Smoking and Rheumatoid Arthritis: what you need to know

If you're reading this leaflet, it is likely that you are both a smoker and have Rheumatoid Arthritis (RA). You are probably familiar with the risks associated with smoking, but you may not be aware of the impact that smoking can have on your RA.

As you will know, RA can dramatically affect your quality of life. It is therefore important that people with RA are aware of the impact smoking can have on the development and management of their condition.

The simple facts are:

- Smoking can increase your risk of developing RA
- RA patients that smoke may have a higher risk of cardiovascular disease
- Smoking can weaken the effectiveness of your RA medication
- RA may be more severe in smokers than non-smokers
- Quitting is one of the best things you could do for your RA

This leaflet aims to give you the facts about smoking and RA, to give you the best chance of managing your condition, and giving smoking the thumbs down.

Smoking can increase your risk of developing RA

RA patients that smoke may have a higher risk of cardiovascular disease

Smoking can weaken the effectiveness of your RA medication

RA may be more severe in smokers than non-smokers

Quitting is one of the best things you could do for your RA

If you'd like to quit smoking, you can get FREE help and support from your local Stop Smoking Service by calling 0800 025 3000.

If you'd like further information on RA and smoking, visit the National Rheumatoid Arthritis Society online at www.nras.org.uk
Smoking and Rheumatoid Arthritis: a handy guide.

Smoking and Rheumatoid Arthritis: the facts

The facts speak for themselves:

- Heavy smoking can increase the risk of developing RA by up to 100%1.
- RA patients that smoke may have a higher risk of cardiovascular disease2, 3.
- Smoking can weaken the effectiveness of RA medication4, 5.
- RA may be more severe in smokers than non-smokers6.

Let’s look at those facts in more detail:

Smoking can increase your risk of RA

Evidence shows that cigarette smoking can cause your body to produce antibodies that are strongly associated with the development of RA7.

RA patients that smoke may have a higher risk of developing cardiovascular disease

RA can increase your risk of cardiovascular disease. When combined with the dangers of cardiovascular disease associated with smoking, the overall risk to RA patients may be increased2, 3.

Smoking can weaken the effect of your RA medication

As you will know there are many forms of treatment available for people with RA and how you manage your RA can make up a significant part of your life. It has been found that smoking may reduce the effect of RA treatments including anti-TNF agents and disease-modifying anti-rheumatic drugs (DMARDs)4, 5. Patients with RA who smoke may find that higher doses of medications are needed to control their arthritis than used for non-smokers8.

RA may be more severe in smokers than non-smokers

Smoking has been shown to worsen RA symptoms and therefore increase the overall progression and severity of the disease6.

Quitting smoking is one of the best things you could do for your RA

Quitting smoking will allow you to improve your overall health, reduce the severity of your disease and ensure your RA treatments work as effectively as possible1-8.

What can I do?

You could start by finding out about all of the free NHS services available to support you as you go smokefree. Visit the national Smokefree website at www.smokefree.nhs.uk or, if you are not sure where to start, call your local Stop Smoking Service. Their trained NHS advisors can talk you through the options and help you to decide what method of quitting would suit you best.

If you’d like more detailed information on RA, the National Rheumatoid Arthritis Society can help. They provide support and information for people with Rheumatoid Arthritis and Juvenile Idiopathic Arthritis, their families, friends and carers. Visit the website at www.nras.org.uk

References

5. Westhoff G et al. Rheumatoid arthritis patients who smoke have a higher need for DMARDs and feel worse, but they do not have more joint damage than non-smokers of the same serological group: Rheumatology 2008;47:849–854.