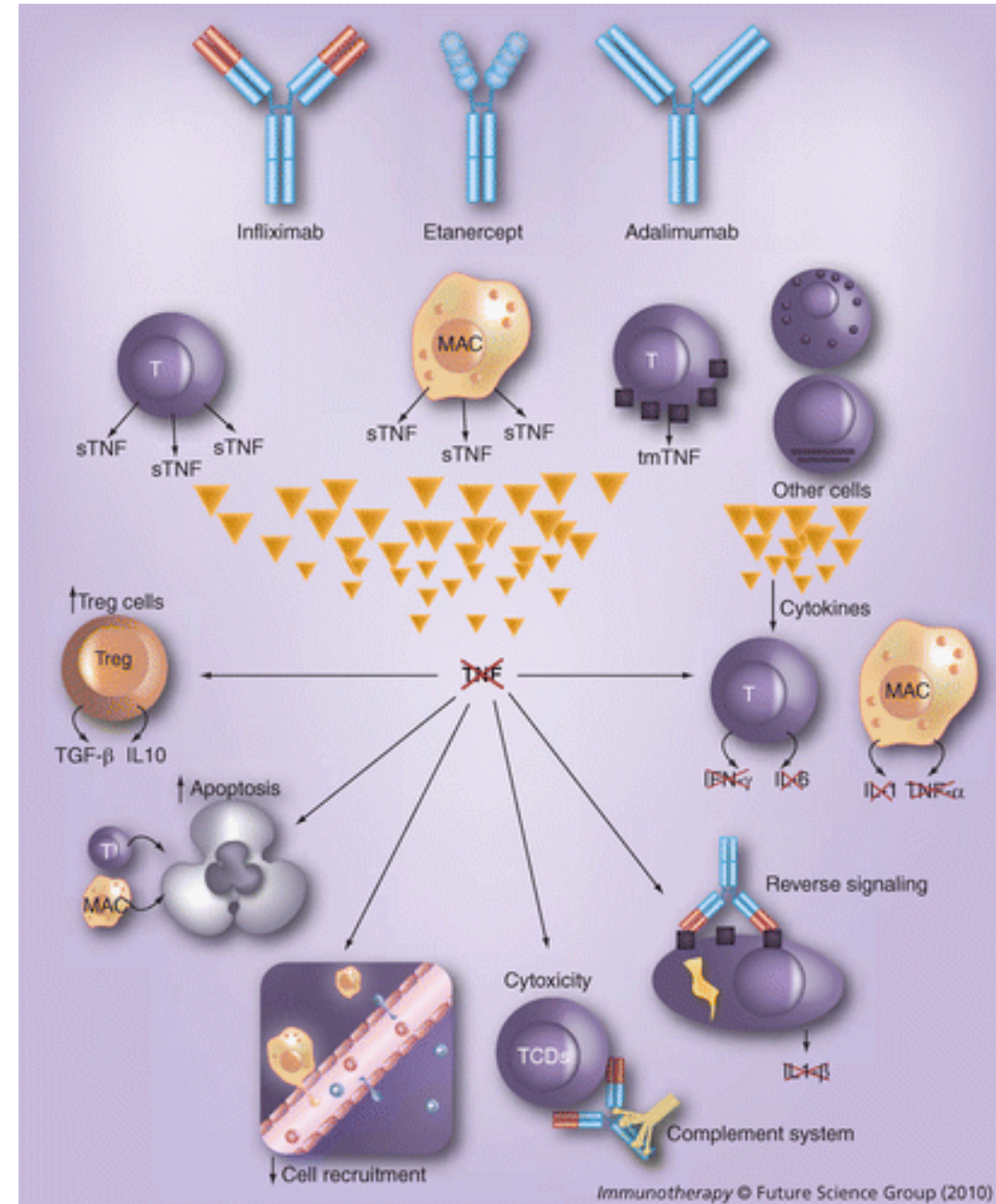
With anti-TNF agent



Early

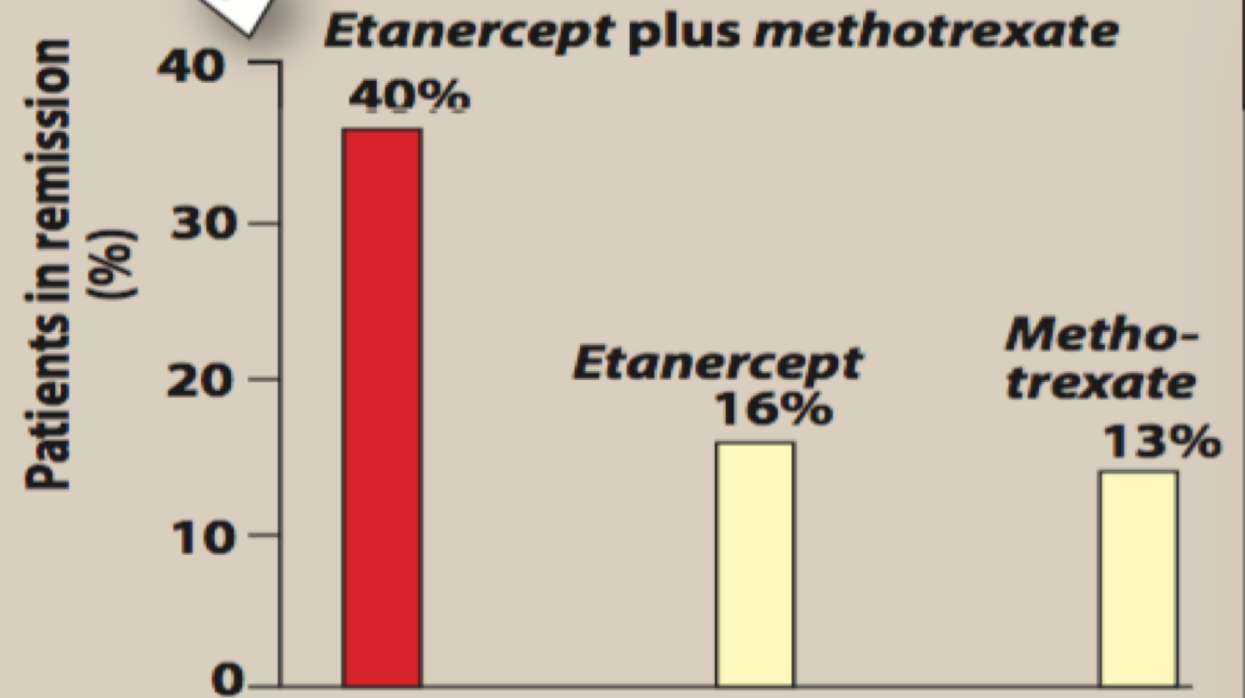
Gas6 ↓
Low SOCS3

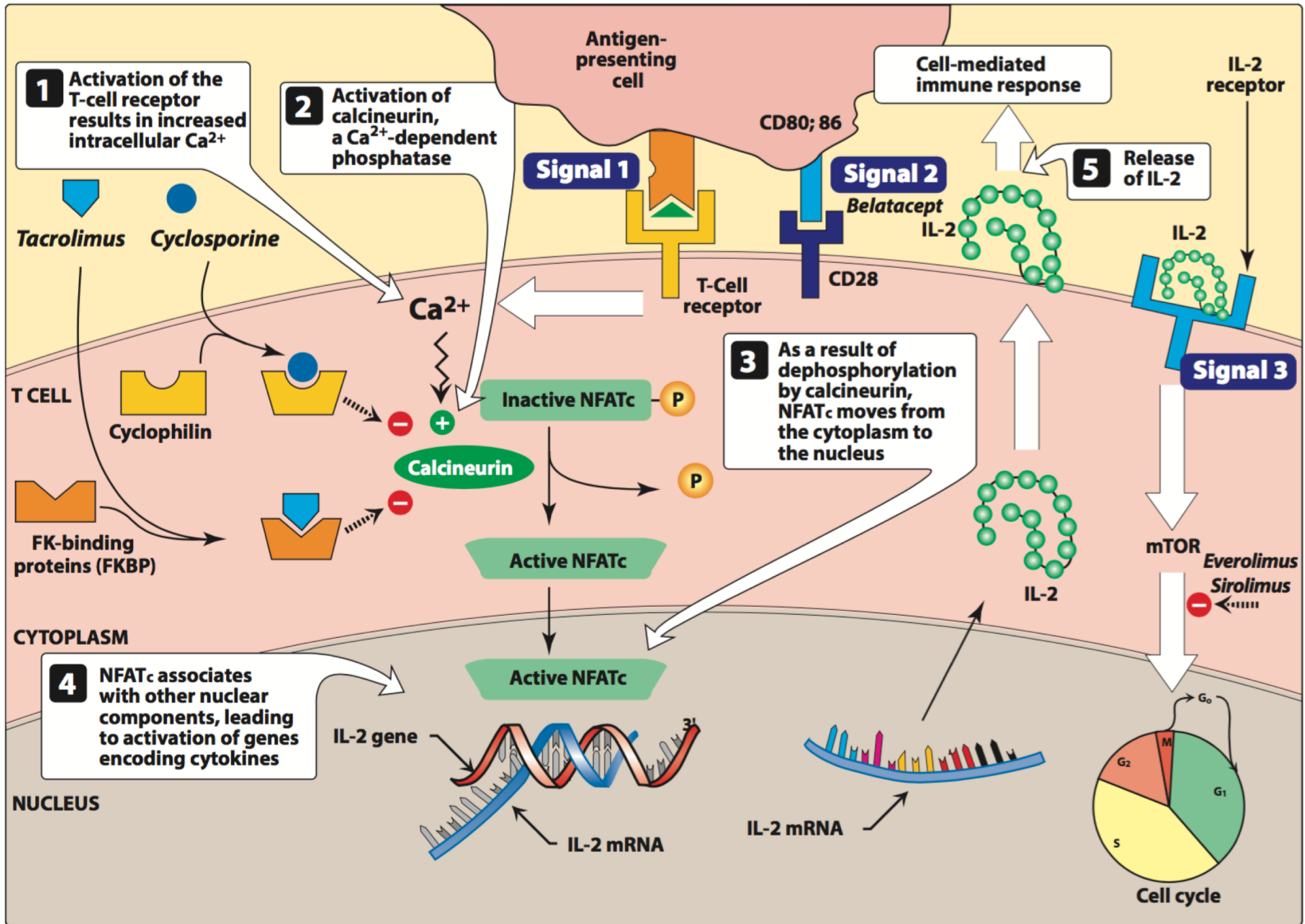
Gas6 =
SOCS3 ↑



-The combination of *etanercept* and *methotrexate* is more effective than *methotrexate* or *etanercept* alone in retarding the RA disease process, improving function, and achieving remission .

The incidence of remission in patients receiving *etanercept* plus *methotrexate* was greater than that found in patients taking *etanercept* or *methotrexate* alone.





Thank
you