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Arthritis



The word “arthritis” literally means inflammation of the joints. Though joint inflammation is often a symptom, rather than a specific diagnosis itself, the term arthritis is often used by medical professionals to refer to any health disorder

that affects the joints.

When left untreated, arthritis can lead to permanent joint damage, immobility, muscle atrophy, and contractures — making it one of the leading causes of disability in America. It’s why it’s important to not dismiss the common signs of arthritis and to seek treatment from a medical professional. If you are one of the 50 million Americans living with arthritis, this resource sheet will help you learn more about the condition — its

prevalence, causes, symptoms, types, and diagnosis — as well as treatment options to help you manage your pain and prevent long-term complications.

Prevalence

The National Health Interview Survey estimates that 23% of adults in the United States have self-reported doctor-diagnosed arthritis. Some rheumatic diseases that cause arthritis mostly affect women, such as rheumatoid



arthritis, scleroderma, and lupus. Others, such as gout, are more common in men. Children may also have arthritis, with 1 in every 250 children in the U.S. affected, though it is more common in people over the age of 40.

Causes and Risk

Though the causes are not always known, there are known factors that put you at risk of developing arthritis. These include:

<i>Risk factors you CAN'T change</i>	<i>Risk factors you CAN change</i>
<ul style="list-style-type: none"> • Age: the older you are, the higher your chances of having arthritis. • Genetics: because specific genes are associated with a higher risk of certain types of arthritis, having a close relative with arthritis puts you at risk of developing it as well. • Sex: women are more prone to most types of arthritis than men. • Disability and other Health Conditions: Certain people with disabilities, such as spinal cord injury patients and children with Down syndrome, are at higher risk of also having arthritis. 	<ul style="list-style-type: none"> • Overweight and Obesity: excess weight can cause your joints to work extra hard, leading to arthritis and joint damage. • Joint Injuries: damage to a joint may cause excess wear on it or neighboring joints, resulting in the development of osteoarthritis. • Infection: joint infections may contribute to the onset of arthritis. • Occupation: your job may put you at risk of repetitive injuries to your joints, particularly those of your hands, legs, and feet.

Symptoms

The symptoms may vary from person to person and depend on the type of arthritis present, but they can include:

- Joint inflammation
- Joints that are sensitive, tender, red, or warm to the touch
- Morning stiffness
- Muscle atrophy (a partial or complete wasting of muscle)
- Frequent or recurring back pain
- Deformity of the hands (fingers), feet, knees, etc.
- Immobile joints
- Skin rashes
- Fatigue

Common Types of Arthritis and Arthritis-related Diseases

- **Bursitis:** a condition in which the bursae (small, fluid-filled sacks that reduce friction between bones) produce pain and tenderness, and limit joint mobility.
- **Fibromyalgia:** is a chronic pain syndrome that is related to arthritis, causing stiffness, body aches, fatigue, and disrupted sleep.



- **Gout:** a type of arthritis caused by deposits of needle-like crystals of uric acid in the joints. It usually begins in the big toe and causes episodes of inflammation, swelling, and pain in affected joints, making it hard to walk.

- **Lupus:** also known as systemic lupus erythematosus (SLE), lupus is an autoimmune condition in which the body's immune system begins to attack the body's own healthy cells and tissues. The result is inflammation and damage to the joints and internal organs.
- **Infectious arthritis:** a kind of arthritis that forms as a result of bacterial or viral infections. An example of infectious arthritis is the one that occurs with Lyme disease — a bacterial infection following the bite of an infected tick.

- **Juvenile Arthritis:** an umbrella term used to describe rheumatic diseases that affect children under the age of 16. Early diagnosis and treatment is crucial in preventing permanent joint damage, as arthritis can be a chronic (lifelong) condition.



- **Osteoarthritis:** is sometimes called degenerative joint disease because it is related to the “wear and tear” of joints. Osteoarthritis is the most common type of arthritis.
- **Rheumatoid Arthritis (RA):** the most common type of autoimmune arthritis, RA causes joint damage, particularly in the small joints of the hand, including the knuckles and middle joints of fingers, and can result in permanent deformity when not treated early.
- **Scleroderma:** an autoimmune condition in which too much collagen is produced, resulting in damage to the joints, skin, and blood vessels.

Diagnosis

Doctors may perform a variety of tests to determine whether or not you have arthritis and what type of arthritis you have. These tests may include, but are not limited to:



- **Blood Tests** to check for certain antibodies and proteins that can point to arthritis inflammation or autoimmunity.
- **Imaging Tests** such as ultrasounds, X-rays, MRIs, and bone scans.
- **Biopsy** to rule out any

bone cancer or other bone/joint diseases

- **Aspiration of joint fluid**, such to analyze the synovial fluid (the fluid found in the cavities of joints)
- **Urine analysis** to measure inflammatory proteins and levels of uric acid
- **Eye exam** as some arthritic diseases can cause eye symptoms, such as dry eyes and damage to the cornea
- **Physical Exam** to visually examine your joints for deformities, palpate them for tenderness/swelling, and test their range of motion

Treatment Options

Treatment options will vary, but the goal will be to minimize pain, prevent permanent deformity or disability, increase or maintain current mobility, and address fatigue, sleep, or mental health problems associated with arthritis. You and your doctor(s) should work together to determine what treatment

option(s) is best for you — as well as meet every so often to address any necessary changes to the treatment plan. Some treatment options include:

- **Medications**

- **Analgesics** are drugs that relieve pain and may decrease inflammation. These include acetaminophen, Tylenol, and are often the first line of medical treatment.



- **Nonsteroidal anti-inflammatory drugs (NSAIDs)** help reduce stiffness and swelling, and include aspirin, ibuprofen (Advil, Motrin), and naproxen sodium (Aleve). They work on reducing the amount of prostaglandin production (a chemical in your body that signals pain and inflammation). Because they include more side effects than analgesics, such as potential damage to the stomach and thinning of the blood, they are not for everyone.
- **Disease-modifying antirheumatic drugs (DMARDs)** are a category of medications that are used to treat autoimmune conditions related to arthritis, such as RA and lupus. By

suppressing the immune system, DMARDs can reduce inflammation and joint damage. These medications include methotrexate (Rheumatrex, Trexall), hydroxychloroquine (Plaquenil), sulfasalazine (Azulfidine) and leflunomide (Arava).

- **Antidepressants** can help relieve the depression associated with chronic pain and improve sleep. Some antidepressants also have analgesic effects, such as tricyclic antidepressants like amitriptyline (Elavil, Endep) and nortriptyline (Pamelor), as well as other antidepressants like duloxetine (Cymbalta) and milnacipran (Savella). Selective serotonin reuptake inhibitors (SSRIs) can sometimes help break the cycle of pain and depression.
- **Topical pain relievers**, including rubs, ointments, and over-the-counter pain patches.
- **Muscle relaxants** won't address joint inflammation, but they can relieve pain by decreasing muscle spasms that trigger pain signals, bringing temporary relief.



- **Anticonvulsants** treat seizures, but some have been FDA approved to help with nerve-type pain, such as those experienced in fibromyalgia patients.
- **Nerve blocks** are anesthetic drugs that are directly injected into the nerves of painful areas.
- **Corticosteroids (oral and injections)** reduce inflammation and can be taken orally or received as an injection in the joint area. Because of their side effects and the risk of patients developing steroid-induced diabetes, steroids are not recommended as a long-term solution to arthritis pain and inflammation.
- **Opioids** are the riskiest pain medications. Though very potent in controlling pain, patients can develop resistance to the drug — requiring them to take higher doses to achieve the same effect. The risk of accidental overdose and dependency is very high. They do not address inflammation and can't prevent deformity or disability, but rather only temporarily relieve pain.
- **Non-medical Treatments**

Do not hesitate to consider alternative, non-medical treatments. Some have been shown to provide significant pain relief and

reduction in inflammation in the lives of patients with arthritis. Plus, many of them are safer than prescription options.

These can include vitamins and supplements, massage, chiropractic care, warm and/or cold compresses, physical therapy, water exercises, yoga and gentle stretching, biofeedback and mindfulness techniques, transcutaneous electrical nerve stimulation (TENS), acupuncture, ultrasound, and aromatherapy with essential oils. Diet may also be an alternative therapy, particularly those that include foods high in anti-inflammatory properties.



- **Surgery**

Most people with arthritis will not need surgery; however, when medical and non-medical treatments fail to lessen your pain or if your ability to move around is significantly impaired, surgery may be necessary. You should discuss surgery options with your surgeon and if possible, consider obtaining a second opinion. Remember, surgeries are major medical procedures and, as with all medical treatments, there are benefits and risks that must be weighed carefully before making a decision.

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