
Reactive arthritis

Summary

- Reactive arthritis is a type of arthritis caused by certain types of bacterial infection.
 - Symptoms include joint pain and swelling and eye inflammation
 - Most people with reactive arthritis will find that their condition disappears completely within 6–12 months
-

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 the body. The most common types of infection that can lead to reactive arthritis are sexually transmitted infections and infections of the digestive system (usually as a result of food poisoning).

Normally, when a person is suffering from an infection, the immune system steps in to fight the foreign body. However in a person with reactive arthritis, this immune system activity continues after the infection has been cleared. This leads to swelling of the joints, although the joints themselves are not infected.

The joints of the knees, feet and ankles are most commonly affected by reactive arthritis and become swollen and painful. Other symptoms may include eye inflammation (conjunctivitis), inflammation of the tendons (tendonitis), and inflammation of the tissues (entheses) that connect your ligaments or tendons to your bones (enthesitis).

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 is not contagious, however the bacteria that has caused the condition can be passed on to others, through sexual activity and contaminated food.

Symptoms of reactive arthritis

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 the heel
- pain and redness in the 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 the hands or soles of the feet.

Causes of reactive arthritis

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. It is not known 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.

Diagnosing reactive arthritis

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

- discussing your medical history – for example 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 (for example changes to joint movement, rashes)
- 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 joint fluid is taken and tested in a laboratory (this is done to rule out conditions such as gout that may cause similar symptoms).

Treatment for reactive arthritis

There is no cure for reactive arthritis. 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 your joint inflammation and pain
- corticosteroids – if you have severe pain and inflammation in your joints, then your doctor may prescribe a stronger anti-inflammatory medicine called a corticosteroid. These 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
- low-impact exercises such as walking, stationary cycling, water aerobics or swimming may be helpful to keep you moving and active. Talk with your doctor before starting any exercise program
- uveitis requires specialist treatment. If you develop uveitis, your doctor may refer you to an ophthalmologist for treatment.

Self-management of reactive arthritis

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 to give you the best outcomes:

- 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, your energy levels and 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 are a huge range of relaxation techniques 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 to stay at work.

Where to get help

- Your doctor
- Rheumatologist
- **Musculoskeletal Australia**. National Help Line Tel. **(03) 8531 8000** or **1800 263 265**

This page has been produced in consultation with and approved by:

Musculoskeletal Australia - formerly MOVE

Content on this website is provided for information purposes only. Information about a therapy, service, product or treatment does not in any way endorse or support such therapy, service, product or treatment and is not intended to replace advice from your doctor or other registered health professional. The information and materials contained on this website are not intended to constitute a comprehensive guide concerning all aspects of the therapy, product or treatment described on the website. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions and to ascertain whether the particular therapy, service, product or treatment described on the website is suitable in their circumstances. The State of Victoria and the Department of Health & Human Services shall not bear any liability for reliance by any user on the materials contained on this website.

For the latest updates and more information, visit www.betterhealth.vic.gov.au

Copyright © 1999/2019 State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.