RA Flares Stopped When She Started Steroids Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to Steroids in RA

Everyone talks about the bad side effects of steroids. The weight gain, the mood swing and the high blood pressure. But many of you who are dealing with autoimmune condition including rheumatoid arthritis, these steroids might be the reason you are able to walk, you're able go to work and you were able enjoy your life with your family and friends.

Today, I am talking about 3 success stories on how we can effectively and safely use steroids to manage your autoimmune disease including rheumatoid arthritis.

Please stick around. This is Dr. Nathasubedi, your rheuimatoide arthritis coach at The Room Doc as well as a practicing rheumeatologist here at Empower Arthritis.

Before I go further, don't forget to like and subscribe to our video. And also don't forget to accept our gift, the free copy of the holistic rheumatoid arthritis guidebook as well as a free smoothie recipe.

So the case number one is a 42 year old teacher who came to me with a history of more than three months of joint pain.

Case 1: Bridge Therapy for Early RA

severe swelling in her joint and she was not able to use her hand. And we diagnosed her with rheumatoid arthritis. In her case, we started her on a bridge therapy of steroids.

Now many of you who may not have watched our earlier video, let me quickly explain what a Bridge therapy is in steroids When you are initially diagnosed with rheumatoid arthritis, the medication that we use for long term we call disease modifying anti-rheumatic drug.

They take time, they don't work immediately. Some of the medications like methotrexate take several weeks to months for it to be effective. At that time, when you are waiting for that long-term medication to kick in, you need some other solution to help you feel better.

And steroid could be that tool. It can help manage your symptoms till your long term medication starts working for you. So we call this a bridge therapy.

Its like a breeze when your trying to go from active rheumatoid arthritis to the state of remission where you don't have any symptoms. when you are trying to manage your rheumatoid arthritis.

So in our patient we use steroid as the bridge therapy and the success story she was able to managed her disease very well she were able achieve remission by six months and now she came back to me after a couple of months very happy.

She was controlling her diseases very and she also was also able successfully taper her steroids by three months. So, she did not need to use steroids long-term.

So in this patient case, we effectively managed the RA very early with aggressive treatment with a disease-modifying antirheumatic drug, and we managed her symptoms of rheumatoid arthritis by using short course of steroids.

And she was able to come off of a steroid by three months. The take home message from this patient's case is early intervention is the key in preventing long term damage to your joints and reaching that steroid free remission

very early.

So if you have rheumatoid arthritis, if your in that early phase of rheuma arthritis diagnosis, ask your rheumeatologist. how we can aggressively and effectively manage your RA with disease-modifying anti-rheumatic drugs as well as a bridge therapy of steroids which can help you feel better faster and we achieve disease inhibition very early.

So the second case is a 58-year-old construction worker who came to me with more than 10 years history of rheumatoid arthritis. And unfortunately, he has been on multiple disease-mortifying anti-rheumatic drugs without much luck.

He still had quite active rheumatoid arthritis.

Case 2: Tapering Long-Term Steroids

And because of that reason, He had been in and out of pregnancy for more than 3 years. This is not ideal, but sometimes when your disease is so active, we might need to use steroids to help you control your diseases.

And in his case, there was a challenge of steroid dependence because of multiple flares of his disease. His rheumatologist tried his best to taper off the steroids, But every time he tapered the steroids below 10 mg, he went into a flare and he needed that 10mg for long term.

When we started working with him, we modified his disease-mortifying antirheumatic drug. We added a biologic medication that effectively manages RA, and we were able to achieve remission.

But by six months, when I last saw him he was still on prednisone. After we optimized his disease-modifying anti-rheumatic drug and biologic, we were able to slowly start him on a serrate taper journey.

And we did it very slowly. We decreased his pernition by 1 mg every 4 to 6 weeks. with close monitoring of his symptoms. And the symptoms we monitor was for two things.

One is his disease, that is, his RA symptoms, we close the monitor for any RA flare symptoms but we also close to monitor his steroid withdrawal symptoms If you haven't watched our earlier video on what is steroid withdrawal, please go back to those videos.

I have explained that in much detail. But basically what it means is, steroidal withdrawal is as you differ your steroids, your body is still trying to adjust to the newer level of steroids.

Your adeno gland, which typically makes the cortisol, is not waking up. It is sleeping and it's not making the cortisone that your bodies need. That is what we call a steroi withdrawal symptoms.

So we monitor his both the RA symptoms as well as the steroid withdrawal symptoms. And with those two, we were able to capture his disease. We're able control his diseases and also minimize that steroidal withdrawal symptom.

With that strategy, We were eventually able get him off of the steroids. So the pro tip from this case is if you are on chronic long term steroids, be patient.

slowly taper a steroid with closely monitoring for your symptoms of RA as well as symptoms Don't forget to like and subscribe to our channel and add some comments so that we can understand how you are dealing with steroids in your RA journey.

So the third case we are talking about is the impact of lifestyle changes and diet when you're taking steroids. We have extensively discussed this in earlier videos.

If you want to discuss more, go back to those earlier video so you can find more detailed content. But this patient

that we are talking today is a 50 year old homemaker mom who came to me with rheumatoid arthritis diagnosis for the last five years.

And because of her recurrent flares, she had gained weight on recurrence use of steroids. And she also had some issue with mood swing while she was taking the prednisone.

So we created some action plan. We created lifestyle changes for her including dietary changes and other changes that helped her manage the side effect of steroid.

She was able to incorporate Mediterranean diet which helped her maintain her weight. She also was also able incorporate exercise in her daily routine.

Both of them help her manage her weights and we also create some strategy on giving her better sleep. All of these lifestyle changes helped her manage the side effect of steroids very effectively.

Case 3: Lifestyle Changes for Steroid Side Effects

And the end result, she was able to manage side effects, minimize side-effects, and was also able maintain a good weight that eventually helped control her rheumatoid arthritis.

So don't underestimate the power of lifestyle change in managing rheuptoide arthritis as well as the steroid related side affects. Now, all of these three cases help us understand the importance of three important things.

The number one is the partnership. Your RA journey is a long journey, so you need help from your rheumatologist, your primary care doctor, and other health care provider involved in your care.

So work closely with those health providers so that you can effectively manage your condition in support with doctors and the providers. And when you are working with them, communication is key.

So effectively communicate to your provider so that they can understand your symptoms and help you guide on what to do next to manage those side effects as well as a disease flare.

And number two, as we discussed, managing RA is a marathon, it's not a sprint. A slow and steady approach helps prevent your flares as well as minimize steroid withdrawal symptoms.

So close the work with your doctor, having some patience. And the proactive care, always adjust your medication. If you are not doing well with the RA, ask your rheumatologist to make medication changes.

If you are having side effects of the prednisone, ask them if we can quickly taper your steroid. So be proactive in your care and understand the symptoms of steroidal withdrawal as well as RA symptoms help you manage your disease more proactively.

And here are the four important key strategies that you can follow to help. You achieve disease remission without needing steroids. The number one is early control of inflammation.

Reducing the inflammation rapidly in the first three to six months is the key for long-term success of rheumatoid arthritis treatment. Number two, always ask a rheumeatologist regarding starting the steroid sparing agent.

That includes the disease-modifying anti-rheumatic drugs or biologics. And these medications are the keys for your success in calming off of the steroids.

If you are on long term chronic steroids, taper it very slowly. So meticulous taper regimen is the key on minimizing steroid withdrawal as well as the disease flare.

4. Don't underestimate the power of lifestyle changes.

Key Principles for Managing RA

Managing your weight, managing your diet, regular exercise are as important as medication for managing RA as steroidal side effects. and follow these four pillars to help you effectively manage your RA as well as minimize the use of steroids.

And here are the four action items for you today. The number one is review your current plan with your rheumatologist. When you go to your next appointment, ask your Rheumatoidist what is our plan on how to effectively managed RA and how do you get off of the prednisone.

2. Always track your symptoms. Symptoms of rheumatoid arthritis flare as well as symptoms of steroid withdrawal.
3. Discuss the tapering options. When your rheometologist puts you on prednisone, ask them what is the end date for your predisone.

4. focus on the daily support system that includes prioritizing your anti-inflammatory lifestyle, the diet, exercise and your sleep. And many of you rheumatoid arthritis warrior you might feel lonely because you are on this prednisone, you're on disease-mortifying antibiotic drug and you worried about it.

But you not alone in this journey and we are here to support you in the journey by providing this easy to understand information. So if you like this video please give us a thumbs up.

Please subscribe to our channel so that you can get similar content in the future.

Action Items and Closing Advice

And if you have any other questions, please drop them in a comment below so we can help you understand better about these medical concepts in rheumatoid arthritis.

Remember, you are not alone in this journey and we are here to support you and success is possible. Your voice matters in your treatment journey. With this, we have a very brighter future ahead, even if your have rheuptoide arthritis!

With that in mind, always take care of your health I'll see you in the next video. Bye bye.