

Arthritis Factsheet



Personalised care for
peace of mind

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What is arthritis?

Arthritis (stemming from the Greek arthro (joint) and itis (inflammation)) is an umbrella term used to refer joint disorders, where joints become inflamed. There are over 100 types of arthritis and they fall into two main groups:

1. problems caused by inflammation (e.g. rheumatoid arthritis, gout, ankylosing spondylitis)
2. 'mechanical' problems or wear and tear (e.g. osteoarthritis or mechanical back pain).

Types of arthritis

Whilst there are over 100 forms of arthritis, a handful make up the vast majority of cases. These are:

1. Osteoarthritis (the most common form of arthritis in the UK, affecting an estimated 8.5 million people).

In cases of osteoarthritis, the cartilage (connective tissue) between bones progressively corrodes, leading to painful rubbing of bone on bone in the joints. The most frequently affected joints are in the:

- hands
- spine
- knees
- hips

Osteoarthritis often develops in people who are over 50 years of age, though it can appear at any age as a result of an injury or another joint-related condition.

2. Rheumatoid arthritis (affecting around 400,000 people in the UK).

Rheumatoid arthritis is a more severe, but less common, form of arthritis than osteoarthritis. It occurs when the body's immune system attacks and destroys the affected joints, causing pain and swelling to occur. This can lead to a reduction in movement and the breakdown of bone and cartilage.

Rheumatoid arthritis often starts between 40 and 50 years of age.

What are the symptoms of arthritis?

Different types of arthritis can cause a wide range of symptoms. However, the common symptoms of arthritis include:

- pain
- stiffness
- restricted movements of the joints
- inflammation and swelling
- warmth and redness of the skin over the joint

What causes arthritis?

The causes of arthritis are not fully understood and research is ongoing to gain a better understanding of its causes. However, what is apparent to date is that there are a number of genetic and environmental factors that are linked to arthritis.

Osteoarthritis

- **Age:** osteoarthritis is more common amongst over 50s;
- **Weight:** joints come under greater strain as they carry more weight, therefore heavier people are more likely to suffer from osteoarthritis;
- **Genetics:** it appears that there is a greater chance of developing osteoarthritis if it has been witnessed in earlier generations;
- **A physically demanding job** can increase the risk of osteoarthritis, particularly if it is repetitive.
- **Previous injuries:** there is a higher chance of developing the condition if joints have previously been damaged;
- **Pre-existence of other forms of arthritis** (rheumatoid arthritis or gout)

Rheumatoid arthritis

- **Gender:** women are three times more likely to have rheumatoid arthritis than men;
- **Genetics:** there is a higher chance of developing rheumatoid arthritis if there is a family history of the condition;
- **Smoking:** smokers appear to be at greater risk of developing rheumatoid arthritis;
- **Diet:** research has shown that people who eat large amounts of red meat and / or have a high coffee intake are at greater risk of developing the condition.



How is arthritis diagnosed?

If arthritis is suspected, the first point of contact should be the general practitioner. The GP is likely to ask about the symptoms, examine the patient and ask a number of questions about the patient's medical history.

The next steps will vary depending on the form of arthritis and could include one or more of:

- a referral to a specialist
- blood tests
- x-rays
- a magnetic resonance imaging (MRI) scan
- a computerised tomography (CT) scan
- an ultrasound
- synovial fluid analysis
- a biopsy
- a urine test

Once a diagnosis is made your doctor will discuss a treatment plan for you to follow.

What are the treatments for arthritis?

There is no cure for arthritis but there are a number of treatments that help manage its symptoms. These differ depending on the form of arthritis and from person to person and include a combination of self-help, drugs, surgery, non-surgical treatments and therapy.

Osteoarthritis self-help

There are several things that can reduce pain and stiffness in the joints as well as other things to make daily life easier in general. Self-help measures can help reduce stress on joints and reduce the severity of the condition. Some of the main measures include:

- Maintaining a healthy weight: excessive weight increases the strain on joints and can worsen the symptoms of osteoarthritis.
- Exercising regularly and keeping moving: exercise can help keep joints working well but needs to be done in moderation so as not to put the joints under excessive strain.
- Using a walking stick to ease any stress on your knee or hip joints.
- Wearing shoes with soft, thick, cushioned soles to help reduce jarring.
- Massaging the muscles around joints affected by osteoarthritis to help ease pain.
- Using heat pads or ice packs to help ease pain.
- Adapting the home and place of work to minimise stress on joints.
- Using braces or supports to keep joints stable and provide support.

Drugs for osteoarthritis

Painkillers can be used to alleviate pain and stiffness but won't cure the osteoarthritis. Paracetamol may help for mild pain. Non-steroidal anti-inflammatory (NSAIDs) creams and gels (e.g. ibuprofen and diclofenac) can also help alleviate pain and discomfort.

NSAIDs can also be taken in tablet form (available on prescription). Alternatively, opioids, a stronger form of painkiller may be prescribed.

Capsaicin cream is made from pepper plants and is an effective painkiller, particularly if you have hand or knee osteoarthritis. It's only available with a prescription.

For particularly painful, swollen joints, GPs may recommend a steroid injection directly into the joint. This can only be done a handful of times a year and usually lasts for several weeks.

Non-surgical treatment for osteoarthritis

Some people favour the use of transcutaneous electrical nerve stimulation (TENS) for osteoarthritis. TENS is an electronic device that sends pulses through the skin to nerve endings. It interferes with the messages being sent to the brain and can help to relieve pain.

They are often available in pharmacies.



Surgery for osteoarthritis

A number of developments have taken place with surgery over recent years, making replacements of hips, knees, shoulders and elbows quite realistic for people with advanced arthritis who are struggling with everyday life.

Complimentary therapies for osteoarthritis

A range of supplements and complementary medicines are often taken by those with osteoarthritis. These include:

- Fish oils (e.g. cod liver oil) to ease pain and stiffness
- Glucosamine and chondroitin

Rheumatoid arthritis self-help

There are several things that can reduce pain and stiffness in the joints as well and other things to make daily life easier in general. Self-help measures can help reduce stress on joints and reduce the severity of the condition. Some of the main measure include:
Maintaining a healthy weight: excessive weight increases the strain on joints and can worsen the symptoms of rheumatoid arthritis.

Exercising regularly in moderation: exercise can help keep joints working well.

- Eating a healthy diet: some foods e.g. fish can help pain and stiffness.
- Managing 'flare-ups':
- Managing sleep: rheumatoid arthritis can make people feel tired so sufficient time needs to be set aside for sleep as well as rest during the day.
- Adapting the home and place of work to minimise stress on joints.
- Using braces or supports to keep joints stable and provide support.

Drugs for rheumatoid arthritis

Drugs are available to ease the symptoms associated with rheumatoid arthritis as well as prevent deterioration of the condition.

- Painkillers e.g. paracetamol and codeine can help alleviate pain and discomfort.
- Non-steroidal anti-inflammatory drugs (NSAIDs) can also help control your pain and stiffness.
- Disease-modifying anti-rheumatic drugs (DMARDs) can slow down the progress of rheumatoid arthritis. They work by tackling the cause of inflammation in your joints.
- DMARD drugs include methotrexate, sulfasalazine, leflunomide, hydroxychloroquine azathioprine and ciclosporin.
- Biological medicines such as infliximab, etanercept, adalimumab, certolizumab, rituximab, golimumab and tocilizumab come in injection form and target chemicals that cause inflammation.
- Corticosteroids reduce inflammation and tend to be used during periods of 'flare up'. They are available in both tablet form and as an injection into the joint in question.

Non-surgical treatment for Rheumatoid arthritis

- Physiotherapy: in many cases of Rheumatoid arthritis, a number of exercises are available to treat joint and muscle problems
- Hydrotherapy: performing a range of slow, controlled exercises in warm water (33c to 36c) has been shown to have a positive effect in combating rheumatoid arthritis.
- Occupational therapy: occupational therapists can suggest a number of practical aids and home / workplace adaptations to make daily living more manageable (e.g. raised toilet seats and plug sockets being placed at waist height).



Surgery for Rheumatoid arthritis

Surgery tends to be used when drugs are proving insufficient. It ranges from the removal of inflamed joint linings to joint replacements.

Caring for people with arthritis

There are a number of practical things to consider in providing care to people with arthritis. Understanding: as with many conditions, increased awareness of arthritis leads to increased knowledge of how to provide effective care.

- **Recognise when help is needed and when to avoid interference:** it is important to strike a balance between offering help (e.g. with opening jars or with standing up) and allowing continued independence. There are no hard and fast rules here, it's more about empathy and communication.
- **Be aware of depression and moods:** many people with arthritis struggle to come to terms with reduced independence and this often manifests itself in depression and frustration. It is important to be sensitive to such feelings and point the person with arthritis in the direction of support where appropriate.
- **Accept tiredness:** many people with arthritis will feel physically drained. It is important to be aware of this and let them rest when necessary and encourage them to pace themselves in conducting certain tasks.
- **Encourage exercises:** in moderation, exercise has been shown to be good for arthritis in that it gets joints working and strengthens muscles around the joints. A physiotherapist will be able to advise on which exercises are most appropriate for someone with arthritis.
- **Encourage healthy eating:** excess weight puts excessive strain on arthritic joints and so a diet which minimises excessive weight can be highly beneficial.

Here to Help

At CuraCare, we understand the frustrations that people face when living with arthritis. If you would like help or further information, please don't hesitate to contact us on 020 8892 9222 or at info@curacare.co.uk