PATIENT FACT SHEET

Reactive Arthritis

CONDITION DESCRIPTION

Reactive arthritis is an inflammatory disease that occurs in reaction to infections by certain bacteria. Arthritis may show up a month after the infection. Once called Reiter's syndrome, it is a "spondyloarthropathy." Reactive arthritis often affects men between 20 and 50. It's usually short in duration, but can be chronic in some people.

Most often, these bacterial infections are in the genitals or bowels, including the sexually transmitted infection Chlamydia trachomatis, and bowel infections like Campylobacter, Salmonella, Shigella and Yersinia.

SIGNS/ SYMPTOMS

Reactive arthritis symptoms include pain and swelling in knees, ankles or heels; severe swelling of toes or fingers; and persistent lower back pain that tends to be more severe at night or in the morning. It may cause irritated, red eyes, burning during urination, or a rash on the palms or soles of the feet.

To diagnose reactive arthritis, a rheumatologist may look for these symptoms as well as signs of the original infection. Chlamydia may cause watery or pus-like discharge from the genitals, but a urine or genital swab test can show signs of this infection. Bowel infections may cause diarrhea.

Most people with these very common infections don't get reactive arthritis. People who test positive for the HLA-B27 gene may be at higher risk for severe or chronic arthritis, but those who test negative may get reactive arthritis too. People with weakened immune systems from HIV or AIDS may develop reactive arthritis.

COMMON TREATMENTS

Effective treatments are available for reactive arthritis. It is treated according to how far the disease has progressed. In the early, acute stage, nonsteroidal anti-inflammatory drugs (NSAIDs) treat inflammation. These include naproxen (Aleve), diclofenac (Voltaren), indomethacin (Indocin) or celecoxib (Celebrex). Dose and side effects of NSAIDs, such as gastrointestinal bleeding, may vary from person to person.

Later-stage, or chronic reactive arthritis, may be treated with disease-modifying antirheumatic drugs (DMARDs) like sulfasalazine (Azulfidine) or methotrexate (Rheumatrex, Trexall, Rasuvo, Otrexup). Patients with severe joint inflammation may need corticosteroid injections, or even biologics like etanercept (Enbrel) or adalimumab (Humira).

CARE/ MANAGEMENT TIPS

Early diagnosis and treatment of reactive arthritis is key. Patients who notice arthritis symptoms about a month after a bacterial infection should see a doctor right away to get a diagnosis.

Sometimes, reactive arthritis symptoms go away or are effectively treated with NSAIDs. Chronic or severe disease occurs in some people, but there are treatments available. These medications may have side effects, so patients should talk with their doctors about the risks and benefits of these treatments.

People who may be at higher risk of reactive arthritis, such as testing positive for the HLA-B27 gene or those with weakened immune systems, should watch for any signs of bacterial infections that could trigger this type of arthritis. Seek medical care promptly to treat reactive arthritis inflammation.

Updated March 2019 by Paul Sufka, MD, and reviewed by the American College of Rheumatology Committee on Communications and Marketing. This information is provided for general education only. Individuals should consult a qualified health care provider for professional medical advice, diagnosis and treatment of a medical or health condition.

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