

A WELLNESS GUIDE

Arthritis in the Hispanic Community





In this guide you will learn about:

- The types of arthritis that most commonly affect Hispanics
- Diagnosis and treatment options
- Healthy habits and non-drug therapies
- The relationship between joint pain and emotional health
- Ways to control arthritis so you can keep doing what you need and want to do.

Hispanic and Latin Americans are not only at greater risk of developing arthritis than many others, they also are less likely to get timely pain relief or treatment. According to the Centers for Disease Control and Prevention (CDC), 4.4 million Hispanic Americans, or 15%, have been diagnosed with arthritis. While that's a smaller proportion than among non-Hispanic whites, at 23%, a greater proportion of Hispanics report arthritis-related activity limitations than whites — 44% compared with 40%. (Reports also show variations among different Latin and Hispanic populations: People of Puerto Rican and Cuban descent report the highest and lowest arthritis-related limitations, respectively.) Many Hispanic and Latin Americans work in physically demanding jobs that put their joints at risk of injury and of developing osteoarthritis. Those with inflammatory, autoimmune forms of arthritis are also less likely to seek and receive prompt care despite the pain and disability their arthritis may be creating.

Misconceptions about arthritis. Many Hispanics accept arthritis as a part of aging — something you live with and try to manage, not something worth spending money on to see a doctor.

But arthritis is more than just pain. There are many types of arthritis, all of them chronic conditions that can keep people from doing the activities that they want and need to do. And it is not inevitable. Some people never develop arthritis, even as they get old.

Poor understanding of possible complications. When arthritis isn't properly treated, the disease progresses, causing worse damage to joints. Some forms of arthritis can cause other health problems, too, affecting anything from the eyes to the heart to the intestinal system. And other, related conditions often occur with arthritis, such as diabetes, obesity and cardiovascular disease. People who have arthritis as well as one or more other conditions often face greater economic pressures and burden for families.

Delay in seeking medical attention. People of Hispanic descent tend to delay seeking medical care for a variety of reasons. They may not recognize or admit that their condition is serious. They may turn to nonmedical sources for relief, such as home remedies or nonmedical faith healers. Language barriers, health care costs, lack of insurance, and in some cases undocumented status may discourage them from getting help from a doctor.

Arthritis Myths

- It is a normal part of the aging process.
- I shouldn't be physically active because it will make my arthritis worse.
- Arthritis isn't serious.
- Showing pain is a weakness of character.
- What I eat doesn't affect my arthritis.
- Arthritis will go away on its own or with an aspirin.

What Is Arthritis?

Arthritis, which literally means “disease of the joints” or “inflammation of the joints,” is a term used to describe diseases that damage joint tissues, causing pain, swelling and stiffness and making it harder to move.

Nearly 60 million adults and 300,000 children in the U.S. of all races and ethnicities have some type of arthritis. It is a leading cause of disability in America. But as common as arthritis is, it is not well understood.

More than 100 types of arthritis and related conditions exist, many of them autoimmune, inflammatory forms in which the body’s immune system mistakenly attacks healthy tissue. This results in chronic pain and permanent joint damage. Inflammatory arthritis can affect not only joints but also organs, including the heart, eyes, lungs, kidneys and skin.

Arthritis can damage any joint, and symptoms may be mild, moderate or severe. They typically take years to slowly get worse, but in some people, like athletes and those with physically demanding jobs, symptoms can get worse more quickly, especially after a joint injury, like a torn knee ligament. People with severe arthritis often have chronic pain that makes it difficult to walk, climb stairs and perform daily tasks, like dressing and cooking.

Arthritis can cause permanent joint changes. They may be visible, such as knobby finger joints, but often the damage can only be seen on X-ray.

Treatments depend on the type of arthritis. There is no cure, but it can be managed to reduce pain, stiffness and other symptoms. The goals of treatment are to ease symptoms, retain mobility and quality of life, and reduce or prevent further damage to joints and other tissues.

Common Forms of Arthritis

OSTEOARTHRITIS: By far the most common form of arthritis, osteoarthritis (OA) affects more than 32 million Americans and a greater proportion of Hispanic Americans than whites, especially among older populations. Research shows that Hispanic patients have more severe pain and disability from OA and are less likely to receive pain treatment or corrective surgery. Traditionally, OA was known as a “wear and tear” disease, but we now know that it affects all joint tissues, not just cartilage, and inflammation drives joint damage. It can affect any joint, causing debilitating pain and stiffness and making it harder to move and, ultimately, to work or perform daily tasks.

GOUT: This inflammatory arthritis affects more than 9 million Americans, and is more common in men. Hispanic Americans typically have lower rates of gout than whites and Black Americans (2% compared to 4% and 4.8%). That may be partly due to genetics, but it

may be because of diet. Gout typically occurs when high uric acid levels in the blood form crystals that lodge in joints, causing excruciating pain. Uric acid results from the breakdown of purines, which are naturally present in the body, but also in certain foods. Some research suggests that Hispanics arrive in the U.S. with healthy eating habits that decline as they adopt a standard American diet. This raises their risks of diseases like hypertension and obesity, which are closely associated with gout. Medication and lifestyle modifications, like improving eating habits, may help control gout and reduce flares.

LUPUS: Lupus is an inflammatory autoimmune disease that can cause joint pain, fatigue and skin problems, and it can affect internal organs, too. Its cause is unclear. Men and women of all ages and races get lupus, but 9 out of 10 people with lupus are women aged 15 to 45. People of color — including Hispanic women — are at higher risk than whites of developing lupus and lupus-related kidney disease (lupus nephritis), which can be deadly. Researchers believe the disease is triggered when people who have certain genes are exposed to external factors, such as stress, a viral infection or chemicals. Other symptoms include fever, kidney problems and sensitivity to light.

RHEUMATOID ARTHRITIS: In rheumatoid arthritis (RA), the most common form of inflammatory, autoimmune arthritis, the prime target of inflammation is the tissue that lines the inside of joints. Uncontrolled inflammation causes pain, swelling and stiffness in joints and can lead to permanent damage if left untreated. Joints in the hands, wrists and knees are most commonly affected — often in the same joint on both sides of the body (both wrists or both knees, for example). The chronic, body-wide inflammation also can cause severe fatigue and raises the risks for heart disease, lung disease and other conditions. Not only does RA affect a greater proportion of Hispanic Americans than whites, research shows that Hispanic patients delay seeking medical help longer and are sicker when they do see a doctor.

PSORIATIC ARTHRITIS: Also an inflammatory autoimmune disease that affects joints, psoriatic arthritis (PsA) almost always occurs with the autoimmune skin disease psoriasis and may also affect eyes and other organs. Genetic factors may predispose someone to developing PsA, although scientists believe environmental factors can trigger it. It is less common in Hispanic/Latino people than in whites, but skin symptoms may be more severe in Hispanic or Latino people.

FIBROMYALGIA: This condition is a disorder of the central nervous system causing widespread pain, including joint pain, plus fatigue and “brain fog,” or difficulty thinking clearly. It affects more women than men and is more prevalent among Hispanic or Latino people than white people. It often accompanies rheumatoid arthritis and lupus — which have higher rates among Hispanic women — and it seems to heighten sensitivity to pain. Treatments include lifestyle modifications, medications and mental health counseling because it’s a condition affecting the brain.

Barriers to Health Care

In general, Hispanic people don't see a doctor regularly for preventive care, and they seek medical care only when necessary and after they've tried other options. Cultural attitudes, lack of insurance, medical costs and legal status all may play a role. In many cases, people simply don't understand the severity of a condition like arthritis until it has caused irreversible damage and they can no longer cope with the pain.

Delays in Seeking Care

Early diagnosis and treatment can prevent autoimmune forms of arthritis from progressing and worsening, so it's especially important to see a doctor at the earliest signs. But according to rheumatologist Laura Geraldino-Pardilla, MD, associate professor of medicine at Columbia University School of Medicine in New York, Hispanic patients report more pain than whites, are at greater risk of developing a disability and take a long time to see a doctor. A Hispanic patient may live for years with pain and limitations from arthritis before seeking medical care, and when they do, they have more advanced disease because they didn't get a timely diagnosis and treatment. "Sometimes the deterioration has progressed to such a point that the damage is irreversible," Dr. Geraldino-Pardilla adds.

Poor socioeconomic status is a major risk factor for arthritis and other medical conditions. In many areas where Hispanics live, there are not enough health care facilities to serve local residents. According to the Centers for Disease Control and Prevention (CDC), Hispanics are nearly three times more likely to be uninsured than whites in the U.S. If they do have insurance, it may not cover the services they need or the deductibles are too expensive, Dr. Geraldino-Pardilla explains. Medical costs are often prohibitive for paying out of pocket and can land people in unmanageable debt.

Immigration Status

Undocumented legal status keeps some Hispanic and Latin Americans from seeking health care, because they don't want to provide personal information or for authorities to become aware of them. This is true not only of recent immigrants but in many cases of people who have lived in the U.S. for decades or even generations.

Undocumented immigrants cannot receive health insurance through the federal Marketplace, and private insurance often requires a Social Security number and is expensive. As a result, they may face especially high costs for medical care, which may keep them from seeking care until their condition is so serious that they need even more expensive emergency care.



Even if they do get care, some of the prescription drugs used to treat these types of arthritis are prohibitively expensive, despite drug companies' assistance programs.

Communication Challenges

Many Hispanic immigrants do not speak English and — while working sometimes multiple jobs and long hours and raising a family — do not have time to take English classes. And, while Spanish speakers are becoming more common in health care, rheumatologists are in short supply, and finding one who speaks Spanish or has a translator can make it even more difficult to get an appointment.

When they do see a doctor, many Hispanic patients are hesitant to speak up for themselves, but "effective communication is essential," says Dr. Geraldino-Pardilla. It's critical that you understand your disease, what to expect, what your treatment plan is, and what might happen if you don't follow it. It's just as important for your doctor to understand what you need and what's important to you for your treatment. "Don't be left with any doubts. There are no stupid questions," she adds.

Arthritis requires lifelong care, and having a doctor you trust and communicate well with is essential.

High Risk Occupations

People who do heavy physical or repetitive work are at higher risk of a joint injury, which lays the groundwork for developing osteoarthritis. That includes athletes as well as those who work in construction, agriculture, factories and other physically demanding jobs. According to the Department of Labor, Hispanics commonly hold jobs in those kinds of occupations, such as agriculture, construction and maintenance. These kinds of jobs place extra stress on joints, which can accelerate any kind of arthritis once it has started to develop.

More Than Arthritis

Many people — Hispanics included — don't understand that arthritis can be much more than a few aches and pains. Not only do people of color have higher rates of arthritis than white people, they also have a higher risk of developing conditions that often accompany arthritis, including diabetes, cardiovascular disease and depression. For example, the risk of knee osteoarthritis increases in Hispanics due to a high rate of obesity, says Dr. Geraldino-Pardilla. Some of these conditions have some of the same risk factors, such as physical inactivity, poor nutrition and lack of preventive health care, which can lead to multiple disorders.

Cultural Traditions

In addition to other barriers to seeking medical care, a culture of machismo makes some Hispanic and Latin people reluctant to show or admit weakness or pain. Plus, tradition as well as the expense of medical care lead many to try home remedies or seek treatment advice from friends and family who have had similar symptoms rather than going to a doctor. Some turn to their faith or to “healers,” who promise to improve luck, health and finances through spiritual cleansing and prayers.

Others may choose alternative or complementary treatments, such as acupuncture, chiropractic or homeopathic care, which are often less expensive than seeing a medical doctor. Some of these therapies may help with pain management, but they will not stop or slow the disease itself.

Don't Go Without Insurance

Having insurance is important in the U.S., and there are several ways to get it. Many larger employers offer some health insurance options and pay for a portion of it. But people who are self-employed or in certain jobs may be uninsured unless they buy it on their own or through the Health Insurance Marketplace. This federal program offers various plans, but they differ from state to state. Costs also vary. You can find options at [healthcare.gov](https://www.healthcare.gov). Navigators who speak Spanish are available to help you understand how it works and assist you throughout the process.

Medicare and Medicaid are government insurance programs provided by the federal government to those who qualify — generally seniors, people with disabilities and certain low-income people. Not all Hispanics who live in the country qualify.

Take Control of Your Health Care

The sooner your arthritis is diagnosed and you begin receiving treatment — especially for inflammatory forms, like lupus and rheumatoid arthritis — the more likely you'll be able to get it under control so you can continue living the life you want. In some cases,



early diagnosis and treatment may even lead to remission, so it's important to see a doctor when you begin having symptoms.

If a doctor has told you that you have arthritis or if you think you might, learn all you can about your arthritis and treatment options, and find a doctor you are comfortable with. It should be someone you can talk openly with, who listens well and with whom you have a good relationship.

“It's a good idea to have a family member or friend accompany you to your appointment, and to bring questions in writing. The amount of information can be overwhelming, especially during the first consultations,” suggests Dr. Geraldino-Pardilla. Ask for an interpreter if it would help you communicate your needs or understand the doctor's responses. And don't hesitate to let your health care providers know what you need, whether it's trying a new medicine to replace one that isn't working for you, or getting a referral to a physical therapist to help you get back to playing with your children or grandchildren.

Be sure you understand and stick with your treatment plan. Do not skip doses of drugs or take someone else's.

Although it has no cure, arthritis can be controlled, and patients can lead active and fulfilling lives.



MY STORY

Mara*: Managing Pain Physically and Mentally

Mara never imagined that her job as a nursing assistant would put her at risk for arthritis. After leaving her native Ecuador, she got a job at a hospital in Atlanta, Georgia, where she worked for 16 years.

In 2012, she began to notice stiffness in her hands and aching in her back. Her doctor recommended over-the-counter anti-inflammatory medications and a gel for pain, and a chiropractor prescribed a lidocaine patch, which she found helpful.

But one day in 2014, Mara was helping an overweight patient transfer from a wheelchair to a car — a task she is trained for — when the patient suddenly leaned back, throwing Mara’s back out. “It was awful,” she recalls. “I was in agony!”

After Mara saw several doctors, an orthopedist ordered an MRI, which revealed scoliosis (a curvature of the spine), two herniated discs (where the cushioning discs between vertebra slip out, causing compression of the nerves), as well as stenosis (narrowing of the spinal canal) and degenerative disc disease, which are both arthritis-related.

Working with the orthopedist and a pain management specialist, Mara tried various pain therapies. “I had dry needling for shoulder spasms and epidural injections in my spine. It was temporary relief,” she says, but she stopped the injections because, “after two weeks, the pain came back and sometimes it was worse,” she says.

“For two years I went to a physical therapist, and the pain management specialist recommended that I do aquatic exercises that helped me a lot,” says Mara, who also regularly visits her chiropractor.

In addition, she says, “A friend told me about [Dr. Paul Lam’s Arthritis Foundation tai chi video](#), where he claimed to have relieved the pain with its exercise, so I decided to give it a try. I liked it so much that I signed up for classes at a qigong and tai chi academy. I learned a lot about internal energy and what *chi* is, and when I mentioned it to my doctor, he told me to continue practicing whatever helps me. To date, I practice both disciplines daily.”

“DON'T IGNORE THE DISCOMFORT, BECAUSE IT CAN GET WORSE.”

Mara began to explore other philosophies and the mind-body-spirit connection. She studied meditation and religion and, having grown up in an Adventist family eating a plant-based diet, “I decided to return to my customs

and discovered the multiple benefits of these disciplines. You have to be brave and face a life change,” she says. “I feel very grateful to God and the medical staff who have helped me so much.”

Her advice for others? “Don’t ignore the discomfort, because it can get worse. If you do, you could stop moving your joints and be disabled for life. I realized that by modifying my diet, meditating, exercising and following my complementary therapies, I no longer needed so much medicine. And they also give me a

*The last name has been withheld at the subject’s request.

When Should You Seek Medical Advice?

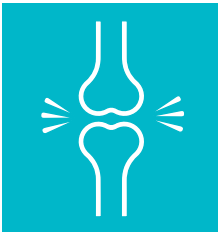
If you have nagging joint pain that lasts for at least three days in a week and occurs more than three times a month, you may have arthritis. But different types of arthritis start with different symptoms. Make an appointment with your primary care doctor to discuss your symptoms.

- Untreated arthritis can cause permanent joint changes, including disfigurement. These deformities may be visible, but in many cases the damage can only be seen by X-ray or MRI.
- Ignoring inflammatory arthritis may result in damage to the heart, lungs, kidneys, digestive tract, eyes or skin. It's important to report any symptoms to your doctor, even if they don't seem related to

arthritis. Some effects, such as bone-thinning or changes in kidney function, have no symptoms that are immediately noticeable, so your doctor may order lab tests or additional checkups.

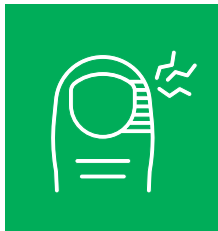
- Lupus, which is more common in Hispanic people and other people of color — especially women — than in whites, attacks the body's tissues and organs. With proper treatment, 80% to 90% of patients can live a normal life span. Those who do not seek treatment could have serious, even fatal, kidney and heart complications.
- Gout may be linked to cardiovascular and renal disease if left unchecked. Treatment can help prevent painful gout attacks and improve overall health.

RECOGNIZE THE WARNING SIGNS.



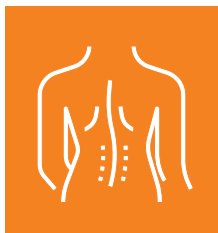
1 PAIN

Pain from arthritis can be constant or it may come and go. It may occur when you're at rest or while moving. Pain may be in one part of the body or in many different parts.



2 SWELLING

In some types of arthritis, the skin over the affected joint becomes red, swollen and warm to the touch. Swelling that lasts for three days or longer or occurs more than three times a month should prompt a visit to the doctor.



3 STIFFNESS

This is a classic arthritis symptom, especially when waking up in the morning or after sitting at a desk or riding in a car for a long time. Morning stiffness that lasts longer than an hour is good reason to suspect arthritis.



4 DIFFICULTY MOVING

It shouldn't be difficult or painful to get up from a chair or walk up and down steps. If it is consistently or repeatedly, then arthritis may be to blame.



Diagnosing Arthritis

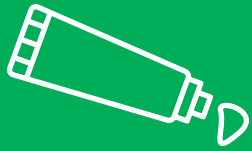
Once you recognize that your ongoing pain could be arthritis, you should make a doctor's appointment.

- Keep a journal about your symptoms: Write down when you feel pain, where you feel it, and what you are doing that may affect it. Take the journal with you when you visit your doctor.
- Be prepared to talk to your doctor about your family history of arthritis.
- Your primary care doctor may diagnose your disease or send you to see an arthritis specialist, such as a rheumatologist or orthopedist.
- The doctor will check your joints and may order X-rays, MRI or blood tests.

Treating the Disease and Easing Pain

Treating inflammatory forms of arthritis, like rheumatoid arthritis, juvenile arthritis, ankylosing spondylitis, psoriatic arthritis and others, requires medications that will slow or alter the disease process itself, not just the symptoms. You will need to work with your doctor and probably try several different disease-modifying antirheumatic drugs (DMARDs) — a conventional one, like methotrexate; a biologic, like etanercept or infliximab; or a targeted DMARD, like tofacitinib — to find the right one for you.

For pain relief, exercise and weight loss are the best therapies, particularly for osteoarthritis. But you may want to try other methods, too. It's important to have a comprehensive plan. Applying heat or cold to sore joints provides short-term relief. There are also topical treatments, pills and joint injections; knowing their pros and cons can help you make the right choices.



TOPICALS

Before you try pills, experts say you should try topicals for your osteoarthritis (OA) pain. Those containing nonsteroidal anti-inflammatory drugs (NSAIDs), such as diclofenac, are available by prescription in liquid form and patches. Diclofenac gel is available over the counter without a prescription. Studies show these medications can relieve knee pain as well as pills in many cases, and with fewer side effects.

Other over-the-counter arthritis topicals contain “counterirritant” ingredients, such as capsaicin, camphor, menthol or lidocaine, that numb the area. They can be used for as long as needed.

Topicals may also help ease joint pain from other forms of arthritis, in conjunction with medications that treat the disease process itself.



PILLS

Nonsteroidal Anti-Inflammatory Drugs

NSAIDs are the most effective oral medicines for OA and are often used for symptom relief in other types of arthritis. They include ibuprofen (*Motrin, Advil*) and naproxen (*Aleve*) over the counter and diclofenac by prescription. These help ease pain and swelling, but they also may cause intestinal bleeding. NSAIDs also increase the chance of heart attack, stroke and heart failure. The risk increases the longer you use them and the more you take. Celecoxib (*Celebrex*) is an NSAID that’s less likely to cause gastrointestinal bleeding but may cause heart problems. You and your doctor should weigh the benefits and risks of NSAIDs.

Acetaminophen

For years, doctors recommended acetaminophen (*Tylenol*) for OA pain, but recent studies suggest that it does little to relieve it. The 2020 American College of Rheumatology (ACR) treatment guidelines, developed in partnership with the Arthritis Foundation, don’t recommend it unless you can’t use NSAIDs, but some people find it helpful. Acetaminophen may harm your liver, so use it only as needed and as instructed.



JOINT INJECTIONS

Corticosteroids

Injections of corticosteroids (steroids) into an affected joint reduce inflammation and pain from a few days to a few months. But side effects can occur, and too many shots may cause damage. After the first shot, the others may not work as quickly or as well.

Hyaluronic acid (HA)

This acts like the fluid that lubricates your joints. While research is mixed on whether HA shots really help, experts say they rarely cause harm. Pain relief may last up to six months for the knee or shoulder. ACR guidelines do not recommend HA injections because proof that they work is limited. However, it is up to the doctor and patient to discuss and decide.



MY STORY

Edwin Segarra: Coping by Giving Back

Some of Edwin Segarra’s first childhood memories as a toddler were doctor’s appointments, tests and physical therapy. He did not understand why his feet and back hurt so much.

When he was 7, his family moved from his native Puerto Rico to Lowell, Massachusetts, where he was diagnosed at age 8 with scoliosis, a curvature of the spine that causes pain and often leads to arthritis and neurological damage. With medical treatments, he was able to be an active kid, he recalls, “playing all kinds of sports like basketball, soccer, tennis and running 5K races.”

But as an adult, Edwin’s work conditions aggravated his health. “My 30-plus years of work consisted of sedentary production work. Standing and sitting too long devastated me and my body,” says Edwin, who also has been diagnosed with osteoarthritis and neuropathy (nerve-related pain).

During the first two years of the COVID-19 pandemic, he underwent two spinal surgeries. He was terrified. “I was not able to hold on to any type of employment, and 12 musculoskeletal surgeries were taking me to rock bottom.”

Not surprisingly, Edwin’s mental health deteriorated. He felt weak, had mobility issues, and at the same time he had to deal with doctors retiring, the challenges of the COVID pandemic, health insurance changes and personal challenges.

“Arthritis has stolen months, years and decades of my mental, physical and spiritual well-being,” he adds. “It breaks my heart. It has caused a strain between myself and my family members because it affects all of us in different ways and not everyone is willing to understand and accept,” he says.

Trying to control pain and fatigue is a continuing struggle but he manages daily by attending support groups, taking nature walks, meditating, reading and attending church regularly.

Edwin is grateful for the things he can do and for the people who have helped him. He is giving back by getting involved with the

Arthritis Foundation and other organizations to help others, especially Hispanics. He hopes that addressing issues like poor diet, language barriers and macho attitudes will encourage more Hispanics to be much-needed diverse participants in clinical trials, and to get the support they need with sensitivity to their cultural identity.

“BE PROACTIVE,
ASK FOR HELP, SEEK ALL
NECESSARY RESOURCES,
ASK QUESTIONS AND
DO NOT GIVE UP.”

Edwin maintains a positive attitude and leans on his spirituality to get him through tough times. “When you see the results, it’s all worth it,” he says.

His advice to Hispanics experiencing arthritis symptoms: “Be proactive, ask for help, seek all necessary resources, ask questions and do not give up. Create a good health care team and surround yourself with people who can provide support. Understanding what is happening to our mind, body and spirit will bring peace.”

Get Moving

Movement is the best medicine for arthritis. Stretching, strengthening and getting a cardiovascular workout pumps nutrients to joints, keeps them lubricated, strengthens muscles that support joints and keeps you flexible and limber. Plus, it's a natural way to feel better mentally.

A regular exercise routine is ideal, but any activity counts. Work it into your daily activities, like parking farther away from the door to increase your steps, take the stairs instead of the elevator, and do some stretches or lift some light weights while you're watching television. Get started with [Your Exercise Solution](#) videos from the Arthritis Foundation.

The hardest part is getting started, so find an activity you enjoy, whether it's walking, yoga or dancing. And ask a friend to join you or join an exercise group or class at your local community center, YMCA or church.

Make an appointment with a physical therapist to help you create a workout routine. They can also show you how to move with proper form so you don't injure yourself or further damage your joints. And if you're having trouble with daily tasks, like getting up and down from a chair or getting dressed, an occupational therapist may be able to suggest devices or techniques to make it easier and less painful.

Movement is Medicine

There are three types of exercises that can help arthritis:

- 1 **Stretching** or range-of-motion exercises help maintain joint movement and relieve stiffness.
- 2 **Strengthening** exercises help maintain or increase muscle strength.
- 3 **Aerobic** exercise helps maintain stamina, strengthen the heart and lungs and reduce fatigue.

Some examples: Tai chi and yoga help improve balance and range of motion and prevent falls. Walking at a brisk pace is an ideal low-impact aerobic exercise that is easy on joints and can also help build endurance. Plus, it doesn't require any special skills, it's cheap and easy to get started, and you can do it anytime anywhere. Take your dog on longer walks, or invite a friend or group of friends to go on regular walks to make them more enjoyable and to keep you accountable.

Find more ideas online or in the book [Walk With Ease](#).



Try tai chi and yoga videos for people with arthritis. And if bicycling is more your speed, try riding more and using the car less when running errands or visiting friends. Plan regular rides with friends, or even try a stationary bike. Swimming and exercises in warm water are especially good for stiff and painful joints. Water between 83°F and 88°F (28°C and 31°C) helps relax muscles and reduce pain, and its buoyancy supports the body, reducing stress on the hips, knees, feet and spine. You can do water exercises by standing in shoulder- or chest-deep water or sitting in shallow water.

Dancing for Health

The best way to stick with an exercise routine is to choose an activity you love. For many people of Hispanic and Latin descent, music and dance are cultural traditions and sources of joy, so this may be a great choice for staying active.



“Hispanics have music inside,” as the saying goes, and music and dancing are parts of any memorable quinceañera party, baptism or wedding. From Spanish flamenco to Argentine tango, Cuban salsa to Colombian Cumbia, there is a rhythm for you. If you want to learn, sign up for classes. If you already know how to dance, schedule it into your routine.

Dancing is an aerobic activity that can improve physical as well as mental health. Plus, it can help balance and coordination which reduces the chance of falls, it strengthens bones and muscles, and it reduces stress and boosts your mood.

Healthy Culinary Traditions

Many immigrants continue to eat the foods they enjoyed in their home countries when they arrive in the U.S. But as they adjust to American life, they often begin to adopt unhealthy American habits, eating fast foods and highly processed products, often in larger amounts than they were used to, which takes a toll on their health.

Research has shown that eating a so-called Mediterranean diet can help people with arthritis by reducing inflammation, maintaining weight and improving overall health. But a Mediterranean diet doesn't have to rely on foods from the Mediterranean region. It's more of a style of eating than a specific diet.

The **Mediterranean diet** is plant-based, emphasizing fruits, vegetables, nuts, seeds, legumes, olive oil, and some fish while reducing processed foods, sugars, unhealthy fats and red meats.

Although Latin American and Spanish cuisines vary quite a bit from region to region, many have a similar plant-based focus. With a few modifications for certain cultures, like swapping lard for olive or avocado oil and more fish for pork, people of Latin and Hispanic descent can stick with an anti-inflammatory, healthy diet while still enjoying the foods and flavors they're used to.

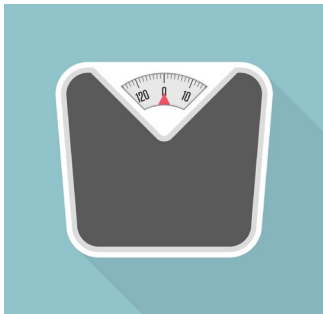
Monica Guma, MD, PhD, a rheumatologist and biomedical scientist at the University of California San Diego Department of Medicine, has researched the role of diet in people with arthritis. She and her team have modified a Mediterranean-style diet, eliminating certain so-called “nightshade” vegetables, gluten and sugars, and adding potentially anti-inflammatory ingredients like turmeric and ginger, green tea, miso or cultured yogurt and a particular vegetable smoothie. While more study is needed, this anti-inflammatory diet shows promise in helping reduce pain and inflammation in people with rheumatoid arthritis (RA).

Dr. Guma says 20% to 40% of those who follow this diet, called “**TTIS**,” notice improvements and consequently take fewer pain-relief and arthritis drugs. It also helps lower the risk of other disorders, such as diabetes and heart disease, she adds.

“Fortunately, many Hispanic women like to cook and keep the habit of sitting around the table with the family to eat as part of their culture,” Dr. Guma says. This makes it easier for women, who make up 95% of patients with immune diseases, to eat a proper diet, which benefits everyone.

Weight Matters

A healthy weight comes in many sizes, but carrying excess weight wears down joints and drives inflammation in the body that fuels arthritis and other diseases. Making some healthy lifestyle changes, like adopting a more plant-based diet with fewer processed foods and getting more physical activity, can help reduce weight and improve overall health and wellness.



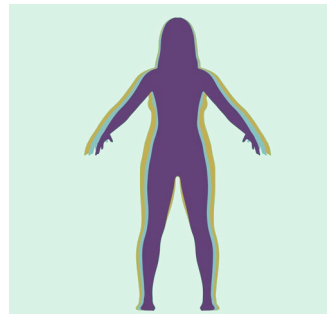
Reduce pressure on your joints.

A key study published in *Arthritis & Rheumatism* of overweight and obese adults with knee osteoarthritis (OA) found that losing one pound of weight resulted in four fewer pounds of pressure on the knees.



Ease pain.

Multiple studies show that losing weight results in arthritis pain relief. A 2018 study published in *Arthritis Care and Research* went further, finding that more weight loss — to an extent — results in more pain relief. The study of overweight and obese older adults with pain from knee OA found that greater weight loss resulted in better outcomes than losing a smaller amount of weight. Losing 10% to 20% of one's body weight improved pain, function and quality of life more effectively than losing just 5% of body weight.



Reduce inflammation.

Fat itself is an active tissue that creates and releases proinflammatory chemicals. By reducing fat stores in the body, your body's overall inflammation will go down. A 2018 article published in *Autoimmunity Reviews* explained that obesity can activate and sustain body-wide, low-grade inflammation that drives autoimmune arthritis as well as diseases that often accompany them, or "comorbidities," such as heart disease.



Lower uric acid levels and chance of gout attack.

A 2017 analysis of the 10 studies, published in *Annals of the Rheumatic Diseases*, found that weight loss was beneficial for obese or overweight people with gout. Overall, people who lost weight had lower serum uric acid levels and fewer gout attacks.

What Else Can You Do to Take Control of Your Arthritis?



A GOOD NIGHT'S SLEEP

As many as 80% of people with arthritis have trouble sleeping. Dozing off and staying asleep while in pain can be a tall order. Yet getting restful sleep is vital to protecting your health and managing arthritis. Research has found that poor sleep can make your joint pain worse, and even increase the likelihood that you may become disabled or depressed.

“Patients often attribute sleep problems to pain,” says Yvonne Lee, MD, a rheu-

matologist at Northwestern Medicine in Chicago. “While pain can certainly contribute to sleep problems, the more we learn about sleep, pain and inflammation, the more we find the relationships are likely to be multidirectional.”

People with arthritis should strive to get eight to nine hours of sleep each night so that their immune system works optimally and they can recover from any new injuries.



COMPLEMENTARY REMEDIES

Herbal remedies have been used to treat disease since the origins of medicine. Arthritis is no exception. Curcumin or turmeric, ginger, *Boswellia serrata*, avocado-soybean unsaponifiables (ASU) and CBD all have some evidence of benefits for arthritis.

CBD comes in the form of edibles and liquids and is also commonly found in creams and other topicals. While there is some evidence that it might help pain, you should not use this or other natural remedies in place of your prescribed medicine.

CBD products vary in dose and strength. They are also expensive, so using them on a regular basis may not be the best use of your arthritis-care dollars.

Herbal and vitamin supplements as a whole in the U.S. are not well regulated, so you may not be getting what you think unless you buy a reputable brand. Before trying any supplement or other complementary therapy, such as acupuncture or massage, consult with your doctor to make sure it does not interact with your other treatments or medications.



JOINT SURGERY

If joint pain is severely interfering with your ability to function and quality of life, it might be time to consider joint surgery. Making an appointment with a surgeon doesn't automatically mean that you'll have surgery. You can meet with the surgeon to discuss your options.

Talk to your doctor and ask about all options. Consider your goals — do you need to return to a job that's physically difficult or do you just want to be able to

have fun with your kids and grandkids? Then discuss with your doctor what option might be best for your needs. Sometimes surgery is the right choice to regain function that you've lost, or maybe physical therapy is what you need.

Your doctor's role is to hear your concerns and needs, explain your options and help you select the best course for you with your input — not to dictate what your treatment must be.

Protect Your Emotional Health

Living with arthritis can be difficult and stressful, and anxiety and depression commonly occur with arthritis. The disease can affect your whole life, your ability to do the things you need and love, your financial stability and job security, as well as your relationships. So taking care of your mental and emotional health is as important as your physical health.



Many Hispanic people aren't comfortable talking about mental or emotional health issues, and machismo can prevent people — especially men — from admitting they are struggling. But poor mental health can also lead to worse physical health and vice versa.

Your doctor can refer you to a specialist to help you cope with pain, fatigue, physical limitations, negative emotions, and the effects of medical treatment.



Faith and religion are a significant part of Hispanic culture, and may be important for their health, too. Hispanic shops, houses and even vehicles display small altars and religious images, such as the Virgin of Guadalupe. According to Pew Research, more than 90%

of Hispanics identify with some religion, and even more believe that God can reward them with health and prosperity. Research has found that faith and spirituality may have tangible health benefits, such as shorter hospital stays.



Family is also integral to the Hispanic culture. Although this population generally has less access to health care, education and income, Hispanic Americans tend to live longer than white Americans. Some research suggests that, although they may develop chronic conditions because they don't seek timely medical care, they have family members to care for them because they often live in multi-generational homes. In general, Hispanic families are larger and have strong bonds, which is a great advantage when a member experiences difficulties or falls ill. Having a cohesive family also provides social support that prevents some of the mental and emotional tolls white Americans deal with when they have chronic conditions like arthritis or as they age.



When you are diagnosed with arthritis, your journey begins.

There is no cure for arthritis, but there are many effective treatments. Do some research to understand your arthritis. Find a community that understands you. The Arthritis Foundation offers a Helpline, support groups and other resources in Spanish so those living with arthritis don't need to feel isolated. Use these resources to learn more about arthritis:

[Helpline at 800-283-7800](tel:800-283-7800)

Our team of trained staff and a certified clinical social worker understand arthritis and have helped thousands of people. We have bilingual experts who can help you. After reviewing your questions, we can refer you to one of our arthritis volunteers. Each volunteer has been trained to listen and to be supportive and helpful. Call us now.

Espanol.arthritis.org

On the Arthritis Foundation's Spanish-language website, Spanish speakers can access valuable information and resources about their diagnosis, treatment options and much more in their language or in English. Click the Spanish or English button at the top of each page to see each version.

[Brochures in Spanish](#)

Order Spanish-language brochures for free at our online store.

[Educational Webinars](#)

Watch our free webinars, including [Arthritis & the Hispanic Community: Powerful Solutions for Better Care](#) and others. And sign up for future webinars.

[Live Yes! Connect Groups](#)

Join our support groups. We have national, virtual groups, like our Hispanic Connect Group, as well as local, in-person groups. Meet other people dealing with similar arthritis-related challenges and find the support you need.

[Walk With Ease](#)

This Arthritis Foundation program has been proven to help reduce arthritis pain and improve overall health. The six-week program teaches you how to safely make physical activity a part of your everyday life. The program includes a walk guide and calendar to get you moving safely toward better health.

[Clinical trials.](#)

Join in a clinical trial to broaden diversity and equity and advance research. You'll be helping others as well as yourself. Search for arthritis-specific clinical trials based on your arthritis type and location.

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