Rheumatoid arthritis

Aggressive treatment can halt the disease

Rheumatoid arthritis occurs when your immune system attacks the joint linings (synovial membranes) that protect and lubricate your joints. A generation ago, it almost always led to disfigured joints and severe disability.

Today, rheumatoid arthritis is still a serious disease requiring careful treatment and management. Joint damage, discomfort and disability often occur, but can be dramatically reduced when drugs that modify the immune system are started soon after the disease begins. For some, the disease can go into a state of total or partial remission.

In recent years, doctors have gotten much better at diagnosing rheumatoid arthritis in the disease’s earliest phases.

Elusive understanding

It’s not entirely known what causes rheumatoid arthritis, but there’s a strong genetic component that makes certain people more susceptible than others to uncertain triggering factors — such as a viral infection. The disease is three times more common in women than it is in men. It can occur at any age, and the peak rate of disease incidence is age 56. In addition, smoking doubles the risk of rheumatoid arthritis.

When your immune system attacks synovial membranes, they become inflamed, causing your joints to feel warm, painful and swollen. They may also become stiff, particularly in the morning.

This has allowed for quick, aggressive treatment as doctors strive to quickly snuff out destructive disease activity. In addition, reducing the effect of rheumatoid arthritis and its treatments on overall health has emerged as an important focus for those who have rheumatoid arthritis.

Rheumatoid arthritis occurs when your immune system attacks the linings of your joints (synovial membranes). The joints can become inflamed and feel warm, painful and swollen. If inflammation persists, certain chemicals and enzymes may be released that begin to eat away at cartilage and bone.
Rheumatoid arthritis usually affects corresponding joints on both sides of the body. It often starts with the small joints of the hands, wrists and feet. Besides joint discomfort, you may have a general feeling of muscle ache and fatigue.

If inflammation persists, certain chemicals and enzymes may be released that begin to eat away at cartilage and bone. Damage to tendons and ligaments around the bone also may occur. Over time, the muscles around the joint can become weak, and the joint may eventually be destroyed. This destructive process is what rheumatoid arthritis medications seek to slow or stop.

It sounds straightforward, but in reality, rheumatoid arthritis is a varied disease, and there are many other diseases that can cause similar symptoms. Although signs and symptoms often follow a pattern, they can vary widely in type and severity. The onset of rheumatoid arthritis can be sudden and severe, or it can be subtle, involving swelling in only one or two joints. Because of this, it’s important to see a doctor if you notice joint swelling that lasts for more than a couple of weeks.

There’s no one test or symptom to confirm a diagnosis. Rather, doctors use a variety of clues — such as a physical examination, blood tests and an evaluation of symptoms — to arrive at a diagnosis and determine severity.

### Tight control

Aggressive drug treatment for rheumatoid arthritis starts as soon as possible. The goal is to increase dosages of drugs used for treatment — or add or take away drugs from the mix — until remission or very low disease activity is achieved. This goal is balanced with any medication side effects. Aggressive therapy is done because:

- Joint damage that occurs with rheumatoid arthritis usually begins early and aggressively in the course of the disease
- The intensity of early treatment improves the odds of remission
- The longer the active disease persists, the less likely it will respond to drug therapy
- After initiation of drug therapy, the course of rheumatoid arthritis varies. Within the first year or two after diagnosis, about 20 percent of those with appropriate drug therapy may see partial or complete remission. Medication may even be stopped in those who have complete remission. However, after symptoms have been present for more than a few years, remission is rare.

Rheumatoid arthritis is often a progressive, persistent disease that lasts for many years — if not for life. Still, severity can vary, and it’s often influenced by the extent to which your disease can be managed by drug therapy. About 20 percent of those with rheumatoid arthritis have difficulty controlling the disease, even with aggressive drug therapy.

### Common rheumatoid arthritis drugs

<table>
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<tr>
<th>Traditional disease-modifying antirheumatic drugs (DMARDs):</th>
<th>Key uses</th>
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<tbody>
<tr>
<td>Methotrexate (Trexall), leflunomide (Arava), hydroxychloroquine (Plaquenil), sulfasalazine (Azulfidine) and azathioprine (Imuran, Azasan).</td>
<td>These are commonly a first-line treatment. Methotrexate is the most common anchor drug due to its effectiveness and relatively low risk of side effects. Others may be used in place of or in conjunction with methotrexate.</td>
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**Biologic response modifiers:**

- Etanercept (Enbrel), infliximab (Remicade), adalimumab (Humira), golimumab (Simponi), certolizumab (Cimzia) anakinra (Kineret), abatacept (Orenica), rituximab (Rituxan) and tocilizumab (Actemra).

**Oral corticosteroids:**

- Prednisone.

**Corticosteroid injection into a specific joint:**

- Triamcinolone (Aristospan), methylprednisone (Depo-Medrol).

DMARDs can take weeks to start working. Corticosteroids can provide fast relief to bridge the gap. They’re typically tapered off due to side effects with long-term use. Some may benefit from long-term low-dose corticosteroids. An injection can quiet flares in a joint.
Exercise is essential

For older adults with rheumatoid arthritis, issues related to overall health are often just as urgent as appropriate medications. Any older adult faces some degree of decline in physical strength and mobility, and many have — or may be at risk of — developing diseases such as diabetes, heart disease, wear-and-tear arthritis (osteoarthritis), and other conditions. Rheumatoid arthritis compounds these problems, and taking action to offset these issues is essential.

For older adults with rheumatoid arthritis — especially those who are recently diagnosed — muscle weakness caused by the disease or sometimes as a drug side effect is a major issue. It’s urgent to work with a physical therapist to develop an exercise plan to strengthen muscles, improve exercise capacity and learn to move joints properly so as not to cause unnecessary joint aggravation. Without this, the decline to disability can occur very rapidly — sometimes within weeks.

Rheumatoid arthritis increases the risk of numerous diseases even if the disease only affects your joints. About 40 percent of those with rheumatoid arthritis will at some point have a form of the disease in which inflammation attacks other organs. This may raise overall health risks even more.

Nearly any organ can be affected by the disease, but for anyone with rheumatoid arthritis, it’s common to have heightened risk of:

- **Heart disease** — Treat your blood vessels well by not smoking and by managing cholesterol and blood pressure, eating a healthy diet, getting exercise, and maintaining a healthy weight.
- **Bone-thinning osteoporosis** — Preventing this involves adequate calcium and vitamin D intake, exercise, strengthening, bone density testing and possibly bone-preserving medication.
- **Infection** — Work with your doctor to make sure you’re getting necessary vaccines in a way that’s compatible with the immune-suppressing drugs you’re taking. Seek prompt treatment if an infection occurs. Mayo Clinic recently developed an infection risk classification system for people with rheumatoid arthritis. The system takes into account various factors of the disease and overall health. A higher risk of infection indicates a need for closer monitoring.
- **Depression** — It’s hard to remain positive in the face of long-term discomfort or when you feel limited by a disease. Seeking care for depression isn’t a sign of weakness, it’s a sign that you have the fortitude to take steps — such as counseling in combination with medication — to feel better overall.
- **Risk of lung, eye and skin problems** and dry mouth also are elevated in those with rheumatoid arthritis and usually require specific treatment as they arise.

Surgery is common

Surgical removal of inflamed synovial tissue, joint replacement surgery, and surgery to rebalance tendons and muscle are still common procedures for those at various stages of rheumatoid arthritis. However, use of these surgeries appears to be declining as management of rheumatoid arthritis has improved.

New drugs that attempt to disrupt one or more of the many chemical and biological pathways of rheumatoid arthritis are in development. At least one drug in a new class of oral immune-modulating medications called Janus kinase (JAK) inhibitors is expected to be approved by the Food and Drug Administration in the near future. Others may follow. JAK inhibitors offer a way to disrupt the disease process in those with moderate to severe rheumatoid arthritis.

Other lines of research at Mayo and elsewhere relate to individualization of therapy. Genes that regulate how rheumatoid arthritis drugs are metabolized have been discovered, and this may help predict if a given drug will be effective or cause a serious side effect, without having to take the drug to find out. Mayo researchers have already developed two such tests for specific drugs, and it’s hoped that more will one day be available.

Health tips

Avoiding big health risks

Maximize your longevity by tackling these major causes of death:

- **Smoking** — Behavioral counseling and support groups, along with medications to reduce withdrawal symptoms, are typically the best route to stopping smoking.
- **High blood pressure** — Eating a healthy, plant-based diet, lowering alcohol and sodium intake, maintaining a healthy weight, and increasing physical activity are helpful. One or more medications are often needed to keep blood pressure in check.
- **Being overweight or obese** — Losing weight is challenging, but it can be done by making low-calorie, minimally processed fruits and vegetables the mainstay of your diet — and by getting more exercise and physical activity.
- **Physical inactivity** — The recommended amount of exercise is at least 150 minutes of moderately intense physical activity a week. This can be achieved with 30 minutes of exercise five days a week. But any activity is good activity.
- **High blood sugar** — If you have type 2 diabetes, medications will likely be needed to help you keep blood sugar under control. However, eating healthier, exercising and losing as little as 5 to 10 percent of your weight also can lower your blood sugar levels.
- **High low-density lipoprotein (LDL), or “bad,” cholesterol** — Numerous drugs can help get your cholesterol under control, as can eating a plant-based diet with less saturated fat and cholesterol, and regular exercise.
News and our views

**Ginseng helps cancer-related fatigue**
Ginseng taken as an herbal supplement may help significantly improve cancer-related fatigue, according to Mayo Clinic-led research involving 40 cancer centers. Cancer-related fatigue is a common problem that can greatly impact quality of life. Even when underlying causes of fatigue — such as anemia, pain, depression or cancer therapy — have been addressed or stopped, cancer-related fatigue can persist.

The research, presented at the American Society of Clinical Oncology’s annual meeting, involved about 340 men and women with cancer-related fatigue. About half of the participants took 2,000 milligram capsules of American ginseng twice a day. The capsules contained a 3 percent concentration of the active substance in ginseng (ginsenosides). The other half of participants took an inactive substance (placebo).

Fatigue levels improved somewhat in the ginseng group after four weeks. At eight weeks, ginseng takers experienced a 20-point improvement on a 100-point fatigue improvement scale, with no detectable side effects. Those taking a placebo experienced only a 10-point improvement.

Mayo Clinic cancer experts are excited to see a possible tool for cancer-related fatigue. Still, more research is needed to identify how ginseng works and the optimal way to use it for cancer fatigue. Development of a safe, standardized ginseng supplement also is necessary so that people know what they’re getting and, therefore, can have more-predictable results. ❧

**New app can help you avoid allergens that cause eczema**
If you have allergic contact eczema, also called dermatitis, choosing skin care products can be a trial-and-error process. Now there’s a new application (app) developed by a Mayo Clinic doctor that you can download onto your computer or mobile phone to take the guesswork out of product selection.

Allergic contact dermatitis causes itchy, red, scaly, and, sometimes, painful or swollen skin areas. One cause can be ingredients of skin care products such as moisturizer, sunscreen, shampoo or deodorant. Many products contain certain ingredients that may cause you to develop dermatitis. Moreover, ingredients may not be listed on the label, they may be confusing chemical names, or a product may change formulation.

The Contact Allergen Replacement Database (CARD) app tracks more than 8,000 ingredients found in some 5,500 consumer skin care products. It allows users to look for skin care products that are free of the most common chemicals that cause allergic reactions.

The app can also be personalized. With skin allergy patch testing, you can obtain a list of skin care chemicals that cause your allergies. This list can be uploaded into your personal database, and the app will tell you which products are safe for you to use. CARD keeps product ingredient information up to date, so if there’s a formulation change in a product, it’s reflected in the advice you receive. The service is free for six months and is available for an annual fee of about $5 thereafter.

(Mayo Clinic and the doctor who developed the app have a financial interest in the product and will receive royalties from its sale.) ❧

Ischemic colitis

**Reduced blood flow to the colon**

It began midmorning as a little discomfort on the left side of your abdomen. Initially, you thought it was just gas, nothing to worry about. But within the hour it suddenly became more painful. As it got worse, you had the sudden urge to have a bowel movement — and the result was bloody diarrhea.

Bloody diarrhea requires prompt medical attention. It may signal a number of serious diseases or conditions, including infection and inflammatory bowel disease. If you’re an adult older than 60, there’s a good chance the pain and bloody diarrhea resulted from a sudden reduction in blood flow to part of your large intestine (colon).

Ischemic (is-KEE-mik) colitis can lead to areas of colon inflammation and, in rare instances, even permanent colon damage. However, with proper medical care, the vast majority who encounter ischemic colitis typically recover in a day or two and never have another episode.

**A matter of flow**

Your colon is constantly nourished by blood flow through a network of arteries. Of the two main arteries that feed this network, one supplies blood to the middle and right side of your colon and the small intestine, and the other supplies the colon’s left side. Vessels also branch from the two main arteries to form extensive connections that create a secondary (collateral) blood supply. In the event of a blocked or narrowed artery, collateral vessels can help reroute vital blood flow to the colon.

Even under normal circumstances, the colon receives less blood flow than any other portion of your gastrointestinal tract. As a result, if the colon is suddenly subjected to reduced blood flow — whatever the reason — its tissues may be damaged.
What slows blood flow?

With aging, reduced blood flow to the colon may occur for a variety of reasons. Contributing factors may include narrowing of arteries associated with the buildup of fatty deposits (atherosclerosis), which can take a toll on blood flow in the vessels supplying your colon. More commonly, decreased blood pressure due to heart disease can decrease blood flow to the colon and cause an episode of ischemic colitis.

Blood flow can also be affected if arteries tighten (vasoconstriction). As part of a sensitive survival reflex, less essential arteries — including colon arteries — are constricted during times of low blood pressure in order for more blood to reach the brain and other vital organs. For some, this may lead to ischemic colitis. Other conditions — congestive heart failure, dehydration, internal bleeding — may contribute to low blood pressure or blood flow.

Certain medications may trigger vasoconstriction. Among them are pseudoephedrine, the heart drug digoxin, certain antipsychotic drugs and some migraine drugs, such as the triptans and ergot compounds. Use of cocaine and amphetamines also can constrict blood vessels and result in ischemic colitis.

Abdominal surgeries that require clamping off arteries that supply the colon — such as during repair of aortic aneurysm — may contribute to an episode of ischemic colitis. Low blood pressure that can occur after hemodialysis may pose some risk. Even extreme exercise, such as long-distance running, can result in blood flow changes that produce ischemic colitis.

In younger adults, health conditions that cause the blood to be too sticky (hypercoagulable) can produce ischemic colitis.

The vast majority who develop ischemic colitis are older adults. Signs and symptoms can vary depending on how severe and extensive the tissue damage is. Most experience sudden crampy abdominal pain, usually on the lower left side of the abdomen. Bloody diarrhea typically occurs within 24 hours — the blood may be bright red or maroon. Passage of blood alone is possible, but the bleeding is usually minimal and doesn’t require blood transfusions. Nausea and vomiting also may occur.

If the ischemia involves the right side of the colon, risk of severe complications from ischemic colitis increases. That’s because blood flow issues affecting the colon’s right side also mean there’s a good chance that part of the small intestine isn’t receiving adequate blood. Unless blood flow is restored to the small intestine within 24 hours, damage is likely to be serious. Angiography may be done to visualize the main blood vessel supplying the colon and determine if urgent surgery is needed to remove part of the small intestine.

Sorting it out

A number of conditions — ranging from infections to colon cancer — can mimic aspects of ischemic colitis. Diagnosis is often a combination of ruling out other causes while finding evidence of ischemic colitis. Although symptoms of ischemic colitis may resolve in a short period of time, it’s important to be evaluated by a doctor.

Along with a physical exam and medical history, certain tests may help confirm a diagnosis. These may include:

- A stool sample — This is done to check for bacterial infections, such as salmonella, shigella, campylobacter, E. coli and Clostridium difficile. Bacterial infections can cause bloody diarrhea as part of the infection and thus might be mistaken for ischemic colitis.
- Diagnostic imaging — A computerized tomography (CT) scan sometimes is done to get detailed cross-sectional images of your colon. Colonoscopy is considered the definitive test for diagnosing ischemic colitis. It allows your doctor to look directly at the colon’s lining as well as remove a small tissue sample (biopsy) if necessary.

Because ischemic colitis tends to improve in 24 to 48 hours, treatment may involve a day or two in the hospital for observation and supportive care. Intravenous (IV) fluids are typically given to help restore blood flow and blood pressure. Antibiotics also may be given.

For most people, it takes about two weeks for the colon to heal completely from an initial episode of ischemic colitis. Healing in a small percentage of people may take longer. Rarely, a narrow area (stricture) develops in the colon and may require surgery to fix it.
Peripheral edema

Swollen leg causes varied

As you pulled your socks above your ankles they felt unusually tight. Why are your lower legs swollen?

There are numerous causes of painless swelling of the legs (peripheral edema). If there are no other symptoms, mild leg swelling is relatively common and easily managed. But peripheral edema is sometimes associated with a more serious underlying disease.

Fluid forces

Edema is the result of a buildup of excess fluid in your tissues. Normally, body systems help maintain a balance of fluids between the complex network of blood vessels, lymph system and all of the tissues surrounding these vessels. However, if those forces are thrown off balance, the tiniest blood vessels (capillaries) may leak fluid that builds up in surrounding tissues. The result is edema.

In addition to swelling, other signs and symptoms of edema may include:
- Stretched or shiny skin
- Skin that stays indented after being pressed for at least five seconds
- An increase in abdominal size

Painless swelling of the legs (peripheral edema) may include skin that stays indented after being pressed for at least five seconds.

Peripheral edema typically affects both legs. Edema in only one leg may be related to something in that leg or the groin on one side only.

In some instances, edema can affect the lungs and lead to shortness of breath and difficulty breathing that require immediate medical care.

Cause and effect

A physical exam can help sort out the cause of peripheral edema and help determine if there are serious underlying conditions. Certain blood tests and urinalysis may be done, as well as electrocardiogram, chest X-ray and possibly additional imaging, such as ultrasound.

Mild edema without symptoms such as shortness of breath, abdominal swelling or high blood pressure usually signals a less worrisome cause.

Causes may include:
- Having consumed more salt than usual the day before
- Your age — being older makes you more susceptible to swollen legs
- Being overweight
- Standing or sitting for an extended time period

Sometimes, peripheral edema is a side effect of a drug. Among the many drugs known to cause swelling are calcium channel blockers, corticosteroids, nonsteroidal anti-inflammatory drugs, the anti-seizure drug pregabalin (Lyrica), and certain drugs for diabetes — particularly thiazolidinediones.

More-serious concerns

Peripheral edema can stem from a number of conditions, notably:
- Weak or damaged leg veins — Over time, one-way valves that keep blood moving toward your heart can weaken and stop working properly, allowing fluid to pool in your lower legs.
- Deep vein thrombosis (DVT) — Edema may develop if blood clots form in the deep veins of your lower leg. Clotting usually affects only one leg and may produce swelling, pain and redness.
- Congestive heart failure — If one or both of your heart’s lower chambers lose their ability to pump blood effectively, blood can back up in the legs, ankles and feet. Right-sided heart failure produces peripheral edema and, if severe enough, can lead to abdominal swelling. If the left side is affected, shortness of breath and the inability to lie flat in bed can occur due to fluid in the lungs.
- Scarring of the liver (cirrhosis) — Scarring related to end-stage liver disease creates serious obstacles for blood flow through the liver. This results in abdominal swelling and peripheral edema, especially as the liver becomes less capable of producing albumin, one of the blood proteins that hold fluid in the vessels.
- Chronic kidney damage — Progressive damage to tiny, filtering blood vessels (glomeruli) in your kidneys can produce a cascade of changes. These include salt retention, an abnormal amount of protein in the urine as well as an abnormally low level of albumin in the blood. Fluid buildup in combination with a low albumin level may produce peripheral edema and even edema involving the entire body.
- Damaged lymphatic system — The lymphatic system helps clear excess fluid from your tissues. Damage to that system — particularly due to lymph node removal in the groin area during cancer surgery, radiation therapy or serious infection — may impair normal lymph node and vessel draining, resulting in swelling in the leg affected by the lymph node removal (lymphedema).
- Tumor — Rarely, leg swelling may be associated with pelvic tumors.

Managing the problem

To help prevent fluid retention, your doctor may recommend limiting salt. Wearing special compression stockings may help prevent fluid retention in your legs and feet. Mild edema related to prolonged standing or sitting can usually be managed by lying down with the legs elevated for an hour or two a day. Water aerobics or walking in a swimming pool also may help redistribute excess fluids.

For more severe peripheral edema, a fluid pill (diuretic) may be prescribed.
**Tongue problems**

**Basic remedies usually help**

It's a good idea to take a look at your tongue once in a while. Most of the time, you’re likely to see the familiar velvety pink, muscular organ.

However, you may notice changes in the color or texture of your tongue, or see or feel a sore or rough patch. Changes like this can be disturbing, but most of the time they aren’t serious.

Still, changes can sometimes be caused by nutritional deficiencies, infections or — rarely — cancer, so it pays to be alert to any changes.

**Common, not serious**

The most common tongue problems cause the most obvious changes in appearance, but they’re also the least serious. They include:

- **Geographic tongue** — Normally, the surface of your tongue has a covering of tiny, raised dots called papillae. In geographic tongue, areas of papillae become white and more pronounced, while other areas are smooth and red. There also are areas of tongue tissue that are unaffected. The result is a “map” of white, red and pink patches that may change size and configuration.

  The condition usually causes no other symptoms. Some people may have sensitivity to hot or spicy foods, which may be alleviated with a topical steroid gel or soothing mouth rinse.

- **Hairy tongue** — This occurs when dead skin cells accumulate between the elongated papillae, usually at the middle and back of the tongue. The accumulation resembles hair. The color can range from tan to black. Black coloration results from bacteria trapped within the “hair.” Usually, hairy tongue causes no symptoms, but it can sometimes cause bad breath or a bad taste. It’s more common in people who smoke or who have poor oral hygiene. Certain types of antibiotics or bismuth subsalicylate (Pepto-Bismol) may cause it. Treatment involves daily brushing of the tongue or use of a tongue scraper.

- **Fissured tongue** — With age, you may notice grooves on the tongue. They have always been there, but they can become more pronounced with age or certain diseases such as psoriasis or Sjögren’s syndrome. They aren’t a problem unless they tend to trap bacteria, causing inflammation. Gentle brushing of the grooves cleans them and prevents bacterial buildup.

**Underlying problem**

Less common Tongue problems that may require more than self-care include:

- **Tongue injury** — This can be caused by an underlying dental problem that needs to be fixed, such as a sharp edge on a filling, tooth or denture.

- **Median rhomboid glossitis** — This is characterized by a small area of smooth, shiny tongue tissue, usually in the middle, back of the tongue. It typically causes no symptoms, but burning or itching may occur. It may be caused by a fungal infection and can be treated with an antifungal medication. It may simply be how the tongue developed, but an assessment by a health care provider is appropriate.

- **Smooth tongue (glossitis)** — With this, papillae shrink or disappear, making your tongue look smooth and shiny. Tenderness or sensitivity to spicy food may occur. Often, glossitis is the result of deficiency of iron, folic acid or other vitamins, such as vitamin B-12, riboflavin or niacin. Infection or dry mouth is sometimes a cause. Treatment involves getting enough of the deficient nutrient or managing the underlying disease.

- **Problems related to a suppressed immune system** — Tongue changes that may result from this include the development of a white, hairy-appearing patch on the side of the tongue (oral hairy leukoplakia) or white scales or sores on the tongue surface (lichen planus). Oral hairy leukoplakia can be treated with an antiviral medication. Lichen planus featuring white scales doesn’t require treatment, but the development of painful sores often responds to a topical corticosteroid.

- **Swollen tongue** — Swelling of the tongue may be due to an allergic reaction such as angioedema and should be evaluated by a doctor or allergist.

- **Burning tongue** — This usually involves a burning sensation that worsens as the day progresses. It can affect other areas of the mouth or throat and often develops fairly suddenly. It’s much more common in women than in men. Burning tongue can have an underlying cause such as drugs that cause dry mouth, B vitamin or iron deficiency, an allergy, or tongue irritation. Diseases such as Sjögren’s syndrome, diabetes, underactive thyroid, oral yeast infection or dry mouth can cause the condition. Burning tongue may be paired with stress, depression or anxiety.

  Burning tongue can be challenging to treat. Addressing dry mouth or its causes — and treating any other underlying problem — is often helpful, as is cognitive behavioral therapy. The antioxidant alpha-lipoic acid (ALA) or the anti-anxiety drug clonazepam (Klonopin) also may help reduce symptoms.

**Is it cancer?**

Tongue cancer usually appears as a thickened white or red patch, nodule or sore on the side or underside of the tongue. Tobacco, alcohol use and aging are the primary risk factors. Treatment usually involves surgery, radiation therapy and sometimes chemotherapy.
I’m 75 and in relatively good health. However, I’ve been noticing some bruises on my arms. They seem to come and go over time. Is this anything to worry about?

What you describe may be nothing more than easy bruising, which can occur as skin ages and becomes thinner.

Aging skin loses some of the protective fatty layer and collagen that normally helps cushion tiny blood vessels (capillaries) from injury. Too much sun exposure can speed up this process. In addition, tissues supporting capillaries weaken with age. As a result, the tiny vessel walls become more fragile and prone to bleed. When that happens — whether due to a slight bump you might not notice or a harder blow — a bruise occurs.

Some people — especially women — are more prone to bruising than are others. Typically those who bruise easily experience bruising on their arms and legs. As capillaries in thinning skin become increasingly fragile with age, older adults may encounter dark purple bruises — especially on the hands and forearms — that fade over time, sometimes leaving a brownish discoloration.

However, it’s a good idea to check with your doctor about increased bruising. Your doctor may wish to have a look and discuss your medical history and any medications you may be taking to be sure the bruises don’t represent something more serious. Any drug that has blood-thinning effects can increase the risk of bruising. In general, if there’s no personal or family history of abnormal bleeding, no associated bleeding elsewhere and no underlying blood disorders, easy bruising becomes more of a cosmetic concern.

Clothing can be used to conceal the bruising, as can makeup. You may find wearing long sleeves and long pants helps reduce some of the unexpected light bumps that can cause bruising.

I’ve recently become sexually active again after years of being alone. Are there tests that I should have after I’ve been with someone to make sure I don’t have a sexually transmitted disease?

Yes, it’s a good idea to be tested if you’ve had a new intimate partner and there’s any concern of sexually transmitted illness. People can have a sexually transmitted illness without knowing it. That’s because in many cases no signs or symptoms occur even though some of these illnesses can be quite serious or even deadly.

Some diseases passed through intimate contact usually can be detected right away with testing. This is true for both gonorrhea and chlamydia. Testing for these diseases usually can be done from a urine sample. However, other sexually transmitted illnesses — including syphilis, HIV and hepatitis B — require a blood test. HIV antibodies will typically become positive four to six weeks after infection.

Work closely with your doctor in deciding what testing should be done right away and what may be appropriate to test for after a few months. Syphilis, gonorrhea and chlamydia generally respond well to antibiotic treatment. However, HIV and hepatitis B can be more serious. Both are treatable, but cure is typically not possible.

In general, chances of getting one of these diseases can be greatly reduced by using condoms. In addition, if you haven’t been vaccinated for hepatitis B or are unsure if you have, ask your doctor about receiving the vaccine series.