

Reactive arthritis

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- Symptoms include joint pain and swelling and eye inflammation
- Most people will find their condition disappears completely within 6-12 months

Call our National Help Line on 1800 263 265

Reactive arthritis, formerly called Reiter's syndrome, is a type of arthritis that occurs as a 'reaction' to a bacterial infection in another part of your body.

Normally when you have an infection, your immune system steps in to fight the foreign body (e.g. bacteria, virus). However in reactive arthritis, this immune system activity continues after the infection has been cleared. This leads to painful swelling of your joints, although your joints themselves are not infected.

The joints of your knees, feet and ankles are most commonly affected by reactive arthritis.

Reactive arthritis can occur at any age, however it tends to affect people (mostly men) aged between 20 and 50 years.

Most people with reactive arthritis will find that their condition disappears completely within 6-12 months. However for some people, symptoms may linger for a longer period of time or may come back.

Reactive arthritis isn't contagious, however the bacteria that has caused the condition can be passed on to others, through sexual activity and contaminated food.

Symptoms

The symptoms of reactive arthritis develop some weeks after the infection, and may include:

- pain, swelling or stiffness in a joint (arthritis)
- muscular aches and pains
- pain in the lower back and buttocks
- pain and inflammation of tendons, such as the Achilles tendon at the back of your heel



- pain and redness in your eyes. Some people may develop conjunctivitis (inflammation of the outer layer of the eye) or uveitis (inflammation of the middle layer of the eye)
- rash on the palms of your hands or soles of your feet.

Cause

Bacterial infections that are known to cause reactive arthritis include:

- the food poisoning bacterium Salmonella
- bacteria that cause gastrointestinal illness such as Shigella, Yersinia or Campylobacter
- the sexually transmitted infection chlamydia (caused by the bacterium Chlamydia trachomatis).

Most people who catch one of these bacterial infections don't develop reactive arthritis. We don't know why some people develop arthritis and others don't.

About half the people who develop reactive arthritis have a genetic marker known as HLA-B27, so it's believed there is some genetic factor involved.

However many other people have this marker and never develop reactive arthritis. So the reason some develop reactive arthritis and others don't is still a mystery.

Diagnosis

There's no specific test for diagnosing reactive arthritis, so your doctor will use a number of different exams and tests including:

- discussing your medical history – e.g. your current symptoms, as well as any recent illness, infections or other health problems
- a physical examination of your joints, spine, eyes and skin to check for inflammation and other changes (e.g. changes to joint movement, rashes)

Produced in partnership with:



- urine or stool samples may be taken to check for the presence of infection
- blood tests – to look for signs of inflammation
- swabs of your throat, penis or vagina to check for signs of infection or inflammation
- x-rays - may be used to look for signs of arthritis
- arthrocentesis – a sample of fluid is taken from your joint and tested in a laboratory (this is done to rule out conditions such as gout that may cause similar symptoms).

Treatment

Medical care aims to manage the symptoms until you get better.

Treatment may include:

- **antibiotics** - to destroy the bacteria that caused the initial infection. However, antibiotics don't treat the symptoms of reactive arthritis. If you developed reactive arthritis as a result of infection with the bacterium *Chlamydia trachomatis*, your sexual partner or partners must also be treated with antibiotics.
- **non-steroidal anti-inflammatory drugs (NSAIDs)** - may be used to ease joint inflammation and pain.
- **corticosteroids** - if you have severe pain and inflammation in your joints, your doctor may prescribe a stronger anti-inflammatory medicine called a corticosteroid. They can be taken as tablets or given by injection directly into a joint, muscle or other soft tissue.
- **disease-modifying anti-rheumatic drugs (DMARDs)** - may be given if your reactive arthritis persists for a prolonged period. They work on controlling your overactive immune system. They help relieve pain and inflammation, and can also reduce or prevent joint damage.
- **physiotherapy** can help to keep your affected joint/s mobile and strengthen the surrounding ligaments, tendons and muscles.
- **uveitis requires specialist treatment**. If you develop uveitis, your doctor may refer you to an ophthalmologist for treatment.

Self-management

As well as following the treatment plan your healthcare team has given you, there are many things you can do to manage your reactive arthritis:

Become more informed about your condition. Knowing as much as possible about your condition means that you can make informed decisions about your healthcare and play an active role in the management of your condition.

Work with your healthcare team - keep them up-to-date with how things are going, including changes in symptoms, any issues with your medications, if you're having difficulties staying active or at work, if you're feeling anxious or worried.

Stay physically active - regular physical activity has lots of health benefits. It can also help you manage the symptoms of your condition. When you start exercising regularly you should notice an improvement in your pain levels, the quality of your sleep, increase in energy levels and improvements in your overall strength and fitness.

Eat well – eating a balanced diet can help provide you with better energy levels, help to maintain your weight, and give you a greater sense of wellbeing.

Learn ways to manage pain – this may include heat or cold packs to ease muscular aches and joint pain, relaxation techniques, gentle exercise and medications for short term pain relief.

Use relaxation strategies - there's a wide range of relaxation techniques you can try, from listening to your favourite music, deep breathing, going for a walk, progressive muscle relaxation and more. Try out several different strategies to see what works best for you.

Stay at work – it's good for your health and wellbeing. Talk to your doctor or allied healthcare professionals about ways to help you to get back to or stay at work.

Where to get help

- Your doctor
- Rheumatologist

Things to remember

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This information has been produced in consultation with and approved by: MOVE muscle, bone & joint health Ltd.

How we can help

Call our National Help Line and speak to our nurses
Phone 1800 263 265 or email helpline@move.org.au

Visit our website move.org.au for information on:

- muscle, bone and joint conditions
- ways to live well with a muscle, bone and joint condition
- our new resource *Managing your pain: An A-Z guide*
- programs and services
- peer support groups
- upcoming webinars, seminars and other events.

More to explore

- **Arthritis Research UK**
www.arthritisresearchuk.org
- **Better Health Channel**
www.betterhealth.vic.gov.au

May 2017

