

## **Osteo Arthritis Q&A:**

### **What can I do to make it easier to get moving in the morning?**

Morning stiffness is usually brief in osteoarthritis but in rheumatoid arthritis it may be several hours before the stiffness goes away. It is sometimes helpful to take your prescribed medication last thing at night. A hot bath or shower in the morning can help to reduce the duration of stiffness.

### **What about cartilage transplants?**

( i.e. cartilage is worn out and one puts in some new cartilage). It is highly experimental and largely is still being tested in animal models of osteoarthritis. The people in Canada who are studying it are in Calgary at the McCraig Centre. It has been studied in laboratory animals and in small numbers of volunteers with mild and localized knee osteoarthritis. What has been learned from this research is that cartilage cells can grow and reproduce in the ideal environment. Years of research will follow to determine effectiveness, safety, timing and indications for this novel therapy (Dr. J. Esdaile, Director of Research, The Arthritis Society, BC & Yukon Division, August, 1998, and Dr. Alice Klinkhoff, medical director of The Mary Pack Arthritis Program, Vancouver Hospital and Health Sciences Centre, 1999).

### **Do NSAIDS cause cartilage degeneration?**

If you have OA and an NSAID allows you to do a lot more, there is a theoretical concept that you might speed up cartilage loss. The alternative is to save your cartilage and do nothing. The risk is not of any consequence. (Sept, 98 Dr. Esdaile)

### **What about glucosamine hydrochloride? Is it superior to glucosamine sulphate?**

The reason that some physicians recommend GLH instead of GLS relates to the content of glucosamine in these supplements. GLH contains about 99% glucosamine, while the GLS contains 75 to 80% glucosamine. However, most of the studies that showed glucosamine has an effect in relieving the pain of osteoarthritis were done with GLS. To my knowledge, only 1 study was done using GLH and that study did not show a clearcut benefit. In addition, some people believe that the sulfate component may lay a role in beneficial effects of glucosamine, because sulfates are also one of the building blocks of cartilage. (Dr. Cibere, Aug/99)

### **Is it better to use heat or cold in the treatment of osteoarthritis?**

In inflammatory arthritis (e.g. RA) the joints tend to be inflamed (warm, swollen and too much circulation through them). Our goal is initially to cool the joint through NSAIDS, splints, ice, cortisone injections etc. In OA inflammation is less of an issue. The joints are

usually not too hot and swollen. The purpose is to relieve pain, improve movement and strength. If stiffness is an issue, then heat is a far far better means of relieving it than cold. Cold, while it may help pain does not help stiffness, in fact it may increase it. Heat can be used to prepare for exercise to improve mobility. NOTE: we tend to put ice on single joints such as the knee or ankle or elbow. We don't use it nearly as much on the spine because it is poorly tolerated. Individuals who have ankylosing spondylitis who have more back pain and stiffness than anybody, invariably use heat and not cold to relieve pain/stiffness.

## **I have osteoarthritis and I cannot take anti-inflammatories. What are my options?**

Each case is different, but generally anti-inflammatories are not used for OA because it is not a disease of inflammation. It is a disease of degeneration of cartilage - so lifestyle factors, like weight loss - could prevent further deterioration. Tylenol is usually recommended for OA pain. Surgery and Synvisc (viscosupplementation) are other options for people who have damaged joints. To find out how much damage one has - x-rays need to be ordered by a physician. (Nursing Dept., Mary Pack Arthritis Centre, Sept, 1997)

## **Can I prevent arthritis?**

There are things you can do to REDUCE your risk for getting certain types of arthritis or to reduce disability if you already have arthritis. If you don't have arthritis:

Excess weight increases your risk for developing osteoarthritis in the knees and possibly in the hips and hands (women are at special risk for this). In men, excess weight increases the risk for developing gout.

Joint injuries caused by accidents or overuse increase your risk for some types of arthritis.

If you have arthritis:

Exercise can help keep you moving and independent.

Control your weight if you have knee osteoarthritis (07/96 Arthritis Foundation)

## **Are physically active people more prone to arthritis?**

As far as physically active people are concerned, there are certainly some occupations which predispose to arthritis, in particular osteoarthritis. Miners who have to kneel to dig in the coal-seam are prone to develop arthritis of their spines and knees. Footballers also tend to develop arthritis of their knees and ankles with the repeated injuries they receive to these parts while playing. There is no evidence that someone who is generally physically active and who is not exposed to injury in sport or by virtue of his occupation, is any more prone to develop arthritis than is the individual who does not take much exercise.

## **Is arthritis hereditary?**

There are some forms of arthritis which are clearly inherited, but most are not. There is evidence that one type of arthritis of the spine - ankylosing spondylitis - and gouty arthritis are inherited, but other common forms such as osteoarthritis and rheumatoid arthritis show only a weak tendency to be inherited.

## **Can chlamydia be a cause of osteoarthritis?**

Chlamydia, yersinia, campylobacter, shigella, klebsiella, and others are causes of reactive arthritis and have been suggested to be implicated in other spondylarthropathies. There is evidence for the former but not yet for the latter. As for osteoarthritis, there is no suggestion at all that it has an infective origin. (Bruce Clark, physiotherapist, Mary Pack Arthritis Program, Vancouver, Nov/99)

When you have arthritis are you more liable to contract other diseases such as cancer, heart, liver or kidney conditions?

There is no evidence that people with arthritis are any more prone to serious disease such as heart disease, cancer, liver, or kidney disease. Many people certainly worry about these diseases in addition to their arthritis and it is always wise to speak of these fears to your doctor so that he or she can give you reassurance.

## **What is an arthritis nodule?**

Arthritis nodules are lumps which develop usually around the elbow joint in patients suffering from rheumatoid arthritis. These nodules seldom give rise to any trouble but occasionally they may become infected and discharge their contents. If they occur in areas of pressure, they may need to be removed.

Can I prevent a nodule from forming?

There is no way in which you can prevent a nodule in rheumatoid arthritis from forming.

Should I try to be active and live normally or rest more?

A person who suffers from active arthritis should live by the ideal of moderation in everything. This is particularly true with physical activity. You should be reasonably active so that your joints do not stiffen up, but at the same time, you should also ensure that you get adequate physical rest. In other words, try to lead as normal a life as possible.

## **What exercise should I try?**

Be sure to check with your doctor or physiotherapist before starting any exercise program to see which exercises are best for your needs, how often you should exercise, and how much exercise you should be doing. Exercise helps decrease pain and stiffness, helps maintain joint movement and flexibility, helps increase or maintain muscle strength, and helps prevent deformity. There are 2 broad categories of exercise: therapeutic exercise prescribed by a physiotherapist or physician, and recreational exercise which includes any form of movement, amusement or relaxation that refreshes the body and mind. The

Arthritis Society offers recreational exercise programs - Jointworks (land based) and Waterworks (water based) in communities throughout B.C.

Is protein good for me and should I eat more of the foods in my diet containing it than others?

Protein is good for you. You should certainly have protein-containing foods, but you do not need to eat more of these foods than others. A normal well-balanced diet contains adequate protein. If you have gout your doctor will give you special advice about protein.

Do I get enough iron, calcium and vitamins from my daily diet, or should I take pills to increase my intake?

If you are eating a normal well-balanced diet you should be getting enough iron, calcium and vitamins in your daily food. Rarely will you need supplements, but be guided in this by your own doctor.

## **Does alcohol have any affect on arthritis?**

Drinking alcohol in moderation neither does good or harm to joints affected by arthritis. Acute alcohol intoxication can result in a sharp rise in the blood level of uric acid, and can lead to an acute attack of gout. Prolonged heavy drinking can cause the hip joints to crumble. If a person drinks to excess for many years, the balls of his or her hip joints start to crumble and die. This phenomenon is called avascular necrosis.

## **Can I lead a normal married life? Will I be able to look after my children?**

Most people with arthritis can continue to lead a normal, happily married life. Many have families which they are able to look after. Difficulties do, of course, occur because of arthritis and you should take advantage of the various types of support that are available.

Members of my family are always rushing to do things for me; this makes me very angry as I like to try things for myself. What can I do?

It is understandable that relatives always rush to help you. What you must do is to explain to them quietly that, although you appreciate their kindness, it is important that you continue to do as much as you can for yourself and to do this is an important part of your treatment. If they still persist, ask your doctor or occupational therapist to explain it to them.

## **How does a joint function?**

A joint is any place in the body where two bones meet. Cartilage covers the ends of bones. This is an elastic tissue that acts as a shock absorber and keeps bones from rubbing against each other. A joint capsule encloses the entire joint. The joint capsule is lined by an inner membrane called the synovial membrane or synovium. The synovium makes slippery fluid (synovial fluid) which fills the small space around and between two bones. The synovium nourishes the cartilage (which contains no blood vessels). The synovium also keeps joints lubricated, making movement smooth and easy. Around the

joints are tissues that provide support and help joints move properly. These tissues include the bursae, ligaments, muscles, & tendons. These connective tissues are found throughout the body. They form the body's support structures and help keep internal organs in place. They also help form the skin (Source: Arthritis Foundation Info Manual).

## **How do I manage pain?**

People with arthritis can get caught in a cycle of pain, depression and stress that may be very frustrating. Learning to manage pain in a positive way can prevent this situation from occurring. One way to try to take control of pain is to develop a pain management plan and use it. A pain management plan may include any combination of the following: biofeedback, counseling, exercise, heat &/or cold treatment, hypnosis, joint protection/energy conservation, medication, relaxation techniques, self-massage, sleep improvement, splints, support groups, surgery, TENS unit. Discuss with your doctor the ways to develop a pain management plan appropriate to your needs. Other health professionals that can assist include: physiotherapist, occupational therapist, pharmacist.

## **What about sex and arthritis?**

People with arthritis can have a satisfying sexual relationship. Problems caused by arthritis sometimes interfere with sexual enjoyment, but arthritis almost never affects the sexual part of the body. Arthritis can have an indirect effect, such as causing changes in joints and appearance of the body. It also can make the person feel stiff, sore or tired. Such changes can cause awkwardness or decreased interest in sex. Proper planning & sharing of feelings with your partner can help improve sexual enjoyment. (Source: Arthritis Foundation Information Manual)

## **What can one do about sleep disturbance?**

A well-rested body is a stronger, healthier body. To promote better sleep, you should: avoid alcohol and caffeine before bedtime, use a mattress appropriate for your needs (a firm mattress is usually the best), exercise and take your arthritis medication as prescribed, & relax.

What are the options for people who cannot or will not undergo joint replacement surgery?

There are very few situations where joint surgery cannot be done, even in the elderly. Those with open skin wounds and active infectious disease should not undergo joint replacement because of the risk of infection in the replaced joint. Patients with other serious medical conditions may be at risk as well. Otherwise, all patients with severe restriction of activities & pain who no longer respond to medical & physical therapies should be referred to an orthopedic surgeon for evaluation. Total joint arthroplasty provides reliable & excellent results in pain control & restoration of function for individuals in end stage OA. For those anxious about surgery, speaking to others who have had surgery, having an evaluation by an orthopedic surgeon, and taking education on surgery will feel less anxious. (Taken from Dr.Klinkhoff's column, Arthritis + You, Feb, 1997)

## **What about ceramic hip replacements?**

Ceramic, as opposed to plastic, hip replacements, are not yet accepted as safe. While there is a desire to develop new materials that will be better than what is now used, ceramic hip replacements do not appear yet to be that product as it has its own problems that have not yet been overcome. (PT Dept, Mary Pack Arthritis Centre, Feb, 1997)

## **What about yoga and arthritis?**

Generally yoga includes a lot of stretching and this is generally beneficial. It is usually done slowly and is therefore probably safe. There are certain conditions in which it may be ill advised. For example, people who have unstable joints, such as in RA should possibly not be doing stretching to these joints as the already unstable ligaments can be stretched further. A significant number of RA patients who have unstable neck problems - rolling and stretching exercises in these people is potentially dangerous. So, overall it is generally good and safe, but any individual should check with their health professional prior to commencing a yoga program. (PT Dept., Mary Pack Arthritis Centre, March, 1996).

## **What about chicken collagen and arthritis?**

A researcher at Harvard, Dr. David Trentham, have developed a drug from chicken collagen to treat rheumatoid arthritis. Collagen, a protein commonly found in joint cartilage, was given to half a study group of 60 RA patients. Researchers found that swelling and pain declined significantly in patients given collagen, with four of them going into remission. Conditions of the placebo patients worsened (Source: Vancouver Sun, Sept 24, 1993) Important to note: before results are definitive, there must be long term studies done with larger numbers of patients.

## **What is cyto-protection?**

Cyto-protection is stomach protection for NSAIDS (non steroidal anti- inflammatory drugs) that thin the mucous lining of the stomach and intestine. The mucous protects you from stomach acids and digestive juices. NSAIDS can thin this protective mucous lining, making you more prone to ulcers. Consult a pharmacist on the use of cyto-protection.