**Rheumatoid Arthritis vs. Osteoarthritis: What is the Difference?**

[Rheumatoid arthritis](https://www.webmd.com/rheumatoid-arthritis/default.htm) (RA) and [osteoarthritis](https://www.webmd.com/osteoarthritis/default.htm) (OA), both cause pain and joint damage, but they’re very different diseases.

RA is an [autoimmune disease](https://www.webmd.com/a-to-z-guides/autoimmune-diseases). In a healthy person immune system attacks invader like bacteria and viruses. In RA, immune system also “sees” joints as enemies an attack on them.

OA is **NOT** an autoimmune disease. It is due to the cartilage between joints breaks down -- often due to daily wear and tear. As a result, the bones on either side of the cartilage start to change and ache. These may be the most important differences between RA and OA.

RA usually attacks the small joints in hands and feet. OA is more likely to affect the ones use most (hands and spine) and the weight-bearing ones (hips and knees).

RA tends to cause morning stiffness that can last an hour or more. That is one of the things that really sets it apart from OA.

**Other RA signs and symptoms include:**

* Fatigue
* Low fevers
* Low appetite
* Rheumatoid nodules that grow under skin (These aren’t common.)
* Deformities

Those things do not usually happen in OA.

**Signs and symptoms of OA**

* Pain and stiffness
* Swollen joints
* Noises (cracking, grinding) when walk

RA and OA share at least a couple of risk factors. A person may be more likely to get RA if a family member has it. The same goes for OA. Excess [weight](https://www.webmd.com/diet/obesity/healthy-weight) also seems to play a role in both diseases.

**Other things that raise the risk of OA include:**

* Older age
* Joint injury
* Overuse of a joint
* Deformed joints, like knocked knees or legs of different lengths

**Most Common Joints Affected**

OA can affect any joint, but it tends to happen in injured joints or use over and over.-These are knees, hips, back, neck, thumbs, and big toes.

RA can also cause joint problems throughout the body. The disease is especially common in the small joints of hands and feet. It also strikes shoulders, elbows, knees, and ankles. Unlike OA, RA tends to leave your back alone.

**Different Drug Treatments**

There’s no cure for either RA or OA, and no way to reverse joint damage. Treatments for both diseases aim to reduce pain and help the joint work better. But with RA, the main goal of treatment is to slow or stop disease activity -- to make body stop attacking itself.

**Drugs for RA:**

* Non-steroidal anti-inflammatory drugs ([NSAIDs](https://www.webmd.com/arthritis/features/pain-relief-how-nsaids-work)), which reduce pain and inflammation
* Corticosteroids, which are powerful anti-inflammatories that can also help regulate immune system
* Disease-modifying drugs (traditional disease-modifying antirheumatic drugs, or DMARDs, and biologic drugs), which slow the course of the disease
* [Acetaminophen](https://www.webmd.com/drugs/2/drug-362/acetaminophen+oral/details), which reduces pain but not inflammation

**Drugs for OA:**

* Rub-on creams or gels that reduce pain
* NSAIDs
* Pain-relieving drugs like acetaminophen
* Joint injections

You may notice that [opioid](https://www.webmd.com/pain-management/guide/narcotic-pain-medications) drugs, also known as narcotics, are not on either list. They are not typically prescribed for RA and OA due to the risk of side effects over time, such as extreme tiredness, constipation, and dependency.

## Weight Loss Matters

**When you have OA:** Extra weight puts extra stress on joints, especially the knees, hips, and low back. Losing weight gives those joints some relief.

**When you have RA:** In addition to taking pressure off joints, weight loss has other benefits. Research shows it can reduce disease activity -- another way of saying it slows the attack on joints.

Diet alone may help reduce weight but don’t neglect gentle [exercise](https://www.webmd.com/fitness-exercise/default.htm). It can help improve muscle strength, reduce joint pain, ease stiffness, and thus lower disease-related disability.

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