

A photograph of an elderly woman with white hair, a young boy, and a man sitting together and reading a book. The woman is on the left, the boy is in the middle holding the book, and the man is on the right. They are all looking at the book with interest.

What is arthritis?

This booklet provides information and answers to your questions about this condition.

Arthritis Research UK booklets are produced and printed entirely from charitable donations.

What is arthritis?



Arthritis affects millions of people worldwide and can have a huge impact on the lives of those with the condition. In this booklet we'll explain the main types of arthritis, their causes and symptoms, as well as looking at the various treatments available. We'll also suggest where you can find out more about living with arthritis.

At the back of this booklet you'll find a brief glossary of medical words - we've underlined these when they're first used.

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At a glance

There are about 200 different musculoskeletal conditions in all, which fall into five main groups:

- **Inflammatory arthritis** is a condition where the body's immune system attacks the joints and causes them to become swollen. A common example is rheumatoid arthritis, which affects around 400,000 people in the UK.
- **Degenerative or mechanical arthritis** is a group of conditions where the cartilage, which covers the surface of the bones in the joints, becomes damaged. Commonly called osteoarthritis, it's estimated that this affects around 8.5 million people in the UK.
- **Soft tissue musculoskeletal pain** is a term which covers pain felt in the muscles or soft tissues surrounding joints. An example of this type of pain is tennis elbow.
- **Connective tissue disease (CTD)** affects the tissues that support or bind other body tissues and organs. This may affect the joints, but muscles, lungs, skin and kidneys may also be affected.
- **Back pain** is a common complaint that affects four out of five people at some time during their lives. It isn't usually a sign of arthritis and is often a short-term problem, although long-term back pain may have a more complex cause. It can be as a result of any of the four above groups of conditions.

Two of the most common types of arthritis are osteoarthritis and rheumatoid arthritis.

Who gets it?

Men, women and children of all ages can get arthritis; however, there are a number of factors which can make you more likely to develop arthritis, including:

- **genetics** – many forms of arthritis run in families, although this isn't always the case
- **lifestyle** – physically demanding jobs and injuries can sometimes lead to osteoarthritis
- **trigger factors** – short-lived arthritis can be triggered by some infections
- **gender** – might increase your risk of developing a certain condition, for example more men develop ankylosing spondylitis and more women develop rheumatoid arthritis.

This isn't a definitive list as there are many varied reasons why people develop arthritic conditions. For many conditions there's a strong element of chance.

What are the symptoms?

As there are many forms of arthritis, the symptoms are varied. These can range from stiff, swollen, painful joints to less obvious symptoms such as tiredness, weight loss and skin rashes. Seek advice if:

- you feel aches and pains in your joints or other tissues which aren't related to an injury, or if the pain from an injury won't subside
- a joint becomes swollen, particularly if not linked to injury
- you're unable to perform your daily tasks because of muscle or joint pains.

What treatments are there?

Treatments for arthritis are varied but could include drug treatments, physical therapies and surgery.

Drug treatments include:

- drugs that treat the symptoms of arthritis, such as painkillers and anti-inflammatory drugs (NSAIDs)
- drugs that suppress the disease itself, such as steroids, biological therapies and disease-modifying anti-rheumatic drugs (DMARDs).

Physical therapies include:

- **physiotherapy** – where you'll be given advice on things like exercises specific

to your condition, which may include hydrotherapy (exercises in a warm-water pool). Physiotherapy can also include things like massage and pain relief

- **occupational therapy** – where you can get help and advice about any difficulties with everyday activities.

Surgery includes:

- joint replacements for severe cases
- other pain-relieving or reconstructive operations.

How can I help myself?

Simple tips for self-help and daily living that can make your arthritis more bearable include:

- an exercise regime that suits your fitness levels and keeps your joints moving, but gives you a healthy balance between exercise and rest
- a healthy diet
- stress management
- complementary therapies, such as osteopathy, chiropractic treatments and acupuncture
- homeopathy, herbalism and food supplements.

There are now very effective treatments for many forms of arthritis.

Regular exercise is very important if you have arthritis as it can reduce pain and keep you healthy and independent.

What is arthritis?

Arthritis is a term used by doctors to describe inflammation within a joint, although there are several forms of the condition and each has a specific medical name. Rheumatism is a more general term that's used to describe aches and pains in or around the joints. Because there are many possible causes of these pains, doctors don't often use the term 'rheumatism' and will usually refer to these problems either by a specific diagnosis or according to the part of the body affected. Doctors sometimes use the terms 'musculoskeletal conditions' or 'rheumatic diseases' to refer to a whole range of conditions that affect the joints.

What are the main types of musculoskeletal condition?

There are about 200 different musculoskeletal conditions, which fall into five main groups:

Inflammatory arthritis

Arthritis literally means inflammation within the joint itself. Inflammation is part of your body's healing process. It normally occurs as a defence against viruses and bacteria or as a reaction to injuries such as a burn. But in people with this type of arthritis, inflammation often occurs for no obvious reason. This is referred to as an autoimmune condition and means that the immune system is attacking the body's own joints. Instead of helping to repair the body, inflammation can cause damage to the affected joint and cause

pain and stiffness. Inflammation may also affect the tendons and ligaments surrounding the joint.

Inflammatory types of arthritis often affect several joints. Rheumatoid arthritis, which is a common example, is a systemic illness that mainly affects the joints. As well as joint pain and swelling, other symptoms of rheumatoid arthritis can include tiredness, depression, irritability and flu-like symptoms.

There are many other forms of inflammatory arthritis, including:

- ankylosing spondylitis
- psoriatic arthritis
- reactive arthritis.

i See Arthritis Research UK booklets
*Ankylosing spondylitis; Psoriatic arthritis;
Reactive arthritis; Rheumatoid arthritis.*

Degenerative or mechanical arthritis

This is a group of conditions where the main problem is damage to the cartilage which covers the ends of the bones. Normally the smooth, slippery cartilage helps the joint to move smoothly. In this type of arthritis the cartilage becomes thinner and rougher, and the bone underneath then tries to repair this damage but sometimes overgrows, altering the shape of the joint. This is known as osteoarthritis. It's more common in older people and particularly affects the joints that get heavy use (like hips and knees), and also often the base of the thumb and big toe joint. Osteoarthritis can result from

damage to the joint, for example a fracture or previous inflammation in that joint (see Figure 1).

i See Arthritis Research UK booklets
Osteoarthritis; Osteoarthritis of the knee.

Soft tissue musculoskeletal pain

Soft tissue musculoskeletal pain is often felt in tissues other than your bones and joints. Typically it'll come from the muscles or soft tissues supporting the joints, including the bursa which can sometimes become inflamed. You may find this type of pain is localised to one particular part of the body following an injury or overuse. You might find that the pain is more widespread and, if associated with other symptoms, a diagnosis of fibromyalgia may be made. Often the causes of these symptoms are not fully understood.

i See Arthritis Research UK booklets
Elbow pain; Fibromyalgia; Hip pain; Neck pain; Shoulder pain; Work-related joint disorders.

Back pain

Back pain is a very common problem that has a number of different causes. Pain can arise from muscles, discs, ligaments, bones and joints. It may even be caused by problems with other organs inside the body (this is known as 'referred pain'). Sometimes there's a specific cause such as the degenerative condition osteoarthritis, (often known as spondylosis when it occurs in the spine).

Sometimes back pain may be caused by a slipped disc (the disc itself doesn't really slip; the central part of the disc bulges through the outer ring) but this more commonly causes pain in a limb. Osteoporosis (thinning of the bones) can cause sudden back pain if one of the bones in the spine crunches down. In the majority of cases it isn't possible to identify the exact cause of the pain, and doctors often describe this as non-specific or simple back pain.

i See Arthritis Research UK booklets
Back pain; Osteoporosis.

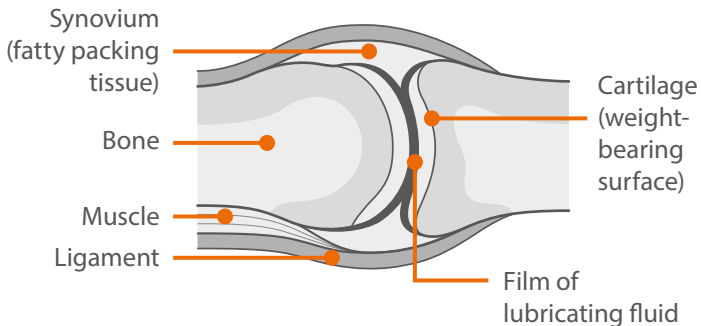
Connective tissue disease (CTD)

Connective tissues support, bind together or separate other body tissues and organs. They include tendons, ligaments and cartilage. Joints are usually involved in CTD, but there may also be inflammation in other tissues such as your skin, muscles, lungs and kidneys, so you may feel a range of other symptoms besides painful joints. Examples of this type of disease include systemic lupus erythematosus (SLE or lupus), scleroderma and dermatomyositis. Your healthcare team will often include different specialists along with your GP because these diseases often affect many organs.

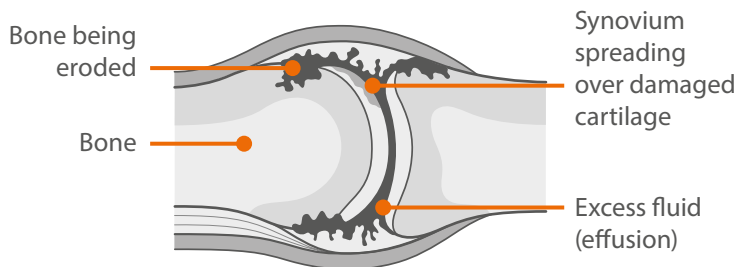
i See Arthritis Research UK booklets
Lupus (SLE); Polymyositis and dermatomyositis; Scleroderma.

Figure 1
Normal and
arthritic joints

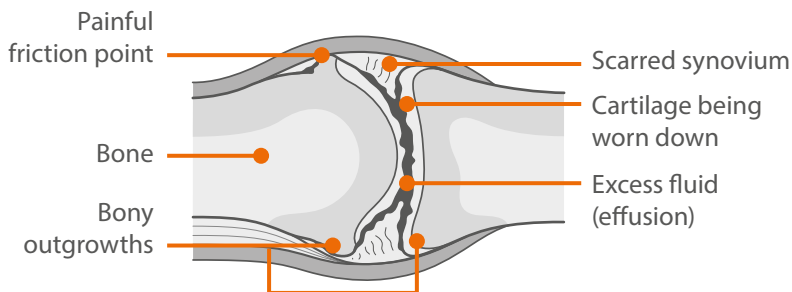
(a) A normal joint



(b) A joint affected by rheumatoid arthritis



(c) A joint affected by osteoarthritis



Other types of arthritis

Joint inflammation and pain can also be due to infection within the joint itself (septic arthritis) or because of the formation of crystals within the joint, for example gout. Septic arthritis can be a serious condition, and treatment usually requires long courses of antibiotics. Gout can be extremely painful and most often affects the joint at the base of the big toe. It can usually be treated effectively with medication which prevents the acute attacks.

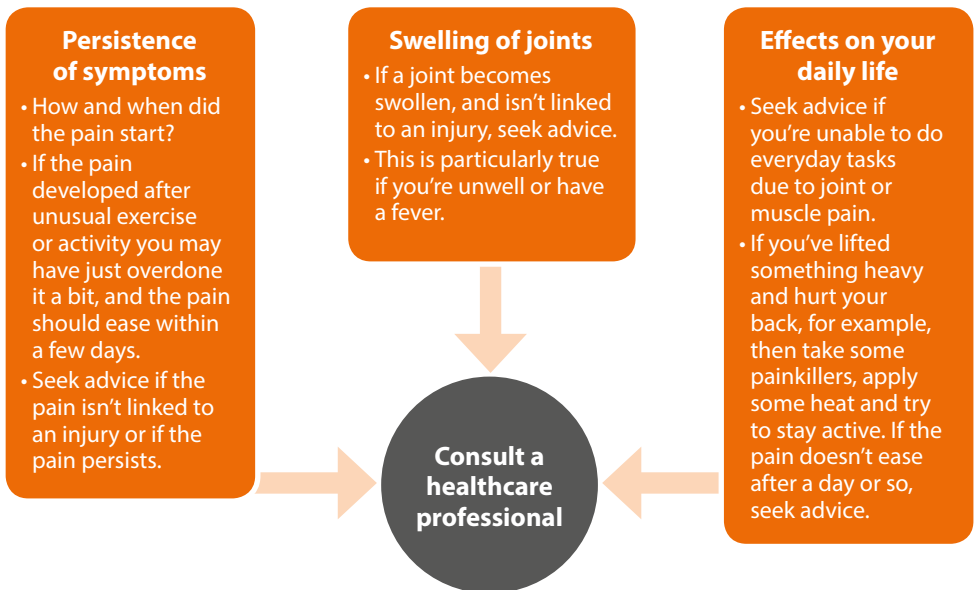
i See Arthritis Research UK booklets

Calcium crystal diseases including acute CPP crystal arthritis (pseudogout) and acute calcific tendinitis; Gout.

What are the symptoms of arthritis?

As there are many types of arthritis, there's also a wide range of symptoms. With inflammatory arthritis there's likely to be more swelling of the joints and more variation in the pain (which can't be explained simply by the level of physical activity). Other common symptoms include early morning joint stiffness, tiredness, a general feeling of being unwell, weight loss, mild fevers or night sweats, and skin rashes. But remember these symptoms aren't specific to arthritis and can be caused by other illnesses.

Figure 2 Factors you should consider before seeing a healthcare professional



Arthritis Research UK

What is arthritis?

It's common to experience aches and pains in your muscles and joints from time to time, particularly if you take part in unusual or strenuous physical activities. So how can you distinguish the early signs of arthritis from normal pain and stiffness? And how do you know when you should see your doctor about your symptoms? (see Figure 2).

! If you experience swelling or stiffness, or if it becomes painful to squeeze your joints, you need to consult your doctor. The earlier you get diagnosed the better the outcome.

Who gets arthritis?

Arthritis and other types of musculoskeletal pain are common, worldwide problems. They affect people regardless of age, sex, race, class or country.

Millions of people in the UK alone will experience some form of muscle or joint pain during the course of a year, although many people won't have persistent or severe symptoms.

Around 10 million people will seek help from their family doctor each year with arthritis or related conditions. There are around 400,000 people in the UK with rheumatoid arthritis and around 20,000 new cases each year. It's estimated that around 8.5 million people in the UK have osteoarthritis and the numbers are increasing with the aging population. Others will have localised musculoskeletal pain, back pain or osteoporosis. Some people will have one of the less common conditions and about 16,000 children and

adolescents will suffer from juvenile forms of arthritis (see Figure 3).

Figure 3 Approximate numbers of people affected by some of the rheumatic diseases in the UK. This is based on those seeking treatment from their doctor.

| Rheumatic disease | People affected |
|-------------------------------|------------------------|
| Osteoarthritis | 8.5 million (estimate) |
| Rheumatoid arthritis | over 400,000 |
| Gout | 250,000 |
| Ankylosing spondylitis | 30,000 |
| Juvenile idiopathic arthritis | 16,000 |
| Systemic lupus erythematosus | 10,000 |

What causes arthritis?

There isn't a single answer to this question, as there are many different forms of arthritis to be considered.

Most types of arthritis are caused by several factors acting together. You may be naturally more likely to develop certain disorders as a result of your genetic make-up (see section 'Genetics and family risks') and a variety of external factors may increase the risk further if you're susceptible to the condition in question. These include environmental factors – for example previous injury, infection, smoking, and occupations which are very physically demanding (see section 'Lifestyle and trigger factors'). For many conditions there's also a major element of chance.

Genetics and family risks

Many forms of arthritis run in families to a degree, and some conditions have a stronger tendency to be passed on through genetics. The way your body is made (based on the genes passed on from your parents) makes you more or less likely to develop the disease in question. Arthritis Research UK supports research that's looking at the genetic side of arthritis. We believe this could lead to the ability to prevent some forms of arthritis.

Lifestyle and trigger factors

Arthritis can start suddenly without any obvious cause, and at any age. Sometimes something in your lifestyle or medical history – or a combination of these – could be responsible. For example, if you have a physically demanding job you may be at greater risk of developing osteoarthritis, particularly if the job involves heavy repetitive activity. Also, a previous injury can increase the likelihood of osteoarthritis.

Infections can cause short-lived arthritis. One theory about the cause of rheumatoid arthritis is that it may be triggered by infections, but there's no direct evidence for this. However, we do know that rheumatoid arthritis is more common and can be more severe in people who smoke. For some people, stopping smoking might reduce the risk of developing arthritis in the future. Some foods may appear to make your arthritis worse, but diet and food intolerance are unlikely to cause long-term arthritis.

What is the outlook?

The symptoms of musculoskeletal problems tend to vary from day to day and from week to week. Many problems will get better by themselves, including such things as sprains. Episodes of backache or painful flare-ups of rheumatoid arthritis are also often short-lived even though the underlying cause hasn't changed. Other conditions, including gout, can often be controlled by treatment.

Many types of arthritis, including rheumatoid arthritis and osteoarthritis, are long-term conditions, where the disease can't be cured. The symptoms of these conditions tend to vary over time. Often your symptoms may go into remission for quite some time, but then there will be periods where your symptoms become worse for a while. Although these flare-ups may be related to things like viral infections, they'll often happen for no apparent reason. The aim of treatment is to keep you in remission for as much of the time as possible, so that you can get on with your life as normally as you can, while minimising any progression of the disease.

Arthritis can affect people in different ways and this makes it difficult for doctors to predict a clear outcome for any one patient. However, most people with arthritis don't have major mobility problems, and effective treatment will help reduce the risk of disability or joint damage, even in more severe cases.



How is arthritis diagnosed?

Your doctor will diagnose your arthritis by asking you about your symptoms and how they've developed (your history); examining you (physical examination); and possibly arranging for tests to be done (investigations).

1. Symptoms

- Your doctor will need to know the site of your pain (whether in the joint or between the joints) and which joints are involved
- Separating inflammatory arthritis from degenerative is important. To do so your doctor will ask you

about any swelling in or around your joints, including any warmth, redness and tenderness

- Arthritic conditions can affect other organs in your body, so your doctor will ask about other aspects of your health.

2. Examination

Your doctor will be able to tell a lot from examining you. For example:

- Inflammatory arthritis is likely to cause swelling in the joints
- Degenerative arthritis will usually cause pain and restricted movement, but with less swelling, and often a grating feeling (crepitus)

- Soft tissue disease will usually cause tenderness and pain in these tissues
- Because some forms of arthritis have other signs and symptoms (for example a rash or mouth ulcers), your doctor may need to examine other parts of your body.

3. Tests

Tests may be carried out to help confirm the diagnosis, to rule out other possible causes or assess the severity of your condition:

- Blood tests help make a diagnosis, and monitor your condition or drug treatments
- X-rays show bone abnormalities or damage but aren't very good for detecting early signs of arthritis
- MRI scans, computerised tomography (CT) and ultrasound record 'slices' of the body to give detailed pictures of the skeleton and other tissues to detect early problems and show inflammation

- Synovial fluid analysis looks at the lubricating fluid from joints. It can help to diagnose inflammation, infection and gout
- A biopsy is when a small amount of tissue is removed and analysed. It's only done when absolutely necessary
- Urine tests help with a diagnosis and monitor drug treatments.

Figure 4 Some drugs are used in all types of arthritis, while others are only used in certain types of disease. Many people may benefit from a combination of drug treatments.

| Drugs that treat the symptoms | | |
|---|---|---|
| Type | Examples | Used for |
| Analgesics | <ul style="list-style-type: none"> • paracetamol • co-codamol • tramadol | all types of arthritis |
| Non-steroidal anti-inflammatory drugs (NSAIDs) | <p>Standard NSAIDs:</p> <ul style="list-style-type: none"> • aspirin • ibuprofen • naproxen • diclofenac <p>COX-2 NSAIDs:</p> <ul style="list-style-type: none"> • celecoxib • etoricoxib | all types of arthritis (including osteoarthritis if there's inflammation) |
| Steroids | <ul style="list-style-type: none"> • prednisolone, tablets or injections | given as tablets in inflammatory arthritis or connective tissue disease; may be given as an injection into any swollen, painful joint |

| Drugs that suppress the disease | | |
|--|---|---|
| Type | Examples | Used for |
| Disease-modifying anti-rheumatic drugs (DMARDs) | <ul style="list-style-type: none"> • methotrexate • sulfasalazine • leflunomide • hydroxychloroquine • azathioprine | inflammatory arthritis, some connective tissue diseases |
| Biological therapies | <p>anti-TNF:</p> <ul style="list-style-type: none"> • etanercept • infliximab • adalimumab • certolizumab pegol • golimumab | rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis |
| | <p>Others:</p> <ul style="list-style-type: none"> • abatacept • tocilizumab • rituximab | severe rheumatoid arthritis |

What treatments are there for arthritis?

Just as there's no simple answer to the cause of most forms of arthritis, there is – as yet – no single cure for most rheumatic diseases. For some diseases there are drugs that will correct the problem, but for most rheumatic diseases this isn't the case. But with modern treatment the symptoms can be effectively controlled. Research has led to great improvements in this area.

Treatment has to be tailored to the needs of each individual, because the severity, impact and type of arthritis is different from person to person. You and your healthcare professionals will need to balance the risks and benefits of each treatment, based on your personal needs and circumstances.

Drugs

In the case of inflammatory arthritis, the sooner drug therapies are begun the more effective they're likely to be. This can reduce the risk of long-term damage to joints and bones. (see Figure 4).

Drug therapy can be divided into two main groups:

- drugs that treat the symptoms of arthritis (for example pain and stiffness)
- treatments that suppress inflammatory disease and may improve the outcome.

Drugs may be available under different names. Each drug will have an approved (scientific) name – these are the names used in this booklet. But different manufacturers may give their own brand name or trade name to a drug – for example, Voltarol is a brand name for diclofenac.

It's important to understand that there's no effective treatment that doesn't occasionally cause side-effects. Minor side-effects aren't uncommon, but fortunately serious side-effects are rare. These problems can be minimised by following your doctor's advice.

Drugs that treat the symptoms

Analgesics (painkillers), such as paracetamol, reduce pain. These can be used for all types of arthritis. It's best to take them before an activity that's likely to aggravate the pain rather than wait until your pain is very bad. They're also more effective if you take them regularly during a flare-up of pain.

While some painkillers are available over the counter, if you're using these frequently or they aren't working, your doctor will be able to advise you about alternatives.

Anti-inflammatory drugs (NSAIDs)

reduce stiffness and swelling, as well as relieving pain. They reduce inflammation, but they can also be helpful in types of arthritis where inflammation isn't the main problem (for example osteoarthritis). They can be used for short spells when your symptoms flare up, and in combination with analgesics if you need extra pain relief. You should take the lowest dose of anti-inflammatory that controls your symptoms, and for the shortest possible time. Your doctor may advise you to use them for short spells rather than taking them all the time. Sometimes you may be given an NSAID cream to rub on the affected joint – this reduces the risk of side-effects.

Many people with arthritis may benefit from a combination of drug treatments.

! Like all drugs, NSAIDs can sometimes have side-effects, but your doctor will take precautions to reduce the risk of these side-effects – for example, by prescribing the lowest effective dose for the shortest possible period of time.

NSAIDs can cause digestive problems (stomach upsets, indigestion or damage to the lining of the stomach) so in most cases NSAIDs will be prescribed along with a drug called a proton pump inhibitor (PPI), which will help to protect the stomach.

NSAIDs also carry an increased risk of heart attack or stroke. Different forms of NSAIDs carry a varying degree of risk. Although the increased risk is small, your doctor will be cautious about prescribing NSAIDs if there are other factors that may increase your overall risk – for example, smoking, circulation problems, high blood pressure, high cholesterol or diabetes.

Steroids are powerful, natural anti-inflammatory agents. They can be injected into painful joints or into the muscles, and can also be used in tablet form. They may also have some effect on the way the disease progresses. Steroids are most

commonly used to treat inflammatory arthritis and connective tissue diseases, but they're occasionally used for the short-term treatment of osteoarthritis. This is usually done as a joint injection to ease a flare-up in a single joint, or in inflammatory arthritis you may be given a steroid injection into the muscle which works throughout your body.

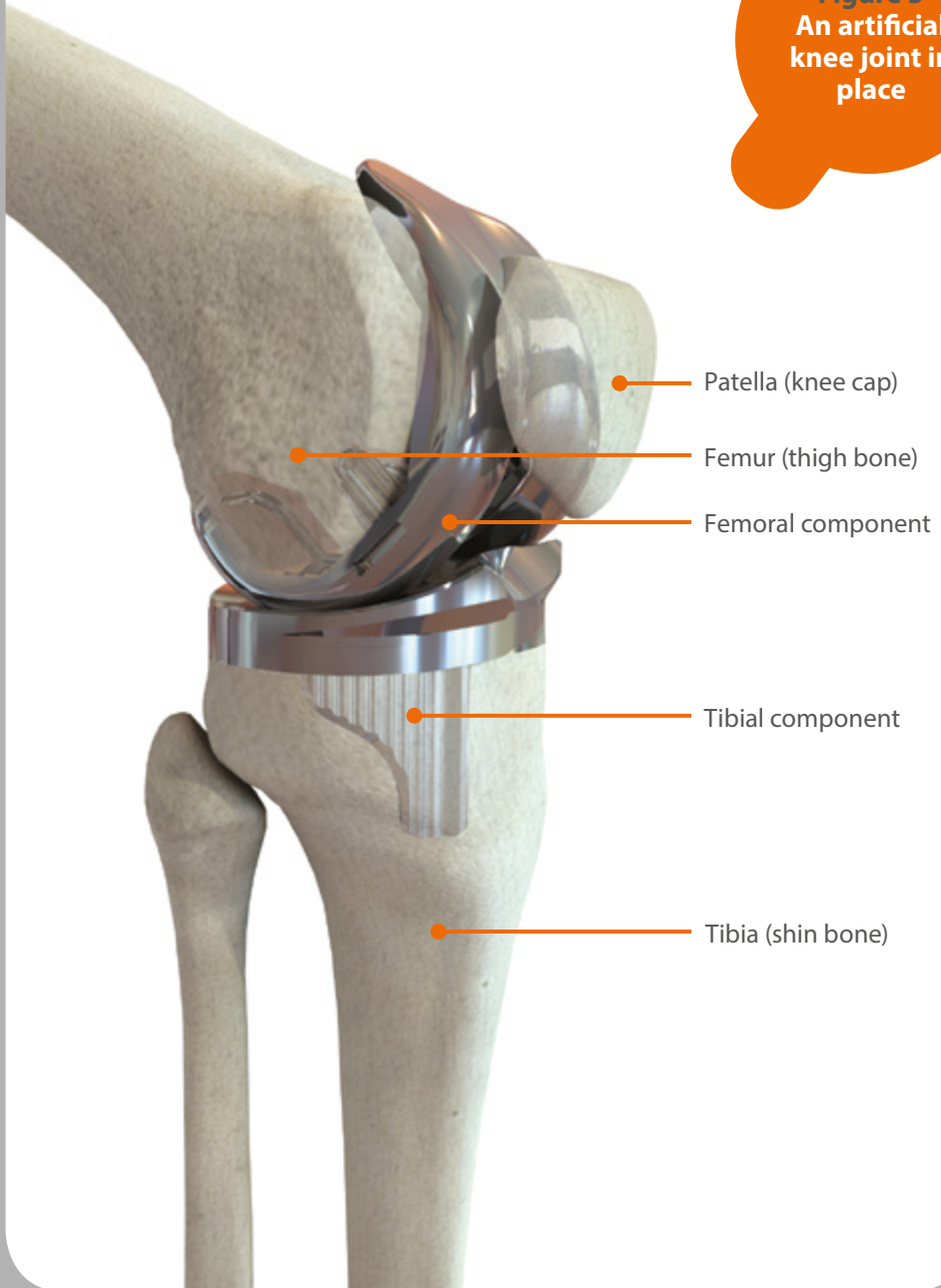
! Steroids can have side-effects – especially if used for a long time – as well as great benefits. One of the possible side-effects of steroid treatment is osteoporosis. Because of this, steroids are commonly used only for short periods. If you do need steroid treatment on a long-term basis you may be given other tablets with them to protect against osteoporosis. If you wish to stop using steroids you should discuss this with your doctor as you will need to reduce the dose gradually.

Drugs that suppress inflammatory disease

Disease-modifying anti-rheumatic drugs (DMARDs) suppress inflammation and treat the underlying disease. These drugs are used to treat inflammatory types of arthritis and occasionally some types of connective tissue disease. It may be several weeks before they have any effect so anti-inflammatory drugs are often used alongside them. It's usual to have regular blood tests while you're on disease-modifying drugs, and your blood pressure, urine and eyes should also be checked regularly. These drugs can be stopped for short periods without harm, for example if you're on a course of antibiotics for an infection (see Figure 4).



Figure 5
An artificial
knee joint in
place



Biological therapies are a newer class of drug. They're used in the treatment of inflammatory arthritis when other types of disease-modifying drugs haven't been effective. They're unique in the way they work, as they were made specifically to block messages between the white blood cells that cause inflammation.

! Drugs are often beneficial, but they need to be used carefully, according to your doctor's instructions. If you're worried, or think that they may be causing side-effects, consult your doctor.

i See Arthritis Research UK individual drug leaflets.

Physical therapies

Often your doctor will recommend a course of physical therapies to help you overcome some of the symptoms of your arthritis.

i See Arthritis Research UK booklets *Hydrotherapy and arthritis;* *Occupational therapy and arthritis;* *Physiotherapy and arthritis.*

Physiotherapy helps to improve your general fitness and muscle strength, helps to manage your pain and restore the function of parts of your body affected by arthritis. A course of physiotherapy will include a detailed assessment, following which you'll be given specific exercises tailored to your needs.

Hydrotherapy involves special exercises that take place in a warm-water pool, usually within a hospital physiotherapy department. If you have arthritis in several joints then hydrotherapy may benefit you. This is because all your joints can be easily exercised in the warm water, which supports your weight and puts less pressure on your muscles and skeleton.

Occupational therapy will help if you have difficulty with everyday activities due to your arthritis. Your occupational therapist will assess your condition and work with you to identify your own goals. By analysing how you go about your day-to-day tasks, your therapist may be able to suggest ways of making them more manageable.

Surgery

Surgery may be necessary and advisable if the damage to a joint is severe enough to cause difficulties with everyday life, and when other treatment isn't reducing the pain. Joint replacements are now very sophisticated and successful. Many different joints, including hips, knees, shoulder and elbow joints, are routinely replaced in people with advanced arthritis (see Figure 5). There are also a number of other pain-relieving or reconstructive operations which are sometimes helpful. Some surgery can be performed with needles and implements without fully opening the joint up. This is called arthroscopy or is sometimes referred to as keyhole surgery. The surgeon will make small (less than 1 cm) incisions to allow a special light and camera to look at the inside of a

joint. This can be seen by the surgeon on a television screen. Arthroscopy can be used to help with diagnosis or can form part of treatment.

i See Arthritis Research UK booklets

Foot and ankle surgery; Hand and wrist surgery; Hip replacement surgery; Knee replacement surgery; Shoulder and elbow joint replacement.

Who will be involved in my treatment?

Go to your own doctor's surgery first. They can often provide all the help you'll need. If necessary you may be referred to hospital to see a specialist such as a rheumatologist or an orthopaedic surgeon. Your doctor or specialist may suggest you see other professionals such as specialist nurses, physiotherapists, occupational therapists or podiatrists.

GPs:

- will treat many forms of arthritis and refer you to your local rheumatology department if a rheumatological disease is suspected
- will be involved in prescribing repeat prescriptions for medications
- may be involved in blood tests for monitoring.

Consultant rheumatologists:

- will usually determine your diagnosis
- will provide you with advice about the likely effects of a condition and prescribe the relevant treatments
- will monitor your condition and oversee your treatment
- work closely with orthopaedic surgeons if you require surgery.

Hospital doctors

- Consultant rheumatologists may be supported by specialist registrars and junior doctors.

Specialist rheumatology nurses:

- provide you with information about your condition and its treatment
- provide you with advice about any changes to your lifestyle
- will help to monitor the safety and effectiveness of your drugs
- often have a telephone number you can call for advice.

Physiotherapists:

- will teach you exercises to help improve your movement and reduce pain
- help you improve your fitness
- can help with pain relief through massage or splints
- help with choosing things like walking aids.

Occupational therapists:

- can advise you on how to protect and reduce the strain on painful joints
- help you find ways of carrying out everyday tasks
- can advise you on personal or sensitive activities or concerns such as hygiene needs or relationship issues
- can advise you or your employer on your needs to remain in or return to work.

Podiatrists:

- correct common biomechanical problems in the feet
- offer expert advice on feet and footwear
- can also help with foot or nail care if your arthritis makes this difficult.



Orthotists:

- specialise in the use of appliances to support weakened joints
- will recommend specialist shoes or insoles for problems in the feet or legs, and splints for hands and wrists
- specialist orthotists can assist with custom-made devices.

Help is also available from a variety of other sources, for example, pain clinics, social services and voluntary sector organisations such as Arthritis Care.

i See Arthritis Research UK booklets

Caring for a person with arthritis; Feet, footwear and arthritis; Looking after your joints when you have arthritis; Meet the rheumatology team; Sex and arthritis; Work and arthritis.

- ❗ **There are many treatments and therapies available which can help with your arthritis. Make sure you seek professional advice and be prepared to follow it.**

Support at work

Work is good for you. It helps your physical and mental wellbeing by giving you a sense of worth. If you're off work, it can be hard to return, especially if you're absent for a long period of time.

Occupational therapists are health and social care professionals who can improve your capabilities in the workplace, by helping you deal with issues related to your condition and its impact on your work. Occupational therapists will work

with your employer to ensure a smooth transition back into the workplace.

A Disability Employment Adviser (DEA) at your local JobCentre Plus can help you find a job or gain new skills and tell you about disability friendly employers in your area.

At a JobCentre Plus you can enquire about the Access to Work grant, which can pay for practical support if you have a disability. The grant is aimed at helping people to start work, stay in work, move into self-employment or start a business. It can pay for special equipment and fares to work if you can't use public transport.

You could also contact your local branch of the Employment Medical Advisory Service (EMAS), which is part of the Health and Safety Executive (HSE) and is staffed by doctors and nurses who offer advice on health matters relating to work.

How can I help myself?

There are many ways that you can help yourself if you have arthritis. Some of these are described below, and further information can be found in the Arthritis Research UK booklets and leaflets referred to.

Rest and exercise

It's important to keep your joints moving and your muscles strong – whether you have arthritis or not. Generally the stronger the muscles which support a joint, the less pain you'll have in that joint.

If a joint is very inflamed, a short period of rest may help the swelling to settle down. You should protect inflamed or damaged joints. It's better to use them little but

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What is arthritis?

often rather than persisting with activities that cause lasting pain. It's also important not to rest the joints too much.

Try to put your joints through a full range of motion at least once a day, to prevent them stiffening up. Your body is designed to move, and not doing so is harmful to the tissues in and around the joints. To increase the life of your joints, you should stay active. Keeping active is good for your cardiovascular system (heart and lungs) and for your general health.

If you have a flare-up of your arthritis, which may occur as a result of overdoing it, applying ice to the painful joints may help reduce the inflammation (make sure the ice pack is wrapped in a damp towel to protect your skin). Packs to warm in the microwave are available and may ease aching joints.

Exercise doesn't need to involve equipment, and often the simplest exercises are the best.

Stretching exercises help ease aches and pains and get the best movement from your joints.

Strengthening exercises are important as we rely on our muscles to support our joints and keep them in the right position when we move. If muscles are weak, joints can become unstable and this can be painful.

Fitness exercises, which can be as simple as walking a bit further or faster than you normally would, are very important to keep your heart healthy. You might like to join a sports team or a leisure centre so you can exercise with other people. Some people find doing exercise in a

group gives them extra motivation, and it can be a good way to meet people with the same interests.

Swimming is an excellent all-round form of exercise for people with arthritis because the joints are supported in the water, which makes it easier to move them.

Cycling is good for strengthening your knees and for general fitness. You can use a static exercise bike at home or in a gym, or there are many traffic-free cycle paths if you want to go outside. If you get a lot of knee pain you may have to take it very gently to start off with, and stop if your pain gets worse after cycling.

In terms of amount of exercise, little and often is the right approach. You could build exercises into your daily routine. For example, every time you wash your hands, take a few minutes to do some simple exercises. It may sound silly, but it'll help you remember.

A physiotherapist will be able to advise you further about specific exercises which will help you more.

i See Arthritis Research UK booklets
Keep moving; Physiotherapy and arthritis.

Healthy eating

If you have arthritis it's important to avoid being overweight, as this puts extra strain on the joints. If you're overweight, losing two stone (about 13 kg) can reduce pain in the knee by 50 per cent and even a little weight loss can reduce pain. A healthy, balanced, low-fat and nutritional

diet with plenty of fruit, vegetables and fibre is good for your general health. Avoiding too much meat or animal fat is a good idea.

If you're on drugs for arthritis you may need to avoid alcohol or limit the amount you drink. If you're in doubt, check with your doctor.

Beware of books, articles and advice about diets that claim to cure arthritis. Many of them recommend quite different things, and most people do not benefit from them. An unusual diet can do more harm than good.

Managing Stress

Chronic arthritis can get you down, and constant pain may lead to anxiety and depression. Counselling from your doctor, or from someone they recommend, may help. You may find that sharing the problem with friends and others who are affected can also be helpful. You may be able to learn relaxation techniques with the help of a physiotherapist or occupational therapist. Support groups and telephone support lines allow you to talk to others with similar issues.

Complementary medicine

Complementary therapies such as osteopathy and chiropractic can help in some arthritic conditions, especially back pain. There's a huge range of other therapies, for example homeopathy and herbalism, and a range of food supplements you may be tempted to try. Most of these are harmless, but if in doubt you should ask your doctor. If you decide to try therapies or supplements, you should be critical of what they're doing for you, and base your decision to continue

on whether you notice any improvement. You may find that changing only one thing at a time helps you to tell which therapies are having an effect.

i See Arthritis Research UK booklet and special reports *Complementary and alternative medicine for arthritis; Complementary and alternative medicine for the treatment of rheumatoid arthritis, osteoarthritis and fibromyalgia; Practitioner-based complementary and alternative therapies for the treatment of rheumatoid arthritis, osteoarthritis, fibromyalgia and low back pain.*

Will moving to a warmer climate help?

Many people with arthritis feel changes in the weather affect the level of pain they feel. Most people prefer hot, dry climates, but some people feel better in the cold and damp. The weather will probably make a difference to how you feel – warmth and sunshine tend to lift your spirits. However, although the weather may affect the symptoms of your arthritis or the way you feel, it won't cause the condition or affect the way it develops.

Research and new developments

Arthritis Research UK aims to be at the forefront of international efforts to develop new treatments for arthritis. By funding world-class research into developing treatments that accurately target arthritis, patients should be able to experience reduced pain, increased mobility and a normal quality of life.

Even though there isn't yet a cure for arthritis, there's still a great deal that can be done to relieve the symptoms and help you to get on with your life. In most cases, the sooner the treatment begins the more effective it'll be, so don't hesitate to consult your doctor if your symptoms persist for more than a few days.

Glossary

Bursa – a small pouch of fibrous tissue lined (like a joint) with a synovial membrane. Bursae help to reduce friction; they occur where parts move over one another, for example where tendons or ligaments pass over bones. Others, however, form in response to unusual pressure or friction.

Cartilage – a tough, slippery tissue which covers the bone ends. It acts as a shock absorber and allows smooth movement between bones.

Computerised tomography (CT) scan – a type of scan that records images of sections or 'slices' of the body using x-rays. These images are then transformed by a computer into cross-sectional pictures.

Ligaments – tough, fibrous bands which hold two bones together in a joint.

MRI (Magnetic Resonance Imaging) – a type of scan which uses radio waves in a strong magnetic field to build up pictures of the inside of the body. It works by detecting water molecules in the body tissues which give out a particular signal in the magnetic field.

Osteoporosis – a condition where bones become less dense and more fragile, which means they break or fracture more easily.

Spondylosis – the term used to describe the x-ray appearance of mechanical or degenerative changes of the small joints in the neck and back, commonly present

in all of us as we get older, often without causing any symptoms.

Tendons – strong fibrous cords that connect muscles to bones.

Ultrasound – a type of scan which uses high-frequency sound waves to build up pictures of the inside of the body.

Where can I find out more?

You can download all of our booklets and leaflets from our website or order them by contacting:

Arthritis Research UK

Copeman House
St Mary's Court
St Mary's Gate
Chesterfield
Derbyshire S41 7TD
Phone: 0300 790 0400
www.arthritisresearchuk.org

Related organisations

The following organisations may be able to provide additional advice and information:

Arthritis Care

Floor 4, Linen Court
10 East Road
London N1 6AD
Phone: 020 7380 6500
Helpline: 0808 800 4050
Email: info@arthritiscare.org.uk
www.arthritiscare.org.uk

Arthritis Research UK

What is arthritis?

DIAL Network (formerly Disability Information and Advice Line or Dial UK)

Phone: 01302 310 123

www.scope.org.uk/dial

An independent network of local disability information and advice services run by and for disabled people, part of Scope.

Disabled Living Foundation (DLF)

Ground, Landmark House,
Hammersmith Bridge Road,
London W6 9EJ

Phone: 020 7289 6111

Helpline: 0845 130 9177

Email: info@dlf.org.uk

www.dlf.org.uk

Employment/benefits

Your Jobcentre Plus office can put you in touch with your local Disability Employment Advisor. For information on benefits you can contact the Benefit Enquiry Line on 0800 882200.

Employment Medical Advisory Service (EMAS)

To find your local office, see the telephone directory under 'Health & Safety Executive'. The address and phone number should also be available in all workplaces. Alternatively, you can get this information from:

[www.hse.gov.uk/forms/health/
emasoffices.htm](http://www.hse.gov.uk/forms/health/emasoffices.htm)

National Rheumatoid Arthritis Society (NRAS)

The Switchback, Gardner Road,
Maidenhead SL6 7RJ

Phone: 0845 458 3969

Helpline: 0800 298 7650

Email: helpline@nras.org.uk

www.nras.org.uk

Disability Rights UK (formerly Disability Alliance, RADAR and the National Centre for Independent Living)

Ground Floor, CAN Mezzanine,
49-51 East Road, London N1 6AH

Phone: 020 7250 8181

Email: enquiries@disabilityrightsuk.org

www.disabilityrightsuk.org

Relate

See the telephone directory under 'Relate' or the Yellow Pages under 'Counselling and Advice' for your local Relate centre. Or Relate Head Office can be contacted at:

Premier House

Carolina Court

Lakeside

Doncaster DN4 5RA

Phone: 0300 100 1234

www.relate.org.uk

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We're here to help

Arthritis Research UK is the charity leading the fight against arthritis.

We fund scientific and medical research into all types of arthritis and musculoskeletal conditions.

We're working to take the pain away for sufferers with all forms of arthritis and helping people to remain active. We'll do this by funding high-quality research, providing information and campaigning.

Everything we do is underpinned by research.

We publish over 60 information booklets which help people affected by arthritis to understand more about the condition, its treatment, therapies and how to help themselves.

We also produce a range of separate leaflets on many of the drugs used for arthritis and related conditions. We recommend that you read the relevant leaflet for more detailed information about your medication.

Please also let us know if you'd like to receive an email alert about our online quarterly magazine, *Arthritis Today*, which keeps you up to date with current research and education news, highlighting key projects that we're

funding and giving insight into the latest treatment and self-help available.

We often feature case studies and have regular columns for questions and answers, as well as readers' hints and tips for managing arthritis.

Tell us what you think of our booklet

Please send your views to:
feedback@arthritisresearchuk.org

or write to us at:

Arthritis Research UK, Copeman House, St Mary's Court, St Mary's Gate, Chesterfield, Derbyshire S41 7TD.

A team of people contributed to this booklet. The original text was written by Dr David Walker, who has expertise in the subject. It was assessed at draft stage by physiotherapists Colin Waldoock and Angela Reilly, general practitioner Dr Lisa le Roux and occupational therapist Dr Elizabeth White. An **Arthritis Research UK** editor revised the text to make it easy to read, and a non-medical panel, including interested societies, checked it for understanding. An **Arthritis Research UK** medical advisor, Dr Ben Thompson, is responsible for the content overall.

Get involved

You can help to take the pain away from millions of people in the UK by:

- volunteering
- supporting our campaigns
- taking part in a fundraising event
- making a donation
- asking your company to support us
- buying products from our online and high-street shops.

To get more **actively involved**, please call us on **0300 790 0400**, email us at **enquiries@arthritisresearchuk.org** or go to **www.arthritisresearchuk.org**



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calls charged at standard rate

www.arthritisresearchuk.org

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