



**Arthritis (Dr Ravi Bansal, GP Registrar) Cookham Medical Centre**



**What is Arthritis?**

There are over 200 forms of Arthritis, but Osteoarthritis (OA) is the most common. Arthritis is an inflammation of the joints, 30% of adults have it, and the major problems with it are pain and stiffness, and joint deformity. Rheumatoid Arthritis (RA) is sometimes known as inflammatory arthritis, and is much less common.

**Osteoarthritis**

Most commonly it affects the hands and finger-ends, neck, lower back, knees, and hips. It can negatively influence lifestyle, bringing on depression and a sense of helplessness. It can affect finances, as treatment options can be expensive. It is a very common cause of falls in the elderly, and can seriously worsen the effect of a fall. Patients with hand arthritis are three times more likely to have hip arthritis, and a slightly increased risk of knee arthritis.

**How big is the problem?**

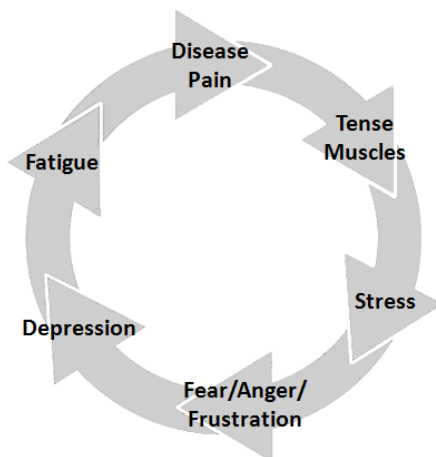
- Affects over 6 million people in the UK (Hip OA affects half a million people)
- It accounts for over a million GP appointments a year, and a cost to the NHS of over £6 billion
- In 2006 it was estimated over 10 million working days were lost due to OA
- 83% of patients with OA have other health issues that need to be considered as well

**Risk Factors and Possible Causes**

- Age (1 in 5 50-80 yr olds have OA in at least one knee)
- Female versus Male sex (OA doesn't discriminate particularly between sexes)
- Obesity (Extra weight puts extra pressure on joints)
- Osteoporosis
- Sports Activities (Some sports can lead to an increased risk of OA)
- Prior injury
- Muscle weakness
- Genetics? (There is no actual evidence to support that if your parents have it, you will)

**The Pain Cycle**

Understanding the pain cycle can be useful in breaking it, in order to feel and function better.



- Pain may be caused by inflammation (as in RA) or bone rubbing against bone (as in OA)
- In response to this pain, and to protect the area that hurts, your body unconsciously tends to tighten the muscles of the affected area, or compensates by using other muscles
- As the pain mounts, you become stressed and anxious, wondering if the pain will ever get better
- You can then experience difficult emotions such as frustration, anger or fear. You might even cut back on activities.
- This inactivity, combined with the difficult emotions you may be experiencing, can cause depression which can lead to tiredness and fatigue making the pain worse and completing this vicious cycle.

## **Emotional Challenges**

- Depression - Grieving the loss of your “old self” , guilt about being ill, low self esteem due to physical changes in the body
- Chronic pain and fatigue (can be exhausting and overwhelming)
- Unpredictable nature of the disease (how you feel from day to day, as well as the lifestyle changes that are sometimes necessary, can have a profound effect on the patient and on their relationships at home and at work.
- Fear of the future (the ability to continue to work, to do leisure activities, and participate in family events)

## **Non Surgical Treatments**

- Pain relief – Ibuprofen (particularly for Hand and Knee) / TENS/ Hot and Cold packs
- Weight Loss – a loss of 5kg can reduce the risk of OA by 50%
- Exercise – inactivity causes joints to stiffen. Low impact aerobics and aqua exercise is good. There is no evidence that regular running causes OA. There is an increased risk however for wrestling, football, boxing and strenuous cycling. Prior injury does result in increased risk of OA. You will not make your arthritis worse if you do gentle regular exercise. *(for how to start exercising, see S.M.I.L.E. at [www.rbwm.gov.uk/web/smile\\_index.htm](http://www.rbwm.gov.uk/web/smile_index.htm))*
- Supplements – Glucosamine is not thought to have much effect, but you will do no harm taking it
- Orthotics/Suitable Footwear – Braces and heel wedges can reduce pain, assist function and possibly prevent further deterioration
- Physiotherapy – can provide treatments such as electrotherapy, massage, acupuncture and advice. Can sometimes arrange hydrotherapy. Acupuncture has reportedly reduced pain by 40% and improved knee function

## **Rheumatoid Arthritis (Dr Cathie Scothorne) Cookham Medical Centre**

### **Inflammatory Arthritis**



- Rheumatoid Arthritis
- Sero negative arthritis – e.g. psoriatic arthritis
- Ankylosing spondylitis
- Gout
- Reactive arthritis
- And others..

### **Rheumatoid Arthritis**

Patients with rheumatoid arthritis generally have specific education programmes at the time of diagnosis and via the rheumatology clinics at the practice and at the hospital. They have to be monitored very closely, and usually attend rheumatology regularly. Early diagnosis is very important and makes a difference. There are new treatment regimes which can prevent joint damage.

### **Who can help?**

- Physiotherapist
- Occupational Therapist
- Sports centre team
- GP
- Orthopaedic Surgeon

### **What can we do?**

- Education
- Reduce Joint Stress
- Exercise
- Diet
- Complementary /Alternative Medicine
- Physiotherapy
- Occupational Therapy
- Medication
- Steroid Injections – not automatically done, not without risk and other treatments must be considered first
- Joint replacement – last resort only, pain may disappear, mobility may not improve

### **What can Patients do?**

- Play an active part in management
- Attend for regular monitoring
- Recognise 'flares'
- Mentor newly diagnosed patients – concerns for the future etc
- Keep exercising (it's good for you), don't smoke and eat well.

## **Physiotherapy (Jon Cooke)**



### **Osteoporosis**

Osteoporosis is a disease characterised by low bone mass, leading to increased bone fragility and increased risk of bone fracture. If your mother had osteoporosis you are over a certain age, you may be eligible for a DEXA bone scan.

- 1 in 3 women and 1 in 12 men over the age of 50 are affected
- 1 in 2 women, 1 in 5 men over the age of 50 will break a bone, mainly because of osteoporosis

### **How can Physiotherapy help Osteoporosis?**

- Detailed Assessment
- Improve your muscle strength/cardiovascular fitness - Exercise prescription
- Weight bearing exercises that build your bone density
- Balance exercises to assist with falls reduction
- Improve posture - aids respiratory function
- Improve psychological well-being and confidence
- Reduce/control pain

### **Vibration Therapy**

- Induces fast but short stretches and contractions of the muscles/tendon fibres causing increases in muscle power and strength
- Used post-space flight, where weightlessness places no strain on bone or muscle and leads to rapid loss of bone and muscle mass and strength. 10-20mins standing on the plate helped to recoup this loss.
- The jury is still out on this treatment!

### **Self Help for Osteoporosis**

- Join a regular exercise class - Tai Chi/Pilates/Yoga - improve balance
- Eat a diet rich in calcium and Vitamin D
- Take regular pain relief and learn how to use heat safely for pain relief

### **How can Physiotherapy help Osteoarthritis?**

Physiotherapy can help increase movement and strengthen muscles

- Detailed Assessment - aimed at how joints are functioning
- Development of personalised exercise plan
- Pain management techniques.
- Electrotherapy
- Hydrotherapy restores mobility

### **How can Physiotherapy help Rheumatoid Arthritis?**

- Helps provide stability around a joint
- Manual therapy techniques
- 'Motivational coach'

### **Self Help for Arthritis**

- Keep mobile - moving the affected joints helps reduce stiffness and maintains the strength of supporting muscles.
- Exercise regularly - 5x30mins/week
- Balance focused exercises
- Diet
- Hot & Cold treatment promotes improved healing
- Movement in water is particularly good – even just walking up and down the pool

## **Question and Answers**

*Q: "My mum has it, will I get it?"*

*A: No. There is been no evidence of specific genetic links.*

*Q: "Will a walking stick help?"*

*A: Yes, but only if it is at the correct height for you. You often look younger and more mobile with a stick than without, purely because you will feel more secure and balanced.*

*Q: "Will a walking pole help if I am hiking?"*

*A: Yes, but only if it is at the correct height for you. Two poles may provide more balance, but they must be adjusted correctly.*

*Q: If I have two fractures in successive years, and I'm over 80, should I be automatically sent for a DEXA scan?*

*A: No. Current guidelines show that you would be unlikely to be sent for a scan, you would be treated as if you have osteoporosis anyway.*

*Q: Is there any point in taking Calcium without Vitamin D?*

*A: You would probably be prescribed Calcium with Vitamin D, if you are diagnosed with Osteopenia or Osteoporosis. Come in to see the doctors to discuss.*

*Q: "Where else can I go for help and information?"*

*A: Arthritis Foundation: [www.arthritis.org](http://www.arthritis.org),*

*Arthritis Care: [www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)*

*National Rheumatoid Arthritis Society: [www.nras.org.uk](http://www.nras.org.uk)*

*National Osteoporosis Society: [www.nos.org.uk](http://www.nos.org.uk)*