FREE GUIDE

WHAT YOU NEED TO KNOW ABOUT

Living with an Autoimmune Condition

A Caribbean Patient Guide — for the newly diagnosed and those ready to take back control of their health.

INSIDE THIS GUIDE:

- Understanding your autoimmune diagnosis
- The most common conditions — lupus, RA, gout & more
- Your treatment toolkit — medication, lifestyle & beyond
- Anti-inflammatory living the Caribbean way
- How to build your care team
- Your most common questions answered

Dr. Keisha Davis

MBBS (Hons) | MRCP (UK) | MBA (Healthcare Mgmt) | Rheumatology Fellowship (RCPE)

Rheumatologist & Internist | Head of Rheumatology, EWMSC | Associate Lecturer, UWI

RheumCareTT Ltd. | rheumcarett.com | @rheumcarett

RHEUMCARETT PATIENT GUIDE

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"This guide was written for every person who sat in a clinic room, received a diagnosis, and left with more questions than answers. You deserve clarity, a plan, and a community. This is where that starts."

01 A Note from Dr. Keisha Davis

From the clinic to your hands

If you're reading this, you're probably at a crossroads.

Perhaps you've just been given a diagnosis you weren't expecting. Perhaps you've been living with joint pain, fatigue, or unexplained symptoms for months — or years — and you're finally getting answers. Or perhaps you've had your diagnosis for a while but you're tired of just managing and you're ready to truly understand.

Whatever brought you here — I'm glad you found this guide.

I've spent over 16 years as a rheumatologist caring for patients across Trinidad and Tobago, and what I see again and again is this: people are resilient. They are capable of extraordinary things when they are properly informed. The biggest barrier to living well with an autoimmune condition is not the disease itself — it's the lack of clear, accessible, culturally relevant information.

This guide was designed specifically for people in the Caribbean. Because your lifestyle, your food, your climate, your cultural relationship with health — all of these shape your experience with autoimmune disease in ways that a guide written elsewhere simply cannot account for.

What you will find in these pages is a foundation. A starting point for understanding your condition, your treatment options, the lifestyle choices that matter, and the questions you should be asking your doctor.

Knowledge is the first step in taking back control. And you deserve to be in control of your own health.

With care and commitment,

Dr. Keisha Davis
Rheumatologist & Internist | RheumCareTT

02 What Is an Autoimmune Condition?

Understanding your immune system

Your immune system is, under normal circumstances, one of the most sophisticated defence mechanisms in the natural world. It identifies foreign invaders — bacteria, viruses, parasites — and mounts a targeted response to neutralise them.

In an autoimmune condition, this process goes awry. The immune system loses the ability to distinguish between foreign threats and the body's own healthy cells and tissues. It begins to attack itself. This self-directed immune response causes inflammation, tissue damage, and the symptoms that bring people to the clinic.

Why Does This Happen?

The honest answer is that we do not fully understand why autoimmune conditions develop. Current research points to a combination of factors:

- **Genetics**
  A family history of autoimmune disease increases your risk, though it does not guarantee you will develop one.
- **Environmental Triggers**
  Infections, medications, UV exposure, and chronic stress can trigger or worsen autoimmune activity.
- **Hormones**
  Many autoimmune conditions are significantly more common in women, particularly during reproductive years.
- **Lifestyle Factors**
  Diet, gut health, sleep, and chronic inflammation from lifestyle choices all influence immune regulation.
- **Ethnicity**
  People of African and Caribbean descent have higher rates of certain conditions, particularly lupus.

Key Facts

What You Should Know	Why It Matters
There are over 80 recognised autoimmune conditions	They range from well-known (lupus, RA) to rare (vasculitis, myositis)
The Caribbean has among the highest rates of lupus globally	Particularly in people of African descent
Most autoimmune conditions are chronic — but manageable	Proper treatment changes outcomes dramatically
Early diagnosis and treatment prevent organ damage	Especially critical in lupus, RA, and scleroderma
Autoimmune conditions are NOT contagious	You cannot pass them to others

An autoimmune condition is not a death sentence. It is a chronic condition — like hypertension or diabetes — that requires proper management, the right team, and an informed patient at the centre.

03 The Most Common Conditions

Know your diagnosis

RheumCareTT specialises in autoimmune and musculoskeletal conditions. Below are the conditions we see most frequently in our Caribbean patient population.

LUPUS (SLE)

Systemic Lupus Erythematosus is an autoimmune condition in which the immune system attacks multiple organ systems — including the skin, joints, kidneys, heart, and brain.

- Affects 9x more women than men; women of African/Caribbean descent disproportionately affected
- The butterfly rash across cheeks and nose is a hallmark feature
- Sun exposure is a major trigger in our Caribbean climate
- Kidneys are particularly vulnerable — called lupus nephritis
- With proper treatment, most people with lupus live full lives

RHEUMATOID ARTHRITIS (RA)

RA is a chronic inflammatory condition in which the immune system attacks the lining of the joints, causing pain, swelling, and — if untreated — permanent joint damage.

- Can affect any age — not just older adults
- Morning stiffness lasting more than 30 minutes is a red flag
- Symmetric joint involvement — same joints on both sides
- Untreated RA causes irreversible joint damage within 2 years
- Early treatment with DMARDs dramatically changes outcomes

GOUT

Caused by elevated uric acid levels, leading to crystal deposits in joints — most commonly the big toe — causing sudden, severe attacks of pain and swelling.

- Extremely common in the Caribbean, particularly in men
- Diet plays a major role: red meat, organ meats, alcohol, fructose
- Untreated gout causes kidney damage and permanent joint destruction
- It is completely treatable — both attacks and the underlying uric acid elevation

PSORIATIC ARTHRITIS

An inflammatory arthritis associated with psoriasis, affecting the joints and connective tissue.

- Dactylitis — 'sausage fingers or toes' — is characteristic

- Nail changes (pitting, ridging) are often present
- Biologic therapies have transformed outcomes
- Early treatment prevents joint damage

ANKYLOSING SPONDYLITIS

A chronic inflammatory arthritis primarily affecting the spine and sacroiliac joints. Can lead to spinal fusion if not adequately treated.

- Most often diagnosed in young people under 35
- Back pain WORSE with rest and BETTER with movement — opposite to mechanical back pain
- Exercise is a cornerstone of treatment — not rest
- Biologic therapy (TNF inhibitors) is highly effective

FIBROMYALGIA

Characterised by widespread musculoskeletal pain, fatigue, sleep disturbance, and cognitive difficulties. Commonly seen alongside autoimmune conditions.

- Affects women more than men
- Fatigue and sleep problems are often as debilitating as the pain
- Diagnosis is clinical — there is no blood test
- Treatment involves medication, exercise, sleep management, and psychological support

04 Getting Diagnosed

What to expect from your consultation

Many patients visit multiple doctors before receiving a definitive diagnosis. On average, lupus takes six years to diagnose from symptom onset. Understanding the process helps you advocate for yourself.

The Diagnostic Process at RheumCareTT

1 **Your History**
A thorough conversation about your symptoms, when they started, what makes them better or worse, family history, and medications.

2 **Physical Examination**
Joint-by-joint examination, assessment of skin, eyes, lymph nodes. Musculoskeletal ultrasound may be performed at the same visit.

3 **Laboratory Tests**
Specific blood and urine tests: ANA, anti-dsDNA, RF, anti-CCP, ESR, CRP, complement levels, kidney and liver function.

4 **Imaging**
X-rays, MRI, or musculoskeletal ultrasound to visualise joint damage, inflammation, or other changes.

5 **The Diagnosis**
A clear explanation of findings, what the diagnosis is (or isn't), and the recommended treatment pathway.

6 **Your Treatment Plan**
A personalised plan covering medication, lifestyle, monitoring schedule, and follow-up. You leave with answers.

What to Bring to Your Consultation

Bring This	Why It Helps
Referral letter from GP (if available)	Gives us your medical background quickly

All current medications and supplements	Including herbs, vitamins, and natural remedies — these matter
Previous blood test and imaging results	Avoids repetition and provides valuable comparison data
A symptom diary if possible	Date, symptom, severity, and what helped or made it worse
A written list of your questions	You will not remember everything — write it down

Understanding Your Blood Tests

Test	What It Means
ANA	Screening test — a positive result does NOT automatically mean lupus
Anti-dsDNA	More specific to lupus; levels fluctuate with disease activity
RF / Anti-CCP	Markers for RA — anti-CCP is more specific and predicts erosive disease
ESR / CRP	Markers of inflammation — non-specific but useful to track treatment response
Complement (C3, C4)	Often low during lupus flares — used to monitor disease activity
Uric Acid	Elevated in gout — important to monitor and treat to target

05 Your Treatment Toolkit

Medication, lifestyle, and everything in between

Treatment for autoimmune conditions is not one-size-fits-all. At RheumCareTT, we build personalised treatment plans that combine medication, lifestyle medicine, and supportive care.

Medications Explained

NSAIDs — *Non-Steroidal Anti-Inflammatory Drugs*

Examples: Ibuprofen, naproxen, diclofenac

Reduce pain and inflammation. Used for mild to moderate disease. Not a long-term solution for most autoimmune conditions.

Corticosteroids — *Steroids*

Examples: Prednisone, Methylprednisolone

Rapid, powerful anti-inflammatory effect. Used to control flares. Long-term use has significant side effects — always used at the lowest effective dose.

DMARDs — *Disease-Modifying Anti-Rheumatic Drugs*

Examples: Hydroxychloroquine, Methotrexate, Sulfasalazine, Leflunomide

The cornerstone of RA and lupus treatment. Modify the disease course — not just symptoms. Must be taken consistently for full effect.

Biologics — *Targeted Biologic Therapies*

Examples: Adalimumab, Etanercept, Rituximab, Belimumab

Target specific inflammatory pathways. Highly effective in RA, PsA, AS, and severe lupus. Require monitoring for infection risk.

Hydroxychloroquine — *Antimalarial — cornerstone of Lupus care*

Examples: Plaquenil

The most important medication in lupus. Reduces flares, protects kidneys, reduces cardiovascular risk. Annual eye check required.

Urate-Lowering Therapy — *For Gout*

Examples: Allopurinol, Febuxostat

Reduces uric acid to prevent attacks and protect kidneys and joints. Most patients need this long-term.

Never stop your medication without speaking to your rheumatologist first — even if you feel well. Many autoimmune conditions flare when treatment is interrupted.

06 Anti-Inflammatory Living — Caribbean Style

Your pantry is more powerful than you think

Every meal, every movement, and every night's sleep is either adding to or subtracting from your body's inflammatory load. Lifestyle medicine is a powerful partner to medication — not a replacement for it.

The good news for Caribbean patients: our traditional foods are some of the most anti-inflammatory on the planet. You don't need to import anything exotic. Your market already has what you need.

The Caribbean Anti-Inflammatory Pantry

Food	Why It Matters for Autoimmune Health
Moringa	Packed with antioxidants. Add to smoothies, teas, and soups.
Turmeric	Curcumin is one of the most studied anti-inflammatory compounds in nature. Use generously.
Sea Moss	Rich in iodine, magnesium, and minerals that support immune function.
Callaloo	Iron-rich, anti-inflammatory leafy green. A staple doing more than you realise.
Sorrel (Hibiscus)	High in anthocyanins and antioxidants. Not just for Christmas.
Garlic & Ginger	Well-documented anti-inflammatory and immune-modulating effects. Use daily.
Local Fish (Carite, Kingfish, Snapper)	Excellent omega-3 sources — powerful anti-inflammatory agents.
Sweet Potato & Dasheen	Complex carbohydrates with antioxidant properties — better than white rice and flour.
Pigeon Peas & Lentils	Anti-inflammatory protein sources that also feed beneficial gut bacteria.

What to Minimise

Minimise	Because...
Processed and ultra-processed foods	Drive systemic inflammation and gut dysbiosis
Refined sugars and sugary drinks	Directly promote inflammatory pathways

Red and processed meats	Associated with increased inflammatory markers — especially relevant in gout
Excessive alcohol	Raises uric acid, triggers lupus flares, interacts with medications
Fried foods	Trans and saturated fats promote cardiovascular inflammation

Movement Is Medicine

The evidence now clearly shows that regular, appropriate exercise reduces systemic inflammation, preserves joint function, reduces fatigue, improves mood, and lowers cardiovascular risk — critical in lupus and RA.

- **Best types:** Swimming, walking, cycling, yoga, and strength training — low impact, high reward.
- During active flares: gentle range-of-motion exercises only.
- Start with 10 minutes a day — consistency over intensity.

Sun Protection — A Caribbean-Specific Priority

For patients with lupus and many other autoimmune conditions, UV exposure is a major flare trigger. In the Caribbean, this requires intentional daily management:

- SPF 50+ broad-spectrum sunscreen every morning — regardless of cloud cover
- Reapply every two hours during outdoor activity
- Wide-brimmed hats, UV-protective sunglasses, and protective clothing
- Avoid outdoor activity between 10am–4pm when UV index is highest
- UV rays penetrate car windows — sun protection applies in vehicles too

07 Building Your Care Team

You should not navigate this alone

Managing an autoimmune condition well is a team effort. Your rheumatologist coordinates care, but the best outcomes come from a multi-disciplinary approach.

Rheumatologist
Your specialist and care coordinator. Manages diagnosis, treatment, medication, and monitoring. The central figure in your autoimmune care.

Internist / GP
Manages overall health, comorbidities, routine preventive care, and coordinates with your rheumatologist.

Registered Dietitian
Develops a personalised anti-inflammatory eating plan — especially important in gout, lupus, and for patients on steroids.

Physiotherapist
Designs a safe exercise programme for your specific condition, works on joint mobility, strength, and pain management.

Psychologist / Counsellor
Chronic illness significantly impacts mental health. Depression and anxiety are common — and treatable.

Ophthalmologist
Essential for patients on hydroxychloroquine and those with Sjogren's syndrome or uveitis.

Cardiologist
Lupus and RA significantly increase cardiovascular risk. Cardiovascular monitoring is standard in comprehensive care.

At RheumCareTT, we work with a trusted network of physiotherapists, psychologists, and nutritionists. We coordinate your care — you don't have to build this team alone.

08 Mental Health & Autoimmune Disease

The connection no one talks about enough

Living with a chronic condition affects more than your body. Research consistently shows that depression and anxiety are significantly more common in people with autoimmune conditions — not just as a reaction to being unwell, but as part of the inflammatory process itself.

What You May Be Feeling — And Why It Makes Sense

- **Grief**
  It is normal to grieve the life you had before your diagnosis. This is a real loss.
- **Frustration**
  Chronic pain and unpredictable flares make planning difficult. Frustration is a natural response.
- **Anxiety**
  About the future, medications, and what others think. Autoimmune conditions create genuine uncertainty.
- **Isolation**
  When you don't look ill but feel terrible — 'invisible illness' — it's easy to feel misunderstood.

Strategies That Help

- **Talk to someone:** A psychologist experienced with chronic illness is transformative. It is not weakness to seek support.
- **Connect with community:** Others who understand your experience can provide what well-meaning loved ones sometimes cannot.
- **Prioritise sleep:** Disrupted sleep amplifies pain, fatigue, and emotional dysregulation.
- **Pace yourself:** Energy management is a skill worth developing. Learn the difference between productive activity and pushing through at a cost.
- **Tell your rheumatologist:** Mental health symptoms are part of your medical picture. Don't downplay them.

In the Caribbean, mental health stigma remains a barrier. Seeking psychological support for the challenge of living with a chronic illness is not weakness. It is intelligent, proactive healthcare. Your mind and your body are not separate.

09 Practical Daily Strategies

Small changes. Big outcomes.

Living well with an autoimmune condition is built on daily habits. These are not dramatic overhauls — they are consistent, manageable practices that accumulate into significantly better health outcomes over time.

Morning Routine

- **Take Your Medications**
  At the same time each morning. Consistency improves effectiveness and reduces missed doses.
- **Gentle Movement**
  5–10 minutes of stretching or gentle walking significantly reduces morning stiffness — especially in RA and AS.
- **Anti-Inflammatory Start**
  Begin with a warm turmeric and ginger drink or a moringa smoothie.
- **Sunscreen**
  For lupus and photosensitive conditions — SPF 50+ before leaving the bedroom. Every single day.

Managing Flares

Flare Response	Detail
Identify the trigger if possible	Common triggers: stress, sun, infection, missed medication, sleep deprivation
Rest without guilt	Fatigue during a flare is your body asking for recovery. Listen.
Modify exercise temporarily	Gentle range-of-motion movements only during active joint inflammation
Anti-inflammatory nutrition	Increase omega-3s and antioxidant-rich foods; reduce sugar and processed foods
Contact your rheumatologist	Chest pain, fever, new rash, or significant symptom change = call immediately

The Symptom Diary

A simple daily note of your symptoms is one of the most powerful tools you can bring to your appointments. Track: pain level (1–10), joints affected, fatigue, morning stiffness duration, new symptoms, food, sleep quality, and potential triggers.

A 2-minute daily note gives your rheumatologist invaluable data — and gives you a sense of agency over your own health.

10 Your Questions Answered

The things patients ask most

Q: Can I still have children if I have lupus or RA?

Yes — but pregnancy requires careful planning and specialist co-management with your rheumatologist and obstetrician. Some medications must be changed in advance. With proper planning, the vast majority of people with lupus and RA have successful pregnancies.

Q: Do I need to give up my Caribbean diet?

Absolutely not. Many traditional Caribbean foods are among the most anti-inflammatory available — callaloo, dasheen, fish, legumes, moringa, turmeric, and sorrel all have genuine anti-inflammatory properties. The goal is to optimise your diet, not abandon your culture.

Q: Can herbal remedies and bush teas help my condition?

This is an important question we take seriously. Many Caribbean patients use herbs alongside medications — cerasse, soursop leaf, sea moss, moringa. Some are safe; some interact with medications harmfully. Always tell your rheumatologist what you are taking. No judgement — just safe, informed care.

Q: Will I be on medication forever?

For many autoimmune conditions, long-term medication maintains disease control and prevents organ damage. However, medications are regularly reviewed. Some patients achieve remission and can reduce or stop certain medications under specialist supervision.

Q: My ANA came back positive. Do I have lupus?

Not necessarily. Up to 15% of healthy individuals have a positive ANA. It is a screening test — it tells us to look further, not that you have lupus. A full clinical assessment is required. Please see a specialist rather than self-diagnosing from a lab result.

Q: Can stress make my condition worse?

Yes — this is well-documented. Psychological stress activates the same inflammatory pathways involved in autoimmune disease and can trigger flares. Stress management is not optional in autoimmune care. It is medical.

Q: Is exercise safe during a flare?

During a significant flare with active joint inflammation, high-impact exercise should be reduced. However, complete rest is rarely recommended. Gentle range-of-motion exercises and low-impact movement help maintain function without stressing inflamed joints.

Q: What's the difference between a flare and a new complication?

A flare is an increase in your known disease activity. A complication presents as new symptoms — chest pain, shortness of breath, significant cognitive changes, sudden weakness, or eye problems. New symptoms that feel different from your usual disease pattern should be reported promptly.

11 Your Next Steps with RheumCareTT

You don't have to do this alone

Reading this guide is a significant first step. Now let's talk about where you go from here.

If You Are Newly Diagnosed

- Book your first specialist consultation at RheumCareTT. Bring your paperwork, blood results, and your list of questions.
- Ask for clarity on your specific condition, your treatment plan, and what monitoring you need going forward.
- Start a simple symptom diary this week.
- Share this guide with your immediate family — the more they understand, the better your support system.

If You Have Been Living With Your Condition for a While

- If you are not currently under specialist care — book a consultation. Autoimmune conditions require regular specialist review.
- Review your lifestyle choices in light of this guide. Identify one area — nutrition, exercise, sleep, sun protection — where you can make a meaningful improvement.
- Have an honest conversation with your care team about how you are really doing, including your mental health.

RheumCareTT Services

Service	Details
In-Person Consultations	Three locations across Trinidad — Port of Spain (Woodbrook), St. Augustine, and San Fernando.
Telehealth Consultations	Virtual consultations for patients across the Caribbean who cannot attend in person.
Musculoskeletal Ultrasound	On-site imaging for precise diagnosis and guided injections.
Biologic Therapy Management	Expert management of DMARDs and biologic therapies.
Holistic Lifestyle Guidance	Nutrition, exercise, and lifestyle counselling integrated into your care plan.
Collaborative Care Network	Referrals to trusted physiotherapists, psychologists, and nutritionists.

Book Your Consultation

Port of Spain	Assurance Healthcare Ltd., Woodbrook	(868) 610-6439 / 472-6062
St. Augustine	St. Augustine Private Hospital	(868) 663-7727 Ext. 3700/01
San Fernando	Southern Medical Clinic	(868) 734-4548 Ext. 322
Urgent / WhatsApp	868.702.4046	
Website	www.rheumcarett.com	
Instagram	@rheumcarett	

Relief. Recovery. Renewal. Your health journey does not have to be walked alone. RheumCareTT is here — every step of the way.

This guide is for educational purposes only and does not constitute medical advice. Always consult a qualified healthcare professional for diagnosis and treatment.