NOTES

Your doctor or therapist has given you this patient education handout to further explain or remind you about an issue related to your health. This handout is a general guide only. If you have specific questions, discuss them with your doctor or therapist.

Putting Out the Arthritis Fire

Joint inflammation can be a disheartening condition to live with—the burning pain, the dependence on others for simple tasks and the frustrating prospect that things may only get worse.

But a diagnosis of arthritis doesn't have to mean a lifelong sentence of pain and disability. New research into the reasons a joint deteriorates—and how the body responds—is leading to encouraging insights into treatment.

Disabling pain can arise from one of three separate structures in the joint: synovial membrane, a clear, sticky fluid that lubricates a joint; tendons, tough cords of tissue between muscles and bones; and ligaments, flexible bands of tissue that connect bones.

To get a handle on your pain, your physician or therapist must first determine if the condition is degenerative (osteoarthritis) or systemic (rheumatoid). Although symptoms are similar, the conditions are separate and treatment options vary.

Neither condition has a known cure. So it's important to get the right diagnosis and begin early and aggressive treatment. Your practitioner will use a variety of tools to diagnose arthritis, such as a medical history, a physical exam, X-rays and joint fluid aspiration.

Rheumatoid arthritis often requires medications and treatments that calm the body's immune system and reduce inflammation. Rest, controlled exercise and splinting can augment these procedures. Strengthening and modalities can help, but they can also exacerbate the condition and must be professionally administered and monitored.

Osteoarthritis (OA), one of the most common forms of arthritis, is often described as a "wear and tear" disease. Joint cartilage slowly degrades, compromising the cushioning between bones, leading to pain, stiffness and loss of movement. Most common sites are the knees, hips, fingers, neck and low back.

Osteoarthritis is more common in women, and most people develop OA after age 45. While the exact cause isn't known, risk factors include aging, genetics, excess weight, injury, overuse and poor intake of anti-inflammatory compounds, such as flavonoids, antioxidants and essential fatty acids.

In most cases, OA develops gradually. For many people, it doesn't get any worse than the soreness or stiffness that strikes early in the disease progression. Treatment is generally aimed at controlling pain, improving function with everyday activities and slowing the progression of the condition.

When OA pain interferes with walking, sleeping and simple daily tasks, speak with your health care provider about several strategies that can help.

• *Topical analgesics.* Often the first line of defense for mild arthritis pain, creams, ointments and topical analgesics can ease acute flare-ups. They can also complement other therapies, such as ultrasound, TENS, massage and cold therapy.

• *Splints.* More than 40 million people deal with hand pain from arthritis. Custom-molded splints can stabilize joints, restrict motion and decrease symptoms. In many cases, splinting may be enough to allow pain-free functional activities without further measures. Splints can also protect newly reconstructed hand joints for 2 to 3 weeks after surgery.

• *ADL aids.* Ask your provider about large-handled utensils, reachers, customized tools, foam grips, openers, wraps, supports and other products that can make daily activities easier.

• *Laser therapy.* The cellular-level action from laser stimulation can relieve pain in many patients—often to the point of averting more aggressive therapies. Other helpful modalities can include e-stim, ultrasound, iontophoresis, thermal modalities, paraffin and massage.

• *Orthoses.* Lifts and wedges can redistribute forces and influence alignment in lower extremities, which can ease pain and delay disease progression. Impact-absorbing heels may help.

• *Aquatic therapy.* A warm-water environment can ease pain, relax inflamed joints and circumvent surgery. Pool-based therapy also facilitates weight-bearing exercise, while providing social engagement and a sense of empowerment.

Exercise, weight control, good body mechanics, assistive devices and other conservative measures can complement these strategies and stall disease progression.

In severe cases that don't respond to conservative treatments, surgery (such as total joint replacement) can be considered. But thanks to earlier recognition and more effective treatment measures, conservative therapy can extinguish the fire, and return many patients to a pain-free life without drastic measures. ■

Information adapted from The Arthritis Foundation, www.arthritis.org; and ADVANCE *Magazine for Physician Assistants*

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