

Rheumatology

1. Medications

- **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs):** For pain and inflammation (e.g., ibuprofen, naproxen).
- **Corticosteroids:** To reduce severe inflammation (e.g., prednisone, methylprednisolone).
- **Disease-Modifying Anti-Rheumatic Drugs (DMARDs):** To slow disease progression.
 - Conventional DMARDs: Methotrexate, sulfasalazine, hydroxychloroquine.
 - Targeted DMARDs: JAK inhibitors like tofacitinib.
- **Biologic Agents:** Targeted therapies for autoimmune diseases (e.g., TNF inhibitors like adalimumab, etanercept).
- **Immunosuppressive Drugs:** For severe autoimmune diseases (e.g., azathioprine, mycophenolate mofetil).
- **Analgesics:** For pain management (e.g., acetaminophen, tramadol).
- **Uric Acid-Lowering Drugs:** For gout management (e.g., allopurinol, febuxostat).

2. Physical and Occupational Therapy

- Customized exercise programs to improve joint mobility and muscle strength.
- Assistive devices and ergonomic tools to support daily activities.

3. Intra-Articular Injections

- **Corticosteroid Injections:** To reduce inflammation in specific joints.
- **Hyaluronic Acid Injections:** For osteoarthritis to improve joint lubrication.

4. Treatment for Rheumatoid Arthritis (RA)

- DMARDs and biologics to control autoimmune activity.
- Regular monitoring for disease progression and medication side effects.

5. Gout Management

- Uric acid-lowering therapy (e.g., allopurinol).
- Anti-inflammatory drugs for acute gout attacks.

6. Osteoarthritis Management

- Pain management with NSAIDs or corticosteroid injections.
- Physical therapy and weight management.
- Joint replacement surgery in severe cases.

7. Lupus (SLE) Management

- Immunosuppressive medications (e.g., hydroxychloroquine, mycophenolate).
- Corticosteroids for flare-ups.
- Regular monitoring for organ involvement.

8. Ankylosing Spondylitis and Axial Spondyloarthritis

- NSAIDs for pain and stiffness.
- Biologic agents like TNF or IL-17 inhibitors (e.g., secukinumab).
- Physical therapy to maintain spinal flexibility.

9. Psoriatic Arthritis

- DMARDs and biologic therapies.
- Topical treatments and phototherapy for associated skin conditions.

10. Vasculitis Treatment

- Corticosteroids and immunosuppressive medications.
- Biologic agents like rituximab for severe cases.

11. Sjögren's Syndrome Management

- Artificial tears and saliva substitutes for dryness.
- Immunomodulatory drugs for systemic involvement.

12. Scleroderma Treatment

- Medications to manage symptoms like Raynaud's phenomenon (e.g., calcium channel blockers).

- Immunosuppressive therapies for systemic involvement.

13. Fibromyalgia Management

- Pain relievers and antidepressants (e.g., duloxetine, pregabalin).
- Exercise, stress management, and cognitive-behavioral therapy (CBT).

14. Polymyalgia Rheumatica and Giant Cell Arteritis

- Corticosteroids for inflammation.
- Low-dose aspirin to reduce vascular complications.

15. Myositis Treatment

- Immunosuppressive drugs and corticosteroids.
- Physical therapy to restore muscle strength.

16. Joint Replacement and Surgery

- In severe arthritis cases where joint damage is extensive.
- Synovectomy or arthroplasty to restore function and reduce pain.

17. Lifestyle and Supportive Care

- Dietary advice for conditions like gout or osteoporosis.
- Stress management and support groups.
- Smoking cessation and maintaining a healthy weight.

18. Osteoporosis Treatment

- Calcium and vitamin D supplements.
- Bisphosphonates or other bone-strengthening medications.

19. Monitoring and Preventive Care

- Regular lab tests for drug side effects and disease progression.
- Vaccinations (e.g., flu, pneumococcal) for immunosuppressed patients.