



# Start Now To K.O. Joint Pain!

## Here's how to control the ache of rheumatoid and osteoarthritis

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Chances are, you know someone who has arthritis, or you even have it yourself. That's not surprising, since an estimated 46 million U.S. adults have been diagnosed with some form of arthritis—an umbrella term for more than 100 different conditions that affect joints and other parts of the body.

The most common is osteoarthritis (OA); other common forms include rheumatoid arthritis (RA), gout, lupus and fibromyalgia, according to the Arthritis Foundation. Here's what you need to know about who's at risk for OA and RA, the symptoms, and the latest ways to prevent and treat them.

### **OA: Wear and Tear**

Osteoarthritis (OA), the most common type of arthritis, is a chronic condition that affects some 21 million Americans. It is characterized by the breakdown of cartilage, the part of the joint that cushions the ends of the bones and allows the joints to move easily. This causes stiffness, pain and loss of movement in the joint. Eventually the cartilage can wear away, causing bone to rub on bone. OA generally affects hips, hands, knees, lower back and neck.

Symptoms include pain or stiffness in joints after periods of inactivity or overexertion, a grating sensation during joint movement, and bony growths at the margins of affected joints.

### **Causes**

Certain factors increase the risk of developing OA. These factors include heredity, being overweight, joint injury, repeated overuse of certain joints, lack of physical activity, poor joint alignment, nerve injury and aging. In diagnosing OA, doctors commonly rely on a physical exam, a medical history and tests such as X-rays and magnetic resonance imaging (MRI).

Losing weight may be one of the easiest remedies, and the payoff can be huge. "Maintaining a healthy weight can go a long way toward preventing OA," says Hayes Wilson, M.D., chief of rheumatology at Piedmont Hospital in Atlanta and national medical advisor for the Arthritis Foundation. "If you're ten pounds overweight," he says, "that's like burdening

your knees with thirty extra pounds.” And a study published in the journal *Annals of Internal Medicine* reported that losing as few as 11 pounds can cut the risk of developing OA of the knee by 50 percent for some women. Adds Patience White, M.D., M.A., chief public health officer of the Arthritis Foundation (AF), “Sixty minutes of exercise three to five times a week is likely to make you lose weight.”

For more information, she suggests checking out the AF Life Improvement Series, online at [arthritis.org](http://arthritis.org).

## **Treatments**

Along with weight loss, a range of other tactics can also help alleviate discomfort once OA has developed. For instance, corticosteroids can be injected into the joints to bring down inflammation. A substance called hyaluronic acid, which eases dehydration of the cartilage, can be injected into knees. Acetaminophen can reduce joint pain, and nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, can help reduce joint pain, stiffness and swelling.

Joint replacement is the treatment of choice when joint cartilage has worn away so much that the condition causes significant pain and functional limitation, according to Dr. White. The good news is that there have been significant improvements in replacement surgery. Metal and plastic materials are typically used. Even more good news: Within 5 to 10 years, scientists may be able to build new cartilage to replace what has worn away.

## **RA: Inflammatory Response**

Rheumatoid arthritis is a chronic autoimmune disease that affects 2.1 million Americans, according to the Arthritis Foundation. To diagnose RA, a doctor takes a family history and does a thorough physical examination. The use of X-rays, sonograms or MRIs can help confirm the diagnosis. Blood tests can detect the presence of rheumatoid factor, says Dr. Wilson, although not everyone who tests positive for rheumatoid factor has the disease. A doctor called a rheumatologist should diagnose and treat the condition.

## **Causes**

Most arthritis doctors believe that an outside factor is involved in the onset of RA, says Dr. Wilson: “People may have a genetic predisposition, but it gets triggered by an environmental agent, such as a bacterial or viral infection. We haven’t figured out exactly what those agents are.” Family history is important, and smoking is also a risk factor.

## **Symptoms**

Whatever the cause, RA is characterized by inflammation of the lining (synovium) of the joints. It can lead to long-term joint damage, resulting in chronic pain and disability. Less well known is the fact that it can also affect other organs and systems, including the heart, lungs, kidneys, nerves, blood vessels and skin.

Symptoms usually start in the joints of the fingers, wrists and feet, which become warm, swollen and painful to move. Joints tend to be affected in a symmetrical pattern (on both sides of the body).

Dr. White notes that those with RA often experience fatigue, loss of appetite and low-grade fever, as well as stiffness in the morning that lasts an hour or more—sometimes several hours or more. Nodules may form under the skin, frequently over the bony areas exposed to pressure (such as the elbows). Over time, joint deformities may result from damage to the cartilage and bone of the joints.

## **Treatments**

“Even if the predisposition to develop RA is in your genes, you can still prevent the disease from causing too much damage,” says Dr. White. “The biggest news in RA treatment is the use of biologic medications, or biologic response modifiers [BRMs]. These can put the disease into remission, and the earlier they are started the better. They can also take the pain away.”

BRMs must be injected under the skin or infused into a vein; two familiar brand names are Enbrel and Remicade. NSAIDs and low doses of corticosteroids, such as prednisone, are also used to reduce inflammation, relieving joint pain, stiffness and joint swelling. The disease-modifying drug methotrexate prevents cells in the synovium from dividing in an abnormal way. Palliative measures, such as rest, exercise and the application of heat or cold to reduce pain, are also frequently used to treat RA. Physical and occupational therapy help improve strength and lessen the stress on joints.

Down the road: Scientists are studying what genes people may have that play a role in RA, says Dr. White.

This could lead to the development of a vaccine to prevent the disease.

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