

Counselor

For some people it's an occasional achy knee. For others, the pain and stiffness of their inflamed fingers may be so intense that they can barely brush their teeth. Whatever the degree of severity, arthritis is common, affecting more than 4.6 million Canadians. While there aren't any miracle cures, there is a lot you can do to minimize the damage.



Arthritis/Pain

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What is arthritis?

Arthritis—which stems from the Greek roots **arthro**, meaning joint and **itis** meaning inflammation—is a catchall term that refers to pain and stiffness in the joint, the place where two bones connect. While there are over 100 different types of arthritis, osteoarthritis (OA) and rheumatoid arthritis (RA) are the most common.

Most sufferers have OA, which is frequently called “wear-and-tear” arthritis. This occurs when cartilage, the smooth, cushioning tissue that surrounds the joint, gradually wears away. Without this protective cushioning, bones rub together, causing pain, irritation and sometimes swelling. While no one knows exactly what causes cartilage to break down, heavy use of the joint is thought to be a contributing factor. That’s why OA typically affects the most weight bearing joints, such as the knees and hips.

RA, on the other hand, is an autoimmune disease. This happens when your body’s immune system goes awry and starts to attack the lining of your joints, causing, pain, swelling and stiffness. RA more often impacts the entire body, affecting both large and small joints as well as other organs. Your hands are particularly at risk because of their many small joints and constant use. Of the two types of arthritis, RA is the most crippling and deforming and can cause permanent disability.

Not just an old folks disease

While we tend to think of arthritis as an ailment affecting the elderly, nearly 60 percent of people are diagnosed under the age of 65. Studies show that women are at greater risk for either type. RA is almost three times more likely to strike women than men, and it tends to first occur between ages 25 and 50. Research also suggests that because women have less musculoskeletal strength than men, they are likely to experience more severe symptoms.

Although RA isn’t preventable, OA is, to some extent. Being overweight puts increased stress on your joints. By maintaining a healthy weight, you can help ward off OA.

How can you tell if your joints are aching from arthritis or from just overdoing it? Pain that lasts longer than two weeks is usually an indication that you may have joint damage. Seeing a doctor is the only way to get a diagnosis. He or she may do a physical examination of your joints, ask questions about past joint injuries, your symptoms, or do an x-ray of the affected joints. A blood or urine test is used to diagnose RA.

Whatever type of arthritis you have, don’t just put up with it or ignore it. Early diagnosis is critical to slowing the progression of the disease and preventing joint damage. Medications, maintaining a healthy weight, and exercising regularly can make it easier to do the things you want to in life.

Symptoms

Because both OA and RA cause stiff and achy joints, it’s not always easy to distinguish between the two. But as a general rule, with OA, the stiffness goes away after 20 to 30 minutes and worsens with activity. RA is characterized by morning stiffness, which can linger for hours, and improves with activity.

The classic symptoms of RA are pain, redness, heat, swelling, tissue damage and fatigue. Unlike OA, which primarily affects the hips and knees, RA tends to strike the smaller joints in the feet and hands. With RA, there’s also a pattern. When a joint is affected on one side of the body—a wrist or finger for example—the same joint tends to be involved on the opposite side. Moreover, flare-ups (the time when the disease is active) are unpredictable. RA tends to alternate between periods when you have few or no symptoms and flare-ups.

What type of medical help will you need? That depends on your condition. Your family doctor can handle most mild to moderate cases of OA. With RA, however, he or she will likely refer you to a rheumatologist, a doctor who specializes in the treatment of connective diseases like RA. Depending on your degree of severity, you may also need a physical therapist (who helps with pain and movement problems), or an occupational therapist (who can teach you ways to protect your joints and conserve energy). Your FHCP pharmacist can also be a valuable source of information—whatever type of arthritis you have.



Arthritis in the workplace

Arthritis is a leading cause of disability in the workplace. Studies show that up to 67 percent of RA patients with a paid job end up work-disabled 15 years after the onset of their disease. As well, OA can slash productivity in workers with physically demanding positions.

This doesn’t mean you can’t thrive professionally if you have arthritis. The key is to be honest with yourself about what you need to carry out your job. Is it flexible work hours? Spending less time on your feet? Ergonomic tools and accessories? Mini breaks throughout the day so you can stretch your stiff joints? Identifying the problems is the most important step towards finding a solution.

You might also want to talk to your employer about a workplace assessment. Present your situation as an opportunity for your employer to help you work to your best potential, rather than as a problem they must fix. In some cases, you may be referred to your company’s occupational health department. Along with finding ways to better accommodate your health needs, they can also advise you of your legal rights as an employee with a disability and suggest retraining possibilities should you wish to change careers.

Arthritis/Pain

Managing Chronic Pain

Although arthritis pain may come and go, it usually lasts a lifetime for most sufferers. But it's important not to let pain run your life. Aside from the obvious physical discomfort, studies show that chronic pain may also lead to depression, which can drain you of the motivation to keep active.

Overall, people do better if they find effective ways to deal with their chronic pain. Medications are just one part of it. Exercising has been shown to boost levels of endorphins, the body's natural painkillers. In fact, walking is one of the best ways to manage arthritis pain.

Your attitude too, can affect how you feel physically. Negative thoughts can lead to exaggerated fears and anxiety—which can heighten your perception of pain. Taking control of negative thoughts means interrupting them, and reframing the situation in a positive light. Let's say your sore joints are keeping you from doing your favourite activity. Rather than getting depressed about it, remind yourself that pain levels can vary from day to day. Just because you can't do something one day doesn't mean it will never happen. Keep doing the things you love to keep your spirits up.



Surgery or Alternative Therapies

When your pain or stiffness become unbearable and you are no longer relieved by medications or exercise, your doctor may recommend surgery. Arthritis surgeries include:

Joint Replacement (Arthroplasty)

This procedure, which replaces a worn out hip or knee joint with a man-made plastic or metal version, is the most common surgery for arthritis. It is successful up to 90 percent of the time. While the average age for hip replacement surgery is the late 60s or early 70s, some people may need the surgery in their 30s and 40s. However, artificial joints have a lifespan of about 10-20 years. So the younger you are when you have the surgery, the more likely it is you'll eventually need a second surgery to replace the first artificial joint.

Joint Fusion

If joint replacement fails, your surgeon may recommend this procedure that removes a damaged joint from the ends of the two bones that connect it. The bones are then held together with screws, pins, or plates, and over time fuse into place.

Osteotomy

This procedure helps preserve the joint by cutting and removing a section of the bone. It is generally recommended for people who are still young and active, and could delay joint replacement surgery for several years.

Getting surgery isn't a decision to take lightly, as post surgical rehabilitation can take months. Understanding the pros and cons of each surgery can help you decide which option is right for you.



Acupuncture as an option

This ancient practice, in which tiny needles are inserted into specific points of the body, has been shown to decrease pain by increasing the release of endorphins, your body's own natural painkiller. It is also thought to improve functioning of the nervous and musculoskeletal system, which is often the root cause of pain.

Treatment and Medication

While there is no cure for arthritis, there are many different types of drugs that can effectively treat the pain and reduce joint damage. These are generally divided into five categories.

Pain Relievers

Also known as analgesics, these drugs fight pain but not inflammation. The most common analgesic drug is acetaminophen, which is recommended as first-line treatment for OA pain.

Anti-inflammatories

Nonsteroidal anti-inflammatory drugs (NSAIDs), are among the most common treatment for both kinds of arthritis. They can be taken at low doses to relieve mild joint pain, or higher, prescription doses to help reduce joint inflammation.

COX-2 Inhibitors

These are a newer form of prescription NSAID, which are less likely to cause stomach problems such as ulcers.

Corticosteroids

These prescription drugs are most often used to fight the inflammation of RA. They are taken orally as pills or injected directly into inflamed joints, but they must be monitored to prevent serious side effects.

Disease-Modifying Antirheumatic Drugs (DMARDs)

These are strong, prescription-only drugs which suppress the immune system to reduce the inflammation, pain and stiffness of RA. Designed for long-term use, they are often taken along with other painkillers like NSAIDs or analgesics.

Finding the right treatment for you may mean trying different kinds of drugs through a trial and error process. Be patient—and be sure to reach out to your FHCP pharmacist. They are experts in arthritis management, and can provide information on how to take your medication, when to take it, side effects, and when you can expect to see results.

Q & A

Ask Your Helpful FHCP Pharmacist

Q. I've heard that ginger can help ease arthritis pain. Is this true?

Ginger has anti-inflammatory and antioxidant properties that make it helpful for both kinds of arthritis. Studies have shown that it can reduce muscle pain, stiffness and swelling. Because it also works on digestive complaints, it can be especially soothing if your RA includes gastrointestinal problems.

Q. I've heard varying reports on the effectiveness of glucosamine supplements. Are they helpful?

It depends on the severity of your arthritis. When taken with chondroitin, it can decrease pain in people with mild to moderate arthritis. A recent study of 200 people with joint problems showed that glucosamine reduced joint pain and stiffness by up to 25 percent and helped to prevent OA in the knees. However, it doesn't work if there is no cartilage left in the joint, that is, bone rubbing on bone.

Q. Do topical arthritis creams and ointments cause any side effects?

Because they deliver medication directly through the skin at the affected area, topical medications bypass the gastrointestinal system and thus reduce some of the stomach upset side effects caused by drugs such as oral NSAIDs. That said, some of these ointments often contain strong medications that are absorbed into the bloodstream. Using them in combination with oral versions of the same drug can cause side effects or even worsen them by raising the overall dosage of the drug. To be on the safe side, ask your FHCP Pharmacist about any topical ointment you're adding to your drug regimen.



A Healthy Position

Managing Daily Activities with Arthritis

When you're living with pain and fatigue, even simple daily tasks—such as showering and dressing— can turn into a real challenge. So it's important to balance activity with rest if you want to get things accomplished. The best way to do this is by planning and pacing yourself.

Let's say you have a busy week coming up. Rushing around trying to do everything at once will only make you overworked and exhausted—which could make your symptoms worse. Instead, list all the things you want to achieve during the day or over the week, and plan out when and how you're going to do certain tasks. Make sure that the demanding jobs are spaced out during each day or week. Then, depending on your energy level, break them into achievable parts. If you find some tasks difficult to handle, reschedule them, or enlist friends and families to help you.

Also keep in mind that there are a variety of joint aids, from finger splints to knee braces that can stabilize joints and make daily tasks easier. Your FHCP pharmacist can guide you to the ones that are right for you.

Check-Up Challenge

Losing weight can ease joint pain. When you walk, your knees absorb a force equal to about three times your body weight. Shedding just ten pounds can relieve each knee of about a 30-pound load with every step you take.

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Next Month's Feature!

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Kid's Health

As adorable as children can be, raising them isn't always child's play! It can be a challenge to get them to eat their veggies, go to bed early, wash up properly, and participate in outdoor activities when they'd rather be indoors playing video games. Fortunately, there are many things you can do to keep them emotionally and physically strong.

In next month's feature find out more about:

- Key factors in children's health
- The importance of good hygiene in oral care, ears, and eyes
- Your child's sleep
- Lice
- Common childhood allergies

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