

GUIDE TO RA

LIVING WITH RHEUMATOID ARTHRITIS

Health**monitor**[®]

FEEL YOUR BEST!

- ❑ Track your symptoms
- ❑ Make sure your treatment is all it could be
- ❑ Give pain and swelling the boot!

“I’m going for the gold!”



The right treatment plan lets Cara pursue her passion for ice dancing

COMPLIMENTS OF YOUR HEALTHCARE PROVIDER



GUIDE TO RA



22 RA warriors Meredith Hutter Chamorro (above) and Dina Neils (right) share their strategies for staying active and feeling great!



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Live the life you love

Today's treatment options can help you thrive despite RA!



Like so many others, Glenna R. joined a gym once the New Year started. For most people, no big deal. But for Glenna, who was diagnosed with RA, a chronic autoimmune disease, eight years ago, “It was huge! Just last year, I was having trouble walking, and I could hardly scramble eggs for breakfast, my wrists hurt so much! I thought, *Is this what the rest of my life is going to look like?*”

Glenna decided then and there that she didn't want to live with her limitations if she didn't have

to, so she made an appointment with her rheumatologist to let him know she wanted to try a new therapy. Smart move, according to New Orleans-based rheumatologist Madelaine Feldman, MD. Being involved in your care—sharing how you're feeling and what you're able to do or not do—helps your doctor determine which therapy to try.

“You are an important member of the team,” stresses Dr. Feldman. “Not only do you help your rheumatologist evaluate how well your disease is controlled, you

also make choices that keep your body at its fullest potential.” That includes eating healthy, moving more and following your treatment plan. Because RA affects your whole body—not just your joints (*See p. 11 for more.*)—those steps can really pay off.

Glenna is proof: “My joints feel so much better—less tender and less swollen—since I started on a new medication,” she says. “I can walk, cook—no problem. And I'm a regular at the gym now. Being in remission really feels great!” 🐾

Your RA care team

These pros will be with you every step of the way.

- **Rheumatologist:** MD who specializes in treating RA and other forms of arthritis.
- **Primary care physician:** MD who checks your overall health, and coordinates care with your rheumatologist.
- **Nurse practitioner/physician assistant:** provides routine care and education.
- **Rheumatology nurse:** specializes in the care of those with rheumatic disease.
- **Physical therapist:** teaches you proper exercise techniques.
- **Occupational therapist:** teaches you how to perform daily activities more easily.
- **Orthopedic surgeon:** MD who specializes in surgery to repair joints and tendons.

“I’m going for the gold!”

Being faithful to her treatment plan helps Cara Zanella work full-time, exercise daily and skate competitively—at 50!

—BY KATHLEEN ENGEL

At 4 AM, when most of us are clinging to those last precious hours of sleep, Cara Zanella of North Huntingdon, PA, gets up to exercise. A 30-minute video workout is the usual start to her day, followed by eight hours at the office (Cara is the communications director for a nearby school district) and an hour or two at an ice rink after work! Feel tired just reading that? Well, get this: Cara, a U.S. figure skating gold medalist since 2015 and online coach for the Beachbody

exercise video series, also has rheumatoid arthritis. “I don’t have any pain anywhere,” she says. “I have tremendous energy. And I’m ecstatic I’ve gotten to this point and have been able to maintain it for three years! Because I know the pain and fatigue that comes from RA—it’s a horrible place to be. The fact that I feel normal—I’m back to the old Cara!—it’s awesome!”

“I knew I needed to take control of RA” But for several years following her diagnosis

at age 40, Cara struggled. “I couldn’t lift my arm to shampoo my hair. My husband had to help me get dressed. Driving was a challenge—just turning the steering wheel was ridiculous!” At night, she slept sitting up. “I had pain in my hips, knees—everywhere!”

Knowing the potential long-term consequences of RA—including damage to the eyes, lungs and heart and, potentially, a shorter life span—Cara was determined to fight back. She tried methotrexate, but hated the hair loss she

experienced and the way the drug made her feel. “I told my doctor, “This isn’t acceptable. What are my alternatives?”—and was prescribed a biologic medication, which brought the relief she sought with few side

effects. In fact, she’s still on it today. What’s more, she felt good enough that she took the advice of a hockey coach and started ice-skating again at age 42, after a 24-year break from her childhood passion. Cara focuses



“It feels amazing to be back on the ice,” says Cara, a pro-amateur ice dancer.

on ice dancing, and now competes as part of a pro-amateur duo.

To avoid flares, she fine-tuned her diet, avoiding foods like sugary treats, wine and cocktails, that seem to inflame her joints. On the rare occasion she eats something sugary, the ache in her left wrist returns and she quickly gets back “on plan.”

Every Friday, Cara injects herself with her

medication. (Since she feels tired after taking it, she times it so she can get more sleep over the weekend.) On Sunday, she prepares her food for the week and portions it into containers. She stops eating for the day at 6 PM to manage her weight and goes to bed at 9 PM to get enough sleep—even if it means taping her favorite shows for another day’s viewing.

With everything in place— medication, diet, exercise and adequate rest—Cara has been pain-free for three years.

With everything in place, Cara has been pain-free for three years.

“You have to be patient!”

“Remission doesn’t happen all at once,” she adds. “Changes are gradual. You might notice you can climb

the stairs better than you could before. You just have to be patient, and realize that every day you’re working toward a goal. RA isn’t going to go away—it’s a lifelong disease. Your healthy lifestyle shouldn’t go away, either.” 🗨

The bright side of RA

Cara credits RA with bringing these surprising blessings into her life.



• *The best thing about having RA is...*it makes me value and appreciate good health so much

more than I did before I developed RA.
• *It’s critical when you have RA to...*surround yourself with people who can give you support—people who understand the disease and who can help you through those low periods. My husband is my biggest source of support. When I got RA,

it happened to both of us. His support has made all the difference.
• *RA’s unpredictability encourages me to...*keep my diet under control, being careful to avoid foods like sugary treats that cause my symptoms to flare, and to keep my workouts consistent so I can keep my body moving.

Words of wisdom from my rheumatologist

“Fight fear with knowledge”



PATIENT:
Shantana Hazel
RESIDENCE:
Bridgeport, CT



EXPERT:
Liana Fraenkel MD, MPH, Yale University professor of medicine

How it helps me

“There were many days I couldn’t get out of bed because of the pain. But I have a good relationship with my doctor, so I was upfront with her. That’s when she told me about research findings showing that people with symptoms like mine improved with combination therapy including a biologic and a DMARD. At first, I was nervous, but we discussed it and she explained its risks and benefits. After looking at the literature Dr. Fraenkel gave me, I decided to give it a try. I was so grateful for the research that I even decided to become part of it! I joined *ArthritisPower.org*, an organization that incorporates your health data into ongoing research—so you can help doctors help others with RA!”

Why it works

“Shantana had a difficult decision to make and a number of questions, so I wanted her to become as informed as possible. The more patients know, the better they can communicate with their healthcare providers. Indeed, once she was armed with the facts, Shantana was able to play an active role in her treatment decisions. What’s more, gaining a deeper appreciation for the tremendous research advances in RA encouraged her to join *ArthritisPower.org*, a great resource for patients interested in participating in arthritis research.” 🗨

Finding *your* path to relief

Rheumatoid arthritis (RA) happens when your immune system—which normally fights invaders, such as viruses—mistakenly attacks joint tissue, resulting in pain and inflammation. Because RA is a progressive disease, there is no one-size-fits-all solution, and it's common for your treatment to change over time. The good news? Today's medications are designed to target specific areas of the immune system, so if one doesn't work for you, odds are good another type can ease your pain and prevent permanent joint damage.

Medications include ibuprofen and corticosteroids.


- **Relieve RA symptoms, plus slow down or prevent joint damage.** So-called disease-modifying antirheumatic drugs (DMARDs) are divided into two groups: non-biologics and biologics. Not only can they relieve inflammation, pain and stiffness, they can also stop RA progression by interrupting immune system signals that trigger inflammation and joint damage. In fact, says Madeleine Feldman, MD, "biologics have helped many RA patients achieve remission."

Exploring your options

Your doctor will review your treatment options, which can help:

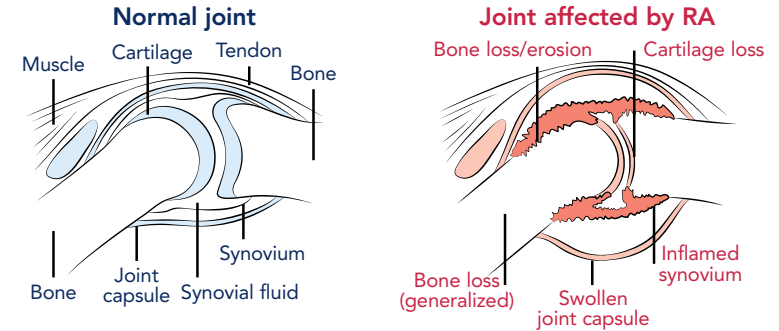
- **Relieve pain, inflammation and stiffness.**

Assessing your treatment

Along with regular exams, it's important to have tests performed as recommended by your rheumatologist. Lab results help him or her determine how well your body is responding to the medication. Now, there is even a special blood test that can "score" your RA and track its progression. The bottom line: There's no reason to suffer needlessly—remission is in reach, so why settle for "good" when you can feel "great!" 

What is RA?

RA is an autoimmune disease that attacks the joints, causing inflammation as well as bone and cartilage loss.



ALERT! RA doesn't just damage your joints

Left untreated, the inflammatory disease can cause problems bodywide.

Skin may develop rashes and nodules.

Bones can be thinned by chronic inflammation, raising fracture risk.

Eyes—Inflammation of the whites of the eyes (scleritis) or between the retina and white of the eye (uveitis) can lead to scarring and permanent vision loss.

Mouth—Dry mouth may increase your risk for tooth decay and gum disease.

Lung inflammation (which affects nearly 80% of those with RA) can make it difficult to breathe.

Heart—People with RA have a 60% higher risk for heart attack or stroke.

Blood—Those with RA are more at risk for anemia (low red blood cell counts) as well as blood clots.

Your RA-discussion guide

Show this worksheet to your rheumatologist. And if you are starting a biologic, complete the worksheet on the back cover, too.

Working closely with your doctor can help assess the severity of your RA and see if your treatment is working. These worksheets can help make your partnership strong!

HOW DO YOUR JOINTS FEEL?

Monitoring your condition is essential for preventing further joint damage.

NAME: _____

DATE: _____

Look at the figures

Mark an X on any joints where you feel:

- Joint swelling
- Tenderness or pain

Calculate your score

Add up the number of joints you've marked and calculate a total: I have swelling or pain in ____ joints.



HOW SERIOUS IS YOUR RA?

Check the response that best matches how you feel, then add up your score. Do not add any points for a "no" answer.

Do you feel stiffness in your joints?

- Sometimes (1 pt)
- Often (2 pts)
- Almost always (3 pts)

Do you feel pain in your joints?

- Sometimes (1 pt)
- Often (2 pts)
- Almost always (3 pts)

Does joint pain make it hard for you to sleep?

- Sometimes (1 pt)
- Often (2 pts)
- Almost always (3 pts)

Is it difficult to take care of yourself?

- Sometimes (1 pt)
- Often (2 pts)
- Almost always (3 pts)

Do you avoid favorite activities?

- Sometimes (1 pt)
- Often (2 pts)
- Almost always (3 pts)

Do you feel tired or fatigued?

- Sometimes (1 pt)
- Often (2 pts)
- Almost always (3 pts)

Does having RA affect your well-being?

- Sometimes (1 pt)
- Often (2 pts)
- Almost always (3 pts)

YOUR SCORE: _____



What your score means

► Fewer than 5 points:

It sounds like your RA is well-controlled. Even so, your doctor may suggest treatments to avoid future joint damage.

► 5 to 8 points:

It sounds like RA is a fairly significant problem in your everyday life. Be sure to share these concerns with your rheumatologist. He or she may have ideas about how to relieve your symptoms.

► More than 8 points:

Don't delay! Be sure to talk to your doctor today about your RA symptoms. You may be a candidate for more aggressive management.

KEY QUESTIONS TO ASK YOUR DOCTOR

Complete this worksheet at your exam to make sure you're getting the most benefit from treatment.



1. How slowly or quickly is my RA progressing?

2. Do I need any tests (e.g., ultrasound or blood tests) to monitor the severity of my disease? _____

3. How do you determine how severe my condition is, and whether or not it's getting worse? How are you using it to guide my therapy? _____

4. Based on my symptoms and test results, what medication(s) do you recommend? _____

5. I can move around with less pain and stiffness, but there is more I'd like to do. Is there a treatment that could help me go from "good" to "great"?

6. Do I need other treatments, such as physical and/or occupational therapy?

7. Can I exercise? If so, what types are safe for me to do? What other lifestyle changes can help me feel better? _____

8. When should I come back for my next checkup? _____



Are you looking for information about RA?

Hoping to connect with others who understand you? Get the answers and support that can help by checking out the organizations below, along with many others, such as Creaky Joints and RA Chicks.

Go to [HealthMonitor.com/RAResources](https://www.healthmonitor.com/RAResources) to visit them all with a click!



The **Arthritis Foundation**, a source of trusted information, is leading the way to find a cure and end arthritis pain.

SIGN UP AND FUND-RAISE TODAY!

The Arthritis Foundation's Walk to Cure Arthritis raises funds to fight and cure the nation's #1 cause of disability. We need your support to end this crippling disease. Join your local Walk to Cure Arthritis and fund research to find the cure. **Every step counts and every dollar matters!**
www.arthritiswalk.org



Coalition of State Rheumatology Organizations (CSRO) is a group of state/regional professional rheumatology societies that advocates for excellence in rheumatologic disease care and for patient access to the highest quality care.

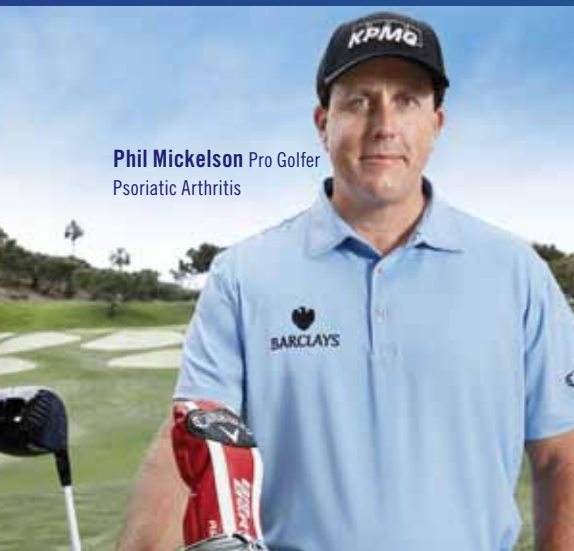


Rheumatology Nurses Society (RNS) is committed to the development of nurses to benefit patients, family and community.



Joint pain and damage...

...can go side by side.



Phil Mickelson Pro Golfer
Psoriatic Arthritis



Lisa D. Head Chef
Moderate to Severe RA

ENBREL can help relieve joint pain and help stop further joint damage. Ask your rheumatologist about ENBREL, the #1 prescribed biologic.*

*6-month average of IMS monthly NPA prescription data by rheumatologists. IMS NPA prescription data do not include products administered by infusion.

Prescription ENBREL is taken by injection.

Psoriatic arthritis

ENBREL is indicated for reducing signs and symptoms, keeping joint damage from getting worse, and improving physical function in patients with psoriatic arthritis. ENBREL can be used with or without methotrexate.

Moderate to severe rheumatoid arthritis

ENBREL is indicated for reducing signs and symptoms, keeping joint damage from getting worse, and improving physical function in patients with moderately to severely active rheumatoid arthritis. ENBREL can be taken with methotrexate or used alone.

Moderate to severe plaque psoriasis

ENBREL is indicated for the treatment of adult patients (18 years or older) with chronic moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about ENBREL?

ENBREL is a medicine that affects your immune system. ENBREL can lower the ability of your immune system to fight infections. Serious infections have happened in patients taking

ENBREL. These infections include tuberculosis (TB) and infections caused by viruses, fungi, or bacteria that have spread throughout the body. Some patients have died from these infections. Your doctor should test you for TB before you take ENBREL and monitor you closely for TB before, during, and after ENBREL treatment, even if you have tested negative for TB.

There have been some cases of unusual cancers reported in children and teenage patients who started using tumor necrosis factor (TNF) blockers before 18 years of age. Also, for children, teenagers, and adults taking TNF blockers, including ENBREL, the chances of getting lymphoma or other cancers may increase. Patients with RA or psoriasis may be more likely to get lymphoma.

Before starting ENBREL, tell your doctor if you:

- Have any existing medical conditions
- Are taking any medicines, including herbals
- Think you have, are being treated for, have signs of, or are prone to infection. You should not start taking ENBREL if you have any kind of infection, unless your doctor says it is okay
- Have any open cuts or sores
- Have diabetes, HIV, or a weak immune system
- Have TB or have been in close contact with someone who has had TB
- Were born in, lived in, or traveled to countries where there is more risk for getting TB. Ask your doctor if you are not sure

- Live, have lived in, or traveled to certain parts of the country (such as, the Ohio and Mississippi River valleys, or the Southwest) where there is a greater risk for certain kinds of fungal infections, such as histoplasmosis. These infections may develop or become more severe if you take ENBREL.

If you don't know if these infections are common in the areas you've been to, ask your doctor

- Have or have had hepatitis B
- Have or have had heart failure
- Develop symptoms such as persistent fever, bruising, bleeding, or paleness while taking ENBREL
- Use the medicine Kineret® (anakinra), Orencia® (abatacept), or Cytoxan® (cyclophosphamide)
- Are taking anti-diabetic medicines
- Have, have had, or develop a serious nervous disorder, seizures, any numbness or tingling, or a disease that affects your nervous system such as multiple sclerosis or Guillain-Barré syndrome
- Are scheduled to have surgery
- Have recently received or are scheduled for any vaccines. All vaccines should be brought up-to-date before starting ENBREL. Patients taking ENBREL should not receive live vaccines.
- Are allergic to rubber or latex
- Are pregnant, planning to become pregnant, or breastfeeding
- Have been around someone with chicken pox

What are the possible side effects of ENBREL?

ENBREL can cause serious side effects including: New infections or worsening of infections you already have; **hepatitis B** can become active if you already have had it; **nervous system problems**, such as multiple sclerosis, seizures, or inflammation of the nerves of the eyes; **blood problems** (some fatal); new or worsening **heart failure**; new or worsening **psoriasis**; **allergic reactions**; **autoimmune reactions**, including a lupus-like syndrome and autoimmune hepatitis.

Common side effects include: Injection site reactions, upper respiratory infections (sinus infections), and headache. These are not all the side effects with ENBREL. Tell your doctor about any side effect that bothers you or does not go away.

If you have any questions about this information, be sure to discuss them with your doctor. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see accompanying Medication Guide on the next page.

Learn more about joint pain and damage at EnbrelFacts.com
Call 1-888-4ENBREL for more information.





Medication Guide Enbrel® (en-brel) (etanercept)

Read the Medication Guide that comes with Enbrel before you start using it and each time you get a refill. There may be new information. This Medication Guide does not take the place of talking with your doctor about your medical condition or treatment. It is important to remain under your doctor's care while using Enbrel.

Enbrel is a prescription medicine called a Tumor Necrosis Factor (TNF) blocker that affects your immune system.

What is the most important information I should know about Enbrel?

Enbrel may cause serious side effects, including:

1. Risk of Infection
2. Risk of Cancer

1. Risk of infection

Enbrel can lower the ability of your immune system to fight infections. Some people have serious infections while taking Enbrel. These infections include tuberculosis (TB), and infections caused by viruses, fungi, or bacteria that spread throughout their body. Some people have died from these infections.

- Your doctor should test you for TB before starting Enbrel.
- Your doctor should monitor you closely for symptoms of TB during treatment with Enbrel even if you tested negative for TB.
- Your doctor should check you for symptoms of any type of infection before, during, and after your treatment with Enbrel.

You should not start taking Enbrel if you have any kind of infection unless your doctor says it is okay.

2. Risk of cancer

- There have been cases of unusual cancers in children and teenage patients who started using TNF-blocking agents at less than 18 years of age.
- For children, teenagers, and adults taking TNF-blocker medicines, including Enbrel, the chances of getting lymphoma or other cancers may increase.
- People with rheumatoid arthritis or psoriasis, especially those with very active disease, may be more likely to get lymphoma.

Before starting Enbrel, be sure to talk to your doctor:

Enbrel may not be right for you. Before starting Enbrel, tell your doctor about all of your medical conditions, including:

Infections – tell your doctor if you:

- have an infection. (See “What is the most important information I should know about Enbrel?”)
- are being treated for an infection.
- think you have an infection.
- have symptoms of an infection such as fever, sweats or chills, cough or flu-like symptoms, shortness of breath, blood in your phlegm, weight loss, muscle aches, warm, red or painful areas on your skin, sores on your body, diarrhea or stomach pain, burning when you urinate or urinating more often than normal, and feel very tired.
- have any open cuts on your body.
- get a lot of infections or have infections that keep coming back.
- have diabetes, HIV, or a weak immune system. People with these conditions have a higher chance for infections.
- have TB, or have been in close contact with someone with TB.
- were born in, lived in, or traveled to countries where there is a risk for getting TB. Ask your doctor if you are not sure.
- live, have lived in, or traveled to certain parts of the country (such as the Ohio and Mississippi River valleys, or the Southwest) where there is a greater risk for getting certain kinds of fungal infections (histoplasmosis, coccidioidomycosis,

blastomycosis). These infections may happen or become more severe if you use Enbrel. Ask your doctor if you do not know if you live or have lived in an area where these infections are common.

- have or have had hepatitis B.

Also, BEFORE starting Enbrel, tell your doctor:

- About all the medicines you take including prescription and nonprescription medicines, vitamins and herbal supplements including:

- **Orencia® (abatacept) or Kineret® (anakinra).** You have a higher chance for serious infections when taking Enbrel with Orencia® or Kineret®.
- **Cyclophosphamide (Cytoxan®).** You may have a higher chance for getting certain cancers when taking Enbrel with cyclophosphamide.
- **Anti-diabetic Medicines.** If you have diabetes and are taking medication to control your diabetes, your doctor may decide you need less anti-diabetic medicine while taking Enbrel.

Keep a list of all your medications with you to show your doctor and pharmacist each time you get a new medicine. Ask your doctor if you are not sure if your medicine is one listed above.

Other important medical information you should tell your doctor BEFORE starting Enbrel, includes if you:

- have or had a nervous system problem such as multiple sclerosis or Guillain-Barré syndrome.
- have or had heart failure.
- are scheduled to have surgery.
- have recently received or are scheduled to receive a vaccine.
- All vaccines should be brought up-to-date before starting Enbrel.
- People taking Enbrel should not receive live vaccines.
- Ask your doctor if you are not sure if you received a live vaccine.
- are allergic to rubber or latex.
- The needle covers on the single-use prefilled syringes and the needle covers within the needle caps on the single-use prefilled SureClick® autoinjectors contain dry natural rubber.
- have been around someone with varicella zoster (chicken pox).
- are pregnant or plan to become pregnant. It is not known if Enbrel will harm your unborn baby. If you took Enbrel during pregnancy, talk to your doctor prior to administration of live vaccines to your infant.
- If you become pregnant while taking Enbrel, you are encouraged to enroll in Amgen's Pregnancy Surveillance Program. You can enroll by calling 1-800-77-AMGEN (1-800-772-6436).
- are breastfeeding or plan to breastfeed. Enbrel can pass into breast milk. You and your doctor should decide if you will take Enbrel or breastfeed. You should not do both.
 - If you choose to breastfeed while taking Enbrel, you are encouraged to enroll in Amgen's Lactation Surveillance Program. You can enroll by calling 1-800-77-AMGEN (1-800-772-6436).

See the section “What are the possible side effects of Enbrel?” below for more information.

What is Enbrel?

Enbrel is a prescription medicine called a Tumor Necrosis Factor (TNF) blocker.

Enbrel is used to treat:

- **moderately to severely active rheumatoid arthritis (RA).** Enbrel can be used alone or with a medicine called methotrexate.
- **psoriatic arthritis.** Enbrel can be used alone or with methotrexate.
- **ankylosing spondylitis (AS).**
- **chronic moderate to severe plaque psoriasis in adults ages 18 years and older.**
- **moderately to severely active polyarticular juvenile idiopathic arthritis (JIA) in children ages 2 years and older.**

You may continue to use other medicines that help treat your condition while taking Enbrel, such as nonsteroidal anti-inflammatory drugs (NSAIDs) and prescription steroids, as recommended by your doctor.

Enbrel can help reduce joint damage and the signs and symptoms of the above

mentioned diseases. People with these diseases have too much of a protein called tumor necrosis factor (TNF), which is made by your immune system. Enbrel can reduce the effect of TNF in the body and block the damage that too much TNF can cause, but it can also lower the ability of your immune system to fight infections. See “What is the most important information I should know about Enbrel?” and “What are the possible side effects of Enbrel?”

Who should not use Enbrel?

Do not use Enbrel if you:

- have an infection that has spread through your body (sepsis).

How should I use Enbrel?

- Enbrel is given as an injection under the skin (subcutaneous or SC).
- If your doctor decides that you or a caregiver can give the injections of Enbrel at home, you or your caregiver should receive training on the right way to prepare and inject Enbrel. Do not try to inject Enbrel until you have been shown the right way by your doctor or nurse.
- Enbrel is available in the forms listed below. Your doctor will prescribe the type that is best for you.
 - Single-use Prefilled Syringe
 - Single-use Prefilled SureClick® Autoinjector
 - Multiple-use Vial
- See the detailed “Instructions for Use” with this Medication Guide for instructions about the right way to store, prepare, and give your Enbrel injections at home.
- Your doctor will tell you how often you should use Enbrel. Do not miss any doses of Enbrel. If you forget to use Enbrel, inject your dose as soon as you remember. Then, take your next dose at your regular(ly) scheduled time. In case you are not sure when to inject Enbrel, call your doctor or pharmacist. **Do not use Enbrel more often than as directed by your doctor.**
- Your child's dose of Enbrel depends on his or her weight. Your child's doctor will tell you which form of Enbrel to use and how much to give your child.

What are the possible side effects of Enbrel?

See “What is the most important information I should know about Enbrel?”

Enbrel can cause serious side effects, including:

- **Infections.** Enbrel can make you more likely to get infections or make any infection that you have worse. Call your doctor right away if you have any symptoms of an infection. See “Before starting Enbrel, be sure to talk to your doctor” for a list of symptoms of infection.
- **Previous Hepatitis B infection.** If you have been previously infected with the hepatitis B virus (a virus that affects the liver), the virus can become active while you use Enbrel. Your doctor may do a blood test before you start treatment with Enbrel and while you use Enbrel.
- **Nervous system problems.** Rarely, people who use TNF-blocker medicines have developed nervous system problems such as multiple sclerosis, seizures, or inflammation of the nerves of the eyes. Tell your doctor right away if you get any of these symptoms: numbness or tingling in any part of your body, vision changes, weakness in your arms and legs, and dizziness.
- **Blood problems.** Low blood counts have been seen with other TNF-blocker medicines. Your body may not make enough of the blood cells that help fight infections or help stop bleeding. Symptoms include fever, bruising or bleeding very easily, or looking pale.
- **Heart failure** including new heart failure or worsening of heart failure you already have. New or worse heart failure can happen in people who use TNF-blocker medicines like Enbrel. If you have heart failure your condition should be watched closely while you take Enbrel. Call your doctor right away if you get new or worsening symptoms of heart failure while taking Enbrel, such as shortness of breath or swelling of your lower legs or feet.
- **Psoriasis.** Some people using Enbrel developed new psoriasis or worsening of psoriasis they already had. Tell your doctor if you develop red scaly patches or raised bumps that may be filled with pus. Your doctor may decide to stop your treatment with Enbrel.
- **Allergic reactions.** Allergic reactions can happen to people who use TNF-blocker medicines. Call your doctor right away if you have any symptoms of an allergic reaction. Symptoms of an allergic reaction include a severe rash, a swollen face, or trouble breathing.

• Autoimmune reactions, including:

- **Lupus-like syndrome.** Symptoms include a rash on your face and arms that gets worse in the sun. Tell your doctor if you have this symptom. Symptoms may go away when you stop using Enbrel.
- **Autoimmune hepatitis.** Liver problems can happen in people who use TNF-blocker medicines, including Enbrel. These problems can lead to liver failure and death. Call your doctor right away if you have any of these symptoms: feel very tired, skin or eyes look yellow, poor appetite or vomiting, pain on the right side of your stomach (abdomen).

Common side effects of Enbrel include:

- **Injection site reactions** such as redness, swelling, itching, or pain. These symptoms usually go away within 3 to 5 days. If you have pain, redness, or swelling around the injection site that doesn't go away or gets worse, call your doctor.

- **Upper respiratory infections** (sinus infections).

- **Headache.**

These are not all the side effects with Enbrel. Tell your doctor about any side effect that bothers you or does not go away.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store Enbrel?

- Store Enbrel in the refrigerator at 36° to 46°F (2° to 8°C).
- If needed, you may store the Enbrel syringe, autoinjector, or the dose tray for the multi-use vial at room temperature between 68°F to 77°F (20°C to 25°C) for up to 14 days.
 - Once Enbrel has reached room temperature, do not put it back in the refrigerator.
- Throw away Enbrel that has been stored at room temperature after 14 days.
- Mixed Enbrel powder should be used right away or kept in the refrigerator at 36°F to 46°F (2°C to 8°C) for up to 14 days.
- Do not store Enbrel in extreme heat or cold. For example, avoid storing Enbrel in your vehicle's glove box or trunk.

- **Do not freeze.**

- **Do not shake.**

- Store Enbrel in the original carton to protect from light or physical damage.

- Keep Enbrel and all medicines out of the reach of children.

General Information about Enbrel

Medicines are sometimes prescribed for purposes not mentioned in a Medication Guide. Do not use Enbrel for a condition for which it was not prescribed. Do not give Enbrel to other people, even if they have the same condition. It may harm them.

This Medication Guide summarizes the most important information about Enbrel. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about Enbrel that was written for healthcare professionals. For more information, call 1-888-4ENBREL (1-888-436-2735).

What are the ingredients in Enbrel?

Single-use Prefilled Syringe and the Single-use Prefilled SureClick® Autoinjector:

Active Ingredient: etanercept

Inactive Ingredients: sucrose, sodium chloride, L-arginine hydrochloride and sodium phosphate

Multiple-use Vial:

Active Ingredient: etanercept

Inactive Ingredients: mannitol, sucrose, tromethamine

This Medication Guide has been approved by the U.S. Food and Drug Administration.



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Is it time to consider a biologic?

If you have moderate to severe RA, your rheumatologist may discuss using a biologic at some point during your therapy. To help guide you when talking with your doctor, we asked Scott Zashin, MD, a Dallas-based rheumatologist and clinical professor at the University of Texas Southwestern Medical School, to shed light on this type of treatment.

What is a biologic?

A biologic response modifier, or biologic, is a drug made from living cells cultured in a lab. Unlike other RA drugs that are made chemically and affect the entire immune system, biologics target *specific* actions of the immune system that cause inflammation. Some have been around more than 15 years, so most doctors have a lot of experience using them.

Starting a biologic?

Ask how familiar your doctor is with prescribing the medication. Then use the tool on page 32 to get the most benefit!

You may be a good candidate if:

Your current treatment isn't working well enough. "This is the most common reason for starting a biologic," says Dr. Zashin. Signs that your therapy isn't working include (check all that apply):

- Blood tests show you still have signs of active disease.
- Imaging tests show you have joint damage.
- You continue to have swollen and tender joints.
- You have morning stiffness that lasts 45 minutes or more.
- You still have pain or fatigue that's interfering with daily activities.
- You can't take other RA medications. Side effects and other concerns—such as birth control issues or wanting to become pregnant—may rule out use of methotrexate and other treatments. If so, your doctor may recommend biologic therapy.

Before starting a biologic, you may need:

Testing to check for certain infections, especially tuberculosis or fungal infections.

These need to be treated before taking any drug that affects the immune system, including a biologic.

A primer on taking your medication.


Because biologics are man-made versions of natural proteins, the medication given orally would be broken down by digestive enzymes before ever reaching the targeted

parts of the immune system. So the best way to deliver biologic medications is by injection or intravenous (IV) infusion directly into the bloodstream. Your doctor will explain what you need to do.

During treatment, you should:

Expect the best— you might start feeling better right away! "Many people notice improvement after the first dose, but it can take up to six months to get the full benefits," Dr. Zashin says.

Keep your doctor up to date. That means keeping all follow-up visits and having lab tests as recommended. It's also important to tell your doctor if you:
 Have an infection
 Are scheduled to have surgery

- Got a new diagnosis (especially diabetes or multiple sclerosis)
- Are due to have any vaccinations (e.g., flu or pneumonia), especially live virus vaccines, which should not be administered to someone who is on a biologic. 

Look great, move great, cook great, FEEL GREAT...with RA!

These four women share their tips for managing the challenges of RA. Ask your rheumatologist if any of their strategies could work for you!

LOOK GREAT! Fashion and beauty blogger

Chastity Palmer-Davis (glitterbuzzstyle.com) was diagnosed five years ago, but refuses to let RA cramp her style or her career.

• Budget for salon appointments.

Since Chastity is often on camera covering fashion events for her blog, “my hair’s got to be fabulous!” But doing her own hair can mean painful hands and wrists. “So I’ve simplified my home routine—I no longer use a flat iron or blow dryer. I also budget for trips to the hair salon. The stylist washes my hair and does a roller set—I just take out the rollers and go!”



• **Ease up on make-up.** Chastity keeps her makeup routine simple—saving time and her hands, too! “I may use four products on my whole face: Moisturizer with SPF. A light mineral-based foundation. A golden-colored eye shadow that also goes on the inside corner of my eyes. And a pop of lipstick. That’s all you really need!”

• **Soothe aching fingers with therapy putty.** On days she wakes up with stiff and achy fingers, “I reach for my therapy putty—I learned about it in physical therapy—and exercise my fingers as I work the putty.” The putty, available online, comes in various colors, each a different resistance, from soft to firm.



MOVE GREAT! “I want to inspire people,” says triathlete Dina Neils, who writes about RA on her blog, dineails.com. “I want someone to say, ‘because of you, I didn’t give up.’ ” After 13 years with the disease, Dina continues to compete.

• **Be flexible with workouts.** “Dealing with the unpredictability of RA can be difficult, sometimes even derailing,” says Dina. “If

RA is flaring in my foot today and I originally planned on running, then I will move my run to a different day and swim instead,” she says.

• **Build a “pain relief” arsenal.** Dina, who has had two total hip replacements and a total wrist fusion, leaves no stone unturned when it comes to soothing body aches. “Stretching to keep the joints limber, warm Epsom salt baths for full body relief, self-massagers and rollers for sore muscles, compression clothing to help soothe painful joints and muscles, heat and ice packs for problem areas—I use all of these on a weekly basis and they help improve my ability to keep moving.”

• **Rest!** “Knowing when not to train and give my body a break is essential,” Dina says. “Without the appropriate amount of rest, my body would be running on empty when I attempt to be active.”





COOK GREAT! Diagnosed 14 years ago with RA, Tanya M. writes about food, books and living with chronic illness on her blog, momssmallvictories.com. One small victory? “Making a healthy meal for my family (that they actually enjoy!) when it’s hard to grip or chop.”



- **Make use of your “good” times.** “On a good RA day, my morning pain subsides around 10 AM. That’s when I start a slow-cooker meal, chop vegetables, mix together homemade seasonings or do grocery shopping,” says Tanya, who has permanent joint damage in her hands and feet. “Then I take a break from standing to get computer or paperwork done. I am back on my feet to make dinner and clean up!”

- **Chop once.** Tanya doesn’t take shortcuts when preparing

meals for her three hungry boys—but she is strategic. “If I’m chopping onions, peppers or celery for a recipe, I chop the whole vegetable at once and store any surplus chopped veggies in an airtight container in my refrigerator’s crisper to add to meals and salads as I need it.”

- **Do breakfast for dinner.** “Mornings are typically the worst for my RA pain, but it’s important that my growing boys get a good breakfast.” So

twice a week, Tanya makes a double batch of breakfast food...for dinner. “Leftover French toast, waffles and biscuits reheat easily by toasting them in a toaster oven,” says Tanya. She perks up leftover egg dishes with a quick sauté in a little olive oil.

- **Reach for a pizza cutter.** They’re not just for pizza, says Tanya. “It’s easier on my hands to saw a knife back and forth. I use a pizza cutter whenever I can to cut dough, sandwiches and even herbs.”

FEEL GREAT! Meredith Hutter Chamorro was diagnosed with RA five years ago—but it doesn’t prevent her from teaching yoga, minus weight-bearing poses like downward dog and planks. Also a life coach, Meredith blogs about living with an autoimmune disease and chronic pain at sheswingsonastar.com. (See Meredith’s top yoga poses for people with RA, page 28.)

- **Have a gratitude practice.** It helps reduce the stress that triggers RA flares, says Meredith. “I’ve made it a habit to make a mental list of everything I’m grateful for before I go to sleep each night. It helps me see things differently and focus on the things that matter. For example, my diet is strict, so if I go out to dinner with my family, I could feel resentful about not getting to eat the same food they are. Instead, I feel grateful to be enjoying their company and to eat food that nourishes and helps me.”

- **Do self-massage with therapy balls.** “I get upper body tension as a result of pain in my shoulder,” says Meredith.



“Four times a week, I’ll massage the areas surrounding the soreness with therapy balls [available online]. Never roll directly on a joint that’s flaring,” she warns. “The massage may be uncomfortable, but you should still be able to breathe. You shouldn’t be grimacing and it shouldn’t be painful. Go as light as you need to.”



“Psoriatic arthritis stop me? *No way!*”



“Organizing my life to avoid fatigue helps me accomplish more,” says Kathleen Gallant.

“For every activity I commit to, I book the same chunk of time for rest. That way, I can stay on top of everything!”

When Kathleen Gallant of Pittsburgh, PA, went on biologic medicine to treat her psoriatic arthritis in 2003, it gave her back her life, but it also found her taking on too much. “I was so improved, I felt like Wonder Woman and forgot to recuperate after exertion.” On the board of the National Psoriasis Foundation (NPF), Kathleen schedules virtually everything she does to make sure she gets enough rest. “Fatigue is part of my life and when I organize my time around that

fact, I can accomplish much more.” Even Kathleen’s family has the scheduling habit: “They’re like the rest police, always making sure I have downtime before and after a big event or activity.” Kathleen also uses these strategies to manage her time and sidestep fatigue:

- **Use a 1:1 ratio.** “My rule of thumb is that for every activity I commit to, I book the same chunk of time for rest—it’s even true for this interview!”

- **Rest, don’t sleep.** For Kathleen, rest doesn’t mean getting more ZZZs. “I save the bed for bedtime. Instead, I sit in a library or park, or curl up on the couch—avoiding reading, so my eyes can relax, too.”

- **Never miss a Sunday.** “When a weekend is taken over by something else, like traveling to a board meeting, Monday becomes Sunday and I take the day off, no matter what is on my schedule.”

- **Avoid back-to-back commitments.** These are the toughest on your energy reserves, says Kathleen. “When I went back to school for my master’s, I stayed away from classes that had only a few minutes in between.”

- **Say no to late-night events.** “I’ve learned to politely decline invitations that start past 9 PM; I schedule one-on-one time—during the day—with the person instead.”

What is psoriatic arthritis?

Psoriatic arthritis (PsA) is an autoimmune disease often mistaken for other conditions, says rheumatologist Elinor Mody, MD, of Brigham and Women’s Hospital. So tell your doctor if you have unusual symptoms with your skin or nails, you have psoriasis or any of the following:

- swelling of the fingers and toes
- foot pain (especially at the back of the heel or in the sole of the foot)
- lower back pain that’s worse in the morning (PsA is associated with spondylitis, a condition that causes inflammation of the spinal joints)

Yes, you *can* do yoga with RA!



Yoga instructor Meredith Hutter Chamorro says yoga helps her feel better physically, mentally and emotionally—even with RA!

Meredith, a teacher certified by Yoga Tune Up®, a specialized form of yoga incorporating corrective exercise, helps people who have chronic pain and stiffness to move better and with less pain. Here, she demonstrates some of her favorite moves. (Note: Check with your doctor before trying a new exercise program.)



• To relax the body and mind and open the hips and chest...

Try Reclining Goddess, aka reclining bound angle pose: Sit on the floor, a block supporting your thighs and the soles of your feet touching. Use your arms to ease yourself backward, as shown, onto a cushion that supports

your back and head. Your arms are out to the side, and your chest is open. Inhale and exhale slowly for up to five minutes.

Feel tight in your groin? Elevate your knees higher with an extra block.

• To strengthen the core and legs and relieve lower back pain...

Try Boomerang Sidebend:

Stand tall. Rest your right hand on your waist. Raise your left arm overhead. With your hips facing forward, bend your torso sideways without rolling your left shoulder forward. Hold the stretch, then return to the start position; switch hand positions and repeat, reaching your right arm to your left side.

Unable to stand? Try it seated.




• To counteract the effects of too much sitting...

Try Apanasana, aka knee to chest pose: Lie on your back, placing a yoga block (or thick book) under your lower back for support. Press your right foot into the wall and hug your left knee to

your chest. Hold, then switch legs and repeat with the other leg.

Have trouble getting on the floor?

Try it lying in bed, without a block or wall. 



"I can't afford to be weighed or slowed down," says NY1 traffic reporter Jamie Stelter, who has RA.



Jamie's Grain-free, Dairy-free Chocolate Chip Cookies

Makes 15 servings

- 3 cups almond flour
- 1 tsp baking soda
- 1 tsp salt
- 2 eggs
- 1/2 cup pure maple syrup
- 2 tsp vanilla extract
- 1/2 cup virgin coconut oil
- 1 cup dairy-free semi-sweet chocolate chips

Nutrition facts (per serving) Calories 272, fat 21 g, protein 6 g, carbohydrates 17 g, sodium 249 mg, sugars 9 g

- Preheat oven to 375 degrees. In a medium-sized bowl combine flour, baking soda and salt.
- In another small bowl, mix eggs, maple syrup and vanilla extract together. Pour wet ingredients into dry and mix together until combined.
- Melt coconut oil, pour into batter, and continue to blend until combined.
- Stir in chocolate chips. (The batter will be very wet.)
- On a parchment-lined baking sheet, drop balls of cookie dough about a tablespoon in size. They will expand when you bake. Bake for 15 minutes. Let cool, then enjoy! 🍪

A sweet treat you don't have to feel guilty about

Whether she's reporting on New York City traffic on cable station NY1 or dishing on her food blog, *thetvdinner.com*, Jamie Stelter makes living with RA doable! Today, Jamie manages her condition with medication, exercise and a careful diet that helps fight the flares that sidelined her. Here, one of Jamie's favorite sweets.

Jamie's favorite flavor booster

It's flat-leaf parsley! "I put it in my morning green juice and in my vegetable stir-fries," she says. And besides imparting a crisp, fresh flavor, the herb is a great source of vitamin C and beta-carotene, both of which may help tame inflammation. Tip: Use parsley as a salad green, not just as a garnish, to get more of its healthy benefits.



Starting a biologic?

Use this to get the most benefit!

Fill out at your exam so you have important instructions handy.

ALERT!

Before taking a biologic, let your doctor know if you have had tuberculosis or have hepatitis B.

1. How should I store my biologic?

2. What is my injection schedule?

3. Where should I inject my biologic?

4. How should I rotate injection sites?

5. What should I do if I get an infection?

6. How can I travel safely?

7. What should I do if I'm having surgery or dental work?
(*Note: Always consult your doctor before any surgical procedure.*)

8. What should I do if I miss a dose?

9. Call if any of these symptoms linger more than five days around the injection site:
 Pain Redness Swelling
10. Call if you experience these serious signs of infection:
 Fever Cough Fatigue Night sweats
 Unintentional weight loss Loss of appetite Rash