

HEALTH FOCUS ARTICLE  
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## **Arthritis Pain? Stay in Control**

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Pain is a universal experience. Burn your finger or sprain your ankle, and you feel enough pain that you limit your use of that part of your body until the injury heals.

That kind of short-term response, known as acute pain, protects the body from further harm. Chronic pain, such as that suffered by an individual with arthritis, is a totally different matter. Whatever caused the injury—if you indeed know what it was—is in the distant past, and the pain continues to dog you, long past any reasonable healing period. It's hard to avoid limiting your use of the swollen, aching joint, and that only seems to make the pain worse.

About a third of the world's population suffers from arthritis—a term covering more than 100 disorders associated with stiff, swollen, painful joints. By far the most common is osteoarthritis, a condition in which the cartilage on the tips of bones begins to wear away, eliminating the protective cushion in a joint and resulting in pain that persists and gets progressively worse as the bones grind against each other.

While rheumatoid and other forms of arthritis may occur much earlier in life, osteoarthritis is a frequent cause of pain and disability in seniors. About a third of Americans age 65 and over but as many as 80 percent of those over age 70 have osteoarthritis.

When arthritis pain first occurs, it can often be managed successfully with acetaminophen (Tylenol), aspirin or over-the-counter nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Motrin, Advil) and naproxen (Aleve). Eventually, more powerful prescription NSAIDs such as indomethacin is required.

When taken in large doses over the long term, NSAIDs can lead to ulcers and gastrointestinal problems. Newer drugs, COX-2 inhibitors, were developed to avoid these side effects, but these medications have recently been linked to

Cardiovascular problems. With Vioxx and Bextra removed from the market and new warnings placed on Celebrex, persons suffering from the chronic pain of arthritis are looking for other answers.

Other types of drugs, including opioids, are available, but whatever medications are required, treatment of arthritis always requires a comprehensive approach to pain management.

**THERMOTHERAPY:** Hot baths, heating pads, hot water bottles, heat wraps—all are ways of reducing inflammation by increasing blood flow to arthritic joints and decreasing stiffness and pain.

A warm towel or hot pack wrapped directly around an inflamed joint after a hot shower or bath can have a soothing effect. A therapeutic heat wrap produces a low level of heat therapy that is safe even during sleep. A heating pad, on the other hand, may cause burns if the patient dozes off during use.

As with soft tissue injuries, cold packs and ice are also effective ways of reducing inflammation, swelling and pain.

The effects of both heat and cold therapy vary with the type of arthritis, however, so it's important to talk to your doctor about which therapies are right for you.

**TOPICAL ANALGESICS:** Pain killing products applied directly to the skin include warming ingredients such as methyl salicylate and cooling ones such as camphor and menthol. These work mainly by giving an illusion of warmth at the surface of the skin.

**EXERCISE:** Exercise rarely sounds appealing to anyone with aching joints, but it is a crucial part of treatment. The right kind of exercise program can improve circulation and range of motion and stretch and strengthen muscles so they put less strain on joints. Exercise also lifts mood and activates the body's natural pain fighting chemicals.

Any activity that causes pain in a joint while it's being used or for a few hours after exercise is harmful and should not be continued. Joint protection is essential, but that can be accomplished without giving up exercise.

If you have osteoarthritis of the knee, running is considered too high impact, but a recumbent exercise bike or a rowing machine might give a comparable lower body

workout that does not overly stress the joint. Such decisions should, of course, be guided and monitored by a doctor or exercise therapist.

**WEIGHT LOSS:** It makes sense that excess weight puts undue stress on weight-bearing joints, but weight loss may offer other benefits to arthritis patients. One study found that patients who lost as little as five kilograms had a 50 percent decreased risk of disease progression.

At least some of this risk reduction may come from following a healthy diet.

**MASSAGE, TAI CHI, YOGA** is ways of relaxing muscles that can become overly tight with chronic pain, creating additional stress for aching joints.

Assistive devices such as splints and braces can be helpful in allowing you to perform every day activities. But again, it's important to consult your doctor about which are most likely to be beneficial and how and when they should be used.

**DEPRESSION TREATMENT:** Chronic pain and depression often co-exist, and the cause-effect relationship is not always clear. Treating depression, however, has been found to have a direct effect on pain.

In a study of 1,801 depressed adults age 60 and over, 1,001 were found to have arthritis as well. These subjects were then placed in two groups—one receiving usual care (often including antidepressant medication) and the other getting a combination of antidepressant drugs and six to eight sessions of psychotherapy. Over a one-year period, subjects getting intensive depression management showed improvement in depression scores while having lower pain intensity and an improved ability to handle every day tasks.

Generally, patients seeing the greatest improvement in depressive symptoms also had the greatest reduction of pain. The biggest difference between the two groups was the use of psychotherapy, which, according to the authors, “may have not only alleviated the patients’ depression but also given them tools and hope for living with chronic pain.”

If you deal with arthritic pain on a daily basis, you know that it's important not to let it rule your life. No one thing you can do will eliminate the pain, but it's important to have a plan for re-establishing control.

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