Nutrition Considerations for Patients With Rheumatoid Arthritis

The following are nutrition management goals to consider during assessment, diagnosis, intervention, monitoring, and evaluation of patients with rheumatoid arthritis (RA):

- achievement of nutritional adequacy and correction of nutrient deficiencies;
- management of medication side effects and medication-nutrient interactions;
- achievement and maintenance of a healthy BMI while preserving fat-free mass;
- prevention or treatment of comorbidities such as cardiovascular disease and osteoporosis;
- reduction of pain and inflammation; and
- optimization of food-related activities of daily living and quality of life.

Assessment	**Reasoning**
Body weight/BMI (use more than two indicators if older adult: current weight, recent changes in weight, weight history, BMI, height, waist circumference, and body composition)	• Recent weight loss or gain • BMI less than 20 or more than 30 can affect outcomes and comorbidities
Labs	• Homocysteine, C-reactive protein, albumin, lipid panel, etc • May be affected by level of disease activity or malnutrition
Activities of daily living	• May affect shopping for, preparing, or eating food
Diet history	• History of treating RA with diet • History of weight-loss dieting
Medications	• Nutrition-related side effects such as abdominal pain, stomatitis, weight gain, and ulcers • Drug-nutrient interactions, especially with methotrexate and steroids
Supplements	• Safety and effectiveness • Most not recommended
Fluids	• Meeting recommended targets • Limiting trips to the bathroom because of RA pain
Sex	• Women often affected more severely in all respects
Economic status	• Food insecurity possible
Mental health	• Anxiety or depression often seen with RA
Other	

Diagnosis/Comorbidities	**Considerations**
Level of disease activity	• Can affect labs, resting energy expenditure, activities of daily living, weight, loss of fat-free mass, etc • Can vary over the course of the disease

Cardiovascular disease	• Will likely need intervention to minimize risk
Osteoporosis	• Will likely need intervention to minimize risk • Risk of fracture is higher if long-standing RA, low BMI, or corticosteroid use
Rheumatoid cachexia/weight loss	• Possible loss of fat-free mass • Can affect outcomes and comorbidities
Temporomandibular disorder	• May have difficulty chewing
Sjogren's Syndrome	• May experience dry mouth
Infections	• Higher risk of infection
Other	

Intervention	**Recommendations**
Calories	• Resting energy expenditure may be elevated, but physical activity may be reduced • Additional calories generally not necessary • Carefully consider appropriateness of weight-loss intervention
Protein	• No clear guidelines • 0.8 g/kg body weight is adequate • 1 to 1.6 g/kg body weight also suggested for seniors
Fat	• Monounsaturated fat encouraged, no specific amounts • Saturated fat discouraged, no specific amounts • Use of fish or fish oil supplements up to health care provider • To target cardiovascular disease risk, use standard guidelines and address dyslipidemia, if present
Vitamins and minerals	• Use Dietary Reference Intakes as goal • Special attention to folate, calcium, zinc, selenium, and vitamins A, B_6, B_{12}, D, and E • Food sources recommended over supplements • Iron supplements not recommended for anemia
Fruits and vegetables	• Address any issues with acquiring and consuming them • Important sources of antioxidants, vitamins, and minerals
Dietary patterns	• Mediterranean, vegetarian, vegan, elemental, and elimination common • No practice guidelines endorsing any specific diet • May be worthwhile if adequacy can be ensured • Individual patients may identify unique problem foods • Makes sense to recommend general healthful eating habits
Barriers	• Diet may be hard to maintain • Unintended weight loss from RA-specific diets • Social influences and family may negatively affect success
Referrals and resources	• Occupational therapist, fitness expert, or other as needed • Websites or health organizations as appropriate (eg, Arthritis Foundation at www.arthritistoday.org, American Heart Association at www.heart.org)
Other	