**Rheumatoid Arthritis**

Labs: Rheumatoid Factor (RF), cyclic citrullinated protein Ab (CCP)

First line DMARD:

- Moderate to high disease activity: methotrexate

- Low disease activity: hydroxychloroquine

Prior to starting methotrexate: CXR, HCG, hepatitis panel, CBC, BMP, contraception

Monitoring:

Labs: Renal function panel + CBC + Hepatic function panel at 1, 2, 3 mo post starting treatment, then every 3 months.

SSA (Ro) and SSB (La) – should collect once in RA, SLE, systemic sclerosis

🡪 increases risk of fetal heart block and neonatal lupus. ~2% all comers, 13-18% if prior pregnancy with neonatal lupus/complete heart block

🡪 If positive, add Plaquenil and refer to MFM. Fetal echocardiograms should occur from 16 – 26 weeks. Placenta fully formed at 16 weeks, Ro likes to “Row Row Row it’s way across the placenta”

DMARDs that are OK in pregnancy: azathioprine, adalimumab (Humira), hydroxychloroquine (Plaquenil), sulfasalazine.

**NOT OK** in pregnancy: methotrexate (1-3 month washout), leflunomide (6 month washout +/- cholestyramine), mycophenolate mofetil (MMF = cellcept).

Patients should have stable RA prior to trying to conceive, most recommend 6 months of stability on new drug regimen