



Reactive Arthritis

Reactive arthritis tends to occur most often in men between ages 20 and 50

Reactive arthritis is a painful form of inflammatory arthritis that develops in reaction to an infection by bacteria. In the past, it went by the name "Reiter's syndrome." Now it belongs to the family of arthritis called "spondylarthritis."

Fast Facts

- Reactive arthritis can affect the heels, toes, fingers, low back, and joints, especially of the knees or ankles.
- The infection that causes reactive arthritis usually presents (shows up) as diarrhea or as a sexually transmitted disease. But, it can have no symptoms (called *asymptomatic*).
- Though it often goes away on its own, reactive arthritis can be prolonged and severe enough to require seeing a specialist.

What is reactive arthritis?

Reactive arthritis is a painful form of inflammatory arthritis (joint disease due to inflammation). It occurs in reaction to an infection by certain bacteria. Most often, these bacteria are in the genitals (*Chlamydia trachomatis*) or the bowel (*Campylobacter*, *Salmonella*, *Shigella* and *Yersinia*). *Chlamydia* most often transmits by sex. It often has no symptoms, but can cause a pus-like or watery discharge from the genitals. The bowel bacteria can cause diarrhea.

Reactive arthritis can have any or all of these features:

- Pain and swelling of certain joints, often the knees and/or ankles
- Swelling and pain at the heels
- Extensive swelling of the toes or fingers
- Persistent low back pain, which tends to be worse at night or in the morning

Some patients with this type of arthritis also have eye redness and irritation. Still other signs and symptoms include burning with urination and a rash on the palms or the soles of the feet.

What causes reactive arthritis?

The bacteria induce (cause) arthritis by distorting your body's defense against infections, as well as your genetic environment.

How exactly each of these factors plays a role in the disease likely varies from patient to patient. This is a focus of research.

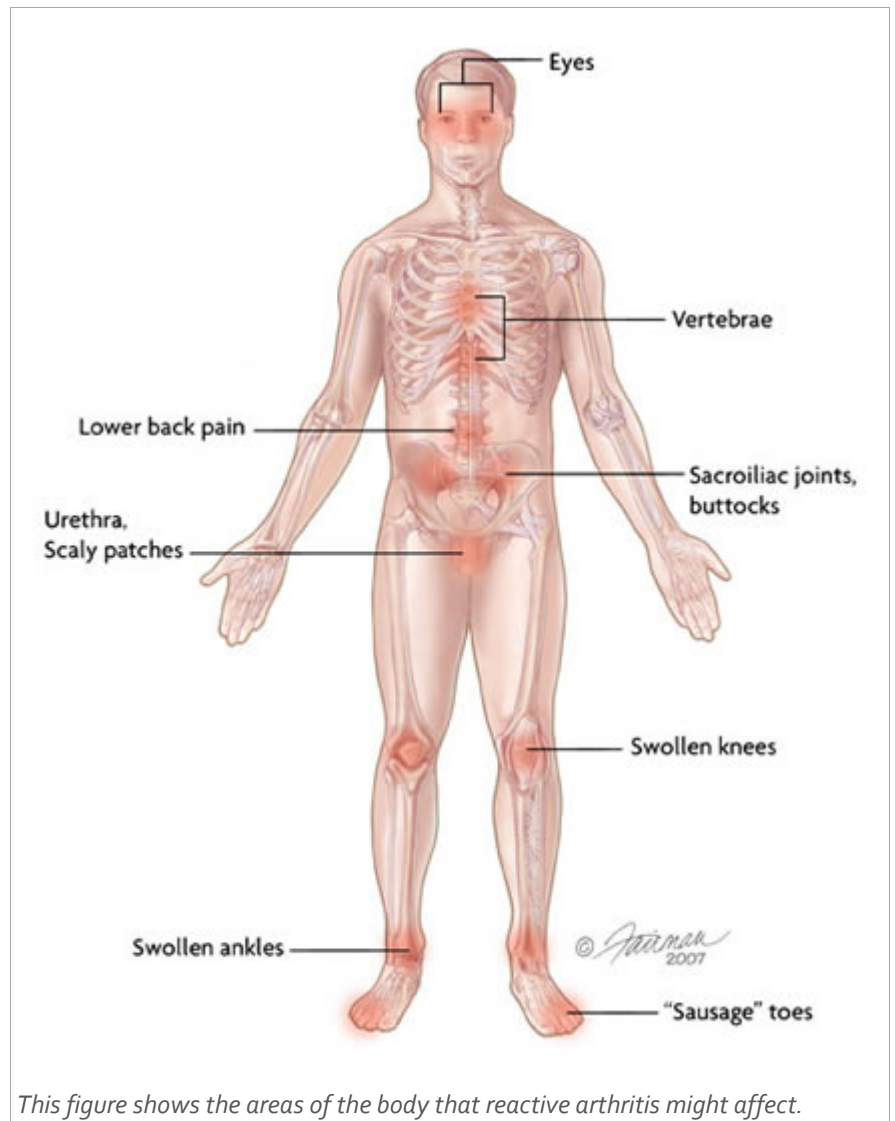
Who gets reactive arthritis?

The bacteria that cause reactive arthritis are very common. In theory, anyone who becomes infected with these germs might develop reactive arthritis. Yet very few people with bacterial diarrhea actually go on to have serious reactive arthritis. What remains unclear is the role of *Chlamydia* infection that has no symptoms. It is possible that some cases of arthritis of unknown cause are due to *Chlamydia*.

Reactive arthritis tends to occur most often in men between ages 20 and 50.

Some patients with reactive arthritis carry a gene called HLA-B27. Patients who test positive for HLA-B27 often have a more sudden and severe onset of symptoms. They also are more likely to have chronic (long-lasting) symptoms. Yet, patients who are HLA-B27 negative (do not have the gene) can still get reactive arthritis after exposure to an organism that causes it.

Although immunodeficient, patients who have the AIDS virus HIV can also develop reactive arthritis.



This figure shows the areas of the body that reactive arthritis might affect.

How is reactive arthritis diagnosed?

Diagnosis is largely based on symptoms of the inducing infections and appearance of typical musculoskeletal (joint and muscle) involvement. If indicated, doctors might order a test for *Chlamydia* infection or test for the HLA-B27 gene.

The test for *Chlamydia* uses a urine sample or a swab of the genitals.

How is reactive arthritis treated?

The type of treatment depends on the stage of reactive arthritis.

Treatment for early stage. The acute (early) inflammation can be treated with nonsteroidal anti-inflammatory drugs (often referred to as [NSAIDs](#)). These drugs, which suppress swelling and pain, include naproxen (Aleve), diclofenac (Voltaren), indomethacin (Indocin) or celecoxib (Celebrex). The exact effective dose varies from patient to patient.

The risk of side effects of these drugs, such as gastrointestinal (often called GI) bleeding, also varies. Your doctor will consider your risk of GI bleeding in suggesting an NSAID.

Treatment for late stage. Chronic reactive arthritis may require treatment with a disease-modifying antirheumatic drug (sometimes called a DMARD) such as [sulfasalazine](#) or [methotrexate](#). Sulfasalazine may be more useful when the reactive arthritis is triggered by a GI infection. In some cases, very inflamed joints may benefit from corticosteroid injections (cortisone shots).

New research suggests that a prolonged course of two or more antibiotics might be effective in patients with chronic *Chlamydia*-induced reactive arthritis. However, more studies are needed.

Talk to your physician about what to expect from treatment with NSAIDs and DMARDs.

Points to remember

- If you develop arthritis within one month of diarrhea or a genital infection—especially with a discharge—see a health care provider. You may have reactive arthritis.
- Most cases of reactive arthritis appear as a short episode. Occasionally, it becomes chronic.
- Effective treatment is available for reactive arthritis.

The Rheumatologist's Role in Treating Reactive Arthritis

The role of the rheumatologist—an expert in arthritis—is to make the diagnosis. Other doctors may feel less comfortable diagnosing reactive arthritis. This is because diagnosis is based on clinical features and not on tests

To find a rheumatologist

For a list of rheumatologists in your area, [click here](#).

Learn more about [rheumatologists](#) and [rheumatology health professionals](#).

For additional Information

The American College of Rheumatology has compiled this list to give you a starting point for your own additional research. The ACR does not endorse or maintain these Web sites, and is not responsible for any information or claims provided on them. It is always best to talk with your rheumatologist for more information and before making any decisions about your care.

The Arthritis Foundation

www.arthritis.org

The Arthritis Society

www.arthritis.ca

The Spondylitis Association of America

www.spondylitis.org

The National Institute of Arthritis and Musculoskeletal and Skin Diseases

www.niams.nih.gov/Health_Info/Reactive_Arthritis/default.asp

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