



# ANSWERS TO YOUR ARTHRITIS QUESTIONS

FROM THE EXPERTS AT THE ARTHRITIS FOUNDATION

# Just Diagnosed?

HERE'S WHAT YOU NEED TO KNOW TO EASE PAIN AND TAKE CONTROL OF YOUR ARTHRITIS.

You've been diagnosed with arthritis, and you probably have a lot of questions. First, know that you are not alone. More than 54 million adults – nearly 1 in 4 – and 300,000 children in the United States have some type of doctor-diagnosed arthritis.

The Arthritis Foundation is here to help. We partner with patients, health care providers, researchers and legislators to pursue a cure, and we're bolstering your odds in the fight against arthritis with life-changing resources, science, advocacy and community connections.

Learning all you can about arthritis will help you better understand how it can affect you and how to best manage it. As the patient, you play the most important role in your own treatment – and in the fight against arthritis. For better or worse, you are part of a community that shares information and support and stands united against arthritis.

We call this community the **Live Yes! Arthritis Network**. Join the network at [arthritis.org/LiveYes](https://arthritis.org/LiveYes) for valuable resources and support and to elevate the movement to help everyone with arthritis live their best life!



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Learn more and  
connect with others  
living with arthritis online  
or in-person at  
[arthritis.org/LiveYes](https://arthritis.org/LiveYes)

## What is arthritis?

The term “arthritis” comes from the Greek words for joint and inflammation. It is not a single disease; there are more than 100 types of arthritis and related conditions. People of all ages, sexes and races develop arthritis – the leading cause of disability in the U.S.

Hallmark symptoms include joint swelling, pain, stiffness and diminished range of motion. Symptoms, which can be mild, moderate or severe, may come and go. They may be stable for years or progress – slowly or suddenly – over time.

Severe arthritis can result in chronic pain and the inability to do daily activities, such as walking, getting dressed, cooking or climbing stairs. Arthritis can cause permanent joint damage that may be visible, such as knobby finger joints; in other cases, the damage is invisible, seen only through medical imaging, such as X-rays or MRIs.

Autoimmune, inflammatory types of arthritis – but not osteoarthritis – also can affect major organs, including the heart, lungs, kidneys, eyes and skin.



# What are the most common types of arthritis?

## **Osteoarthritis (OA, or degenerative arthritis).**

This is by far the most common type. When cartilage – the slick surface on the ends of bones – wears away, bone rubs against bone, causing pain, swelling and stiffness. Over time, joints can lose mobility and pain may become chronic. Factors that increase the risk of developing **osteoarthritis** include excess weight, family history of OA, older age and previous trauma – for example, an injury from sports, a car wreck or a fall.

**Gout (or metabolic arthritis).** As the body breaks down purines, a substance found in human cells and in many foods and drinks, uric acid is formed. In some cases, uric acid builds up and forms needle-like crystals in joints, resulting in sudden flares of extreme joint pain. **Gout** can come and go or become chronic, causing ongoing pain and disability.

**Autoimmune, inflammatory arthritis.** A healthy immune system generates inflammation to attack an invader (a virus or a bacterium, for example), repair

damage to cells and tissue and prevent disease. But in autoimmune, inflammatory types of arthritis, such as **rheumatoid arthritis (RA)**, **psoriatic arthritis (PsA)**, **ankylosing spondylitis (AS)** and **juvenile idiopathic arthritis (JIA)**, the immune system becomes misguided and attacks its own body with uncontrolled inflammation, including in the lining of the joints, which can cause joint erosion. In some cases, inflammation also attacks organs and eyes.

**Infectious (or septic) arthritis.** In **infectious arthritis**, bacteria can enter a joint cavity via an injection or surgery, or it can travel from elsewhere in the body. About 50% of cases are from the common skin bacterium, *Staphylococcus aureus*, which can get to joints through cuts or a condition such as psoriasis. The infection also can be acquired through food contamination, a sexually transmitted disease or a blood infection such as hepatitis C. Timely antibiotic treatment may clear it before arthritis becomes chronic.



## Who treats arthritis?

Managing your arthritis and conditions that might occur with it may take a team of health care professionals, each with specific expertise. Key players include:

**Your primary care doctor.** She will coordinate your care and should always know what treatment you are receiving from your other providers.

**A rheumatologist.** These physicians are specially trained in the diagnosis and treatment of musculoskeletal diseases, including arthritis.

**A nurse practitioner (NP).** In many medical practices, nurses and NPs handle much of the responsibility of caring for arthritis patients, such as providing education, ordering tests and prescribing medications.

**A physical therapist.** Your doctor may prescribe physical therapy (PT), which will provide joint protection tools and techniques and exercises to improve your strength, mobility and balance.

**An occupational therapist.** Your doctor may also send you to an occupational therapist, who can recommend assistive devices and teach you strategies for moving and performing tasks while protecting your joints to help prevent further joint damage.

**A psychologist or social worker.** Having arthritis raises the risk of developing depression or anxiety. A mental health professional can help you learn to cope with your condition and treat mental health concerns.



# How will my arthritis be treated?

Treatments for arthritis depend in part on what type you have. Work with your doctor to develop a plan that will help decrease your joint pain and stiffness and improve your mobility and ability to do the activities you want. Treatment plans usually include various components that work together to help you feel better. These may include:

**Medications.** For autoimmune forms of arthritis, medications are available that can alter the course of the disease itself – known as disease-modifying antirheumatic drugs (DMARDs) – which in turn relieves symptoms. Those available for osteoarthritis, such as nonsteroidal anti-inflammatory drugs (NSAIDs), analgesics and joint injections (of a corticosteroid or hyaluronic acid), primarily ease symptomatic pain and stiffness. Gout medications lower uric acid levels. In some cases, pain medications are also prescribed.

**Non-drug therapies.** Heat and cold treatments and braces, canes and assistive devices help ease

pain and stiffness and address mobility issues. Your doctor may also prescribe physical and/or occupational therapy to help increase strength, range of motion and mobility, and provide joint protection tips.

**Integrative therapies.** Complementary therapies may be combined with conventional treatments to manage pain and enhance emotional and mental health. These include supplements, massage, acupuncture, biofeedback therapy, meditation and relaxation techniques.

**Healthy lifestyle.** Quitting smoking, staying physically active, maintaining a healthy weight, eating healthfully, getting enough sleep and limiting stress also can help control inflammation, protect joints and contribute to overall health.

**Surgery.** When joint damage is extensive and other treatments don't control symptoms well, joint surgery – such as a joint replacement or fusion – may be the best option.



# How will my osteoarthritis be treated?

The best treatments for osteoarthritis are in your power. Although it might seem counterintuitive when your joints hurt, physical activity is highly recommended. Over time, more movement will help reduce your pain and improve your range of motion.

Physical activity can also help you get to or maintain a healthy weight, which is also important for managing OA. Excess weight not only adds pressure and pain to joints, but fat cells trigger the release of inflammatory proteins, which increase joint pain.

In addition, your doctor might recommend or prescribe the following:

**Joint injections** used to ease symptoms include corticosteroids (cortisone) and hyaluronic acid (viscosupplementation).

**Non-prescription pain-relief medications**, such as acetaminophen (*Tylenol*) and over the

counter NSAIDs, including ibuprofen (*Advil*) and naproxen sodium (*Aleve*).

**Prescription pain medications**, including opioid medications with active ingredients such as codeine, hydrocodone, morphine or oxycodone, are also used short-term to control pain. These addictive drugs should be used at the lowest dose possible for the shortest time possible. Be sure to use them only with your doctor's guidance. Prescription NSAIDs also can help reduce joint pain, stiffness and swelling.

**Topical pain relievers**, such as creams, gels, patches, drops or sprays, are applied to the skin over a painful joint.

Many of these treatments – especially opioids – carry risks. Be sure to discuss them with your doctor and understand the risks before starting.



# How will my gout be treated?

There are two components to treating gout, which is an inflammatory but not autoimmune form of arthritis.

The first component uses medications (including NSAIDs, colchicine and/or oral or joint injections of corticosteroids) to treat an acute flare, which usually lasts two to three days. This will extinguish inflammation and pain quickly.

The other component targets the underlying cause of gout flares: too much uric acid in the blood. Depending on your health history, your doctor may prescribe medications that either reduce production or

increase the elimination of uric acid in the body. (For these medications to do their job, they need to be taken even if you are feeling well and not experiencing a flare.)

Diet is also important in treating gout. Your doctor will likely discuss which foods to avoid, because they are known to trigger flares (such as certain meats, sugary drinks and alcohol), and which ones you should get more of, because they may lower inflammation or uric acid (such as vegetables, low-fat dairy and fish high in omega-3 fatty acids, like salmon).





# How will my autoimmune arthritis be treated?

Managing autoimmune types of arthritis, including RA, PsA and AS, is about more than just pain relief. A complete treatment plan eases pain, dials down inflammation, slows or halts joint and organ damage, and improves physical function and quality of life. Starting treatment as soon as possible helps control symptoms sooner and limits joint damage (which can start early in the course of the disease), reducing the risk of disability down the road.

One strategy used by doctors to control RA is called treat-to-target (T2T). Instead of simply prescribing a medicine and hoping for the best, a doctor using T2T and the patient will first agree upon a treatment target, such as reducing symptoms to one or two swollen or tender joints or even remission,

meaning little to no disease activity. Then the doctor closely monitors the patient's status and adjusts therapy as needed until the goal is reached.

Treatment may include one or more conventional DMARDs, such as methotrexate, and possibly a biologic or targeted DMARD, which are newer disease-modifying drugs that also can slow the progression of autoimmune arthritis.

No matter your medications, don't settle for just getting by; reach for the best outcome possible and don't give up. Know that just because you feel OK doesn't mean your disease is under control – inflammation could still be causing damage. Work with your doctor to find a treatment that eliminates your inflammation and symptoms.



For more insight and advice for living well with arthritis, tune in to the Live Yes With Arthritis Podcast at [arthritis.org/LiveYes Podcast](https://arthritis.org/LiveYesPodcast)

## What can I do to help myself?

Self-care strategies to manage arthritis are healthy lifestyle habits that everyone should aim for – but their importance is magnified when you have arthritis. They can help you take control of your condition.

**Eat right.** Eat a balanced, healthy diet with plenty of vegetables, fruit, whole grains, nuts and lean meats. Avoid sugary and processed foods, which increase inflammation and contribute to weight gain, and include those shown to dampen inflammation, such as fatty fish (like salmon and mackerel) and olive oil.

**Stay active.** Getting plenty of low-impact, aerobic activity (such as brisk walking) and some strength training (with weights or exercise bands) keeps your joints lubricated and your muscles strong to better support them. Studies have shown that people who

exercise regularly feel better and have fewer physical limitations than those who don't. (And any soreness or muscle pain from regular exercise usually disappears within a few days.)

**Get a good night's rest.** Joint pain can make sleeping difficult, resulting in tiredness and the release of stress hormones that can worsen arthritis symptoms, creating a vicious cycle. Fatigue is the symptom that has the biggest impact on many patients' lives. Stick to a regular sleep schedule and good sleep habits, and tell your doctor if you struggle with sleep.

**Limit stress.** Stress can worsen arthritis symptoms, so try to minimize it. Seek help through a support group or mental health professional, or try stress-reduction techniques such as mindfulness meditation.



Need more information? Call the toll-free Arthritis Foundation Helpline at **1-844-571-HELP (4357)**.

# How can I get treatment?

Your health care team will guide and provide treatment, but access to that treatment involves your health insurance provider. You have rights that protect your access to health care, but insurance plans are not created equal. Understand the health services you need and which services and medications are covered under each option to avoid or minimize claim denials and out-of-pocket expenses.

Be your own advocate. Use the links below to learn more about your rights regarding health insurance:

**The Affordable Care Act (ACA).** The [ACA](#) provides important protections for all health care consumers. Know about key provisions that benefit people living with arthritis.

**Medicare.** The [Medicare](#) program includes important rights and protections for covered individuals. Find out if it might help you.

**Arthritis care checklist.** If you're newly insured, thinking about switching plans or considering supplemental coverage, there are 10 key areas of health care services you may need. Use this [arthritis care checklist](#) to learn whether your plan covers them.

**Preparing for open enrollment.** Be aware of all available health coverage options, whether through an employer, a federal program, a health exchange or a short-term insurance plan, as you [prepare for open enrollment](#).

**Open enrollment checklist.** Use this [checklist](#) to review key elements of a health insurance plan.

**State Health Insurance Assistance Programs (SHIPs).** SHIPs offer local, personalized counseling and assistance to people with Medicare and their families. [SHIPs](#) can help you with your Medicare questions, including your benefits, coverage, premiums, deductibles, and coinsurance; complaints and appeals; and joining or leaving a Medicare Advantage Plan (like an HMO or PPO), other Medicare health plan, or Medicare Prescription Drug Plan (Part D).

**Sample summary of benefits and coverage.** Use this [health care plan example](#) as a guide to understand the benefits, coverage and out-of-pocket expenses for a health plan.



Q baking with arthritis →

## Find Your Yes

By joining together the millions with arthritis, the Live Yes! Arthritis Network is helping create a powerful community of understanding and advocacy that is not only changing lives today, but changing the future of arthritis. Whether you're a baker or mom's little helper, we're here to help you Find Your Yes.

**Join the Live Yes! Arthritis Network**

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[arthritis.org](https://www.arthritis.org)

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