

Arthritis
Ireland



Living with Osteoarthritis



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Osteoarthritis is a disease of the joints affecting almost everyone as they get older but younger people may develop it.

Those affected will experience some degree of discomfort in affected joints, and some people will find that the range and ease of movement in affected joints is bothersome.

Osteoarthritis cannot be cured, but an early diagnosis can help in slowing progression of symptoms. There are approaches, both medicine- and non-medicine based, that can provide relief of symptoms.

Osteoarthritis and osteoporosis are unrelated conditions. Osteoarthritis is a condition of the joints, whereas osteoporosis is a condition that affects the inside of bones. It causes bones to become fragile, so they break more easily.

As this booklet explains, there is a range of treatments to try and there is a lot you can do to make day-to-day living easier.

Introducing osteoarthritis

What is osteoarthritis?

Osteoarthritis (OA) is a condition that usually develops gradually, over several years. It affects a number of different joints. For some people, the changes are so subtle and develop over such a long period of time that they are hardly noticeable. But others may experience gradually worsening problems, including pain and restricted movement, particularly in large joints such as the hip or knee. You may have to see the doctor from time to time to discuss your condition and your treatment.

Although there is a connection with the ageing process, doctors and researchers are trying to identify what factors in this process trigger the disease. In the last decade, there have been significant advances made in understanding the processes that contribute to osteoarthritis and over the next decade, these new insights will hopefully lead to better treatments.

**We do not yet
know the causes
or the cure for
osteoarthritis.**



What happens in osteoarthritis?

Healthy cartilage – the protective layer that covers the bone end in the joint – is very smooth, strong and flexible. It absorbs the stresses put on a joint and allows the bones to move smoothly over each other.

In osteoarthritis, this becomes pitted, brittle and thin, and, over time, can wear out completely. When the cartilage deteriorates, the bone underneath thickens and broadens out.

Over time, the joint fluid, which functions as a lubricant, can deteriorate in quality. The joint lining (synovial membrane) that makes the joint fluid can become inflamed and swollen.

These processes, combined with thinning cartilage, affect the smooth movement of the joint, and contribute to pain, stiffness and joint swelling. Bony spurs can develop around the joint, causing it to change shape and appear knobbly.

At the same time, the joint capsule becomes thicker and the amount of synovial (lubricating) fluid can increase, often causing the joint to swell. It may also become stiff and painful to move.

Causes of osteoarthritis

There is no single trigger identified that causes osteoarthritis, however, there are definite risk factors.

Age

People usually develop osteoarthritis after 40 years of age, and although it is uncommon before the age of 40, young people can develop it.

The reason for OA affecting older people isn't precisely known, however, degeneration in the quality of cartilage or joint fluid might be a factor relating to age. Impaired healing related to age might also contribute whereby small injuries to the joint structures trigger a degenerative process. Reduced strength in the muscles surrounding affected joints might also be related to age, for example, a weakened thigh muscle (quadriceps) can contribute to knee OA.

Genetics/heredity

One common form of osteoarthritis – nodal osteoarthritis – runs strongly in families. This particularly affects the hands of middle-aged women. In other common forms of osteoarthritis, heredity plays a small part compared with obesity, ageing and joint injury.

There are some very rare forms of osteoarthritis that start at a young age and run in families and these are linked with single genes that affect collagen – an essential component of cartilage.

While traditionally OA has been referred to by health professionals and lay people as “wear and tear”, this description is now felt to be inaccurate. Studies of people who have led very similar lives show some will have virtually perfect joints, while others have quite severe osteoarthritis. Therefore, it seems there must be an inbuilt susceptibility to, or protection against, osteoarthritis.

Gender

Osteoarthritis is more common and often more severe in women, especially in the knees and hands. It often starts after the menopause.

Obesity

Being overweight is a significant risk factor for developing OA, particularly in the knee and hip, but also the hands. It is thought that excess fatty tissue in the body creates an environment that has a toxic effect on the small joints of the hand.

Joint injury

A major injury or operation on a joint may lead to osteoarthritis at that site later in life.

Normal activity and exercise are good for the joints and do not cause osteoarthritis. However, very hard, repetitive activity may injure joints. Exercising too soon after an injury has had time to heal properly may also lead to osteoarthritis in that joint later on. It is always best to check with your doctor or physiotherapist when it is safe to exercise after you have sustained an injury.

“I know it’s best not to be overweight with OA, but it’s difficult”

Joint alignment

The alignment of the bones making up the joints can be a cause for developing OA in affected joints later in life. This is commonly seen in the knee where someone is “knock-kneed” (valgus alignment) or “bow-legged” (varus alignment).

Occupation

Certain occupations can place excessive loads on the joints resulting in OA in later years. Jobs with repetitive knee bending can result in knee OA, while heavy manual labour might predispose to hip OA.



Myths about osteoarthritis

Osteoarthritis does have other causes – we just don't know what they are yet. But we do know enough to correct some myths. Although there is no evidence to support the claim that weather makes arthritis worse, many people find that their joints often tend to feel worse when the atmospheric pressure is falling, for example, just before it rains.

However, although the weather may temporarily affect symptoms, it does not cause arthritis. Warmer regions in the world do not have lower incidences of arthritis than colder regions. Osteoarthritis occurs all over the world, in all types of climate.

While some types of arthritis – gout for example – are directly affected by diet, there is no evidence that a particular diet will eliminate the condition. However, some people claim certain foods make their pain or inflammation worse. It is very important to keep your weight as close as possible to the ideal for your height and age. Excess weight compounds the problem by putting extra strain on damaged joints. It is also important to eat a balanced diet to nourish muscles, cartilage and bone. This will reduce the risk of osteoarthritis.

One of the biggest myths is that exercise is bad for your joints. Numerous studies have shown that exercise is a better reliever of pain than commonly used painkillers in knee OA. Exercise has been shown to improve the health of joint fluid and also strengthens supporting muscles around arthritic joints. However, the type of exercise undertaken is key.

Which joints are affected in osteoarthritis?

When weight-bearing joints are affected by OA, such as the spine, hips, knees or ankles, mobility can become difficult. Pain can vary in severity and can be so mild that many people don't even notice it, or so severe that mobility and quality of life is affected.

The spine and weight-bearing joints such as the knees, ankles and hips are most frequently affected by osteoarthritis, making mobility difficult.

Osteoarthritis in the fingers, thumbs and wrists affects grip strength and the ability to perform everyday tasks such as opening jars, picking small things up, writing and doing up buttons.

Shoulder and elbow joints are also susceptible to arthritis although this is much rarer. Some people may experience a grinding feeling in the shoulder and a reduced range of movement. Elbows are very sensitive to injury so very mild arthritis here can lead to quite a significant loss of mobility.

What are the early signs and symptoms of osteoarthritis?

The early signs of osteoarthritis are so mild that they are often easy to miss. The main symptoms are stiff and painful joints, with the pain tending to be worse while exercising the joint and at the end of the day. Stiffness usually wears off after resting, but the joint may not move as freely or as far as normal and may 'creak' or 'crack' when moved. Muscle strengthening exercises can prevent the joint giving way. Symptoms can vary and you may have bad patches of a few weeks or months followed by better periods. You may

find that it depends on how much physical activity you do. Joints may appear swollen. In more advanced cases, there may be constant pain and everyday tasks and movement may become difficult.

It is important you visit your GP and don't ignore your symptoms, as early diagnosis may help prevent unnecessary damage.

How is osteoarthritis diagnosed?

Your GP will be able to assess whether you have osteoarthritis or whether your symptoms are due to another illness.

Your history

Your GP will begin by asking you to describe the symptoms, and when and how the condition started. Make sure you tell your doctor exactly how you feel, giving a good description of pain, stiffness and joint function, how they have changed over time and how your work and daily life are affected. Finally, you will be asked about any other medical conditions you may have and whether you are taking any medicines.

Physical examination

Your doctor will examine your joints and may check muscles, nerves and aspects of your general health, feeling for any bony swellings and creaking joints. They will also look for any restricted movement, joint tenderness and any thinning muscle, excess fluid or instability in the joints. You may be referred, after a time, to a physiotherapist or occupational therapist who can give you special exercises to do and advice on how to relax, overcome mobility problems avoid joint strain and cope with pain.

If your arthritis is severe, you may be referred to a hospital specialist such as a rheumatologist or an orthopaedic surgeon.

Testing for osteoarthritis

There is no blood test for osteoarthritis although you may be given one to rule out other types of arthritis. X-rays are often used to confirm that OA is the cause of pain in a joint(s). X-ray changes due to OA include bony growths/spurs called “osteophytes”, bone thickening beneath the cartilage layers and give an indirect view of how much cartilage “wear” has taken place. X-rays do not determine how much your arthritis will trouble you, an X-ray that shows severe changes does not necessarily mean that you will have a lot of pain or disability. Also, they may not show early osteoarthritis damage.

Communicating with health professionals

Your GP will be your main contact to do with matters concerning your treatment, and it is important to develop a good relationship to ensure that you are given the treatment that is most effective for you. Don't be afraid of asking questions if something is not clear. It may help you to write things down or to take a friend or relative with you. Doctors are often rushed, but it is important that you make the most of your consultations. This will help you understand and feel confident about any treatment you are given.

“I did a lot of research and spoke to the Arthritis Ireland Helpline before I went to my GP, it really helped me.”

You and your GP must work together to help you manage your arthritis and help you live as normal a life as possible. Ultimately, only you know how you feel and the difficulties you face.

Getting the most out of your GP appointment

It is a good idea to make a list of about four questions to ask your GP before your appointment in case your mind goes blank. If you feel that you need more time with your doctor, you can always ask for another appointment or perhaps book a double appointment. Your local surgery will be able to tell you about its rules. When you join a practice, you can ask at reception if a GP has a particular interest in arthritis.

Don't be afraid to discuss treatment options or to take on more responsibility for your own needs. It is worth reminding your GP of any other conditions you have or medications and supplements you are taking.

Treatment versus prevention in osteoarthritis

While it can be difficult to avoid, injuries to a joint can increase the risk of developing osteoarthritis in the same joint, years later. However, maintaining a normal weight for your height and body structure, keeping physically active and avoiding excessive stress on the joints as you get older, can reduce the severity and impact of osteoarthritis. Ways to reduce stress on the joints include:

- sticking to your ideal weight
- when exercising, try low-impact activity, such as swimming, pool-walking/running, walking, cycling/ exercise bike

- pacing yourself – instead of attending to the chores that need doing all at once spread them out
- wearing shoes with thick, soft soles can act as shock absorbers and reduce jarring
- using a walking stick can reduce the weight and stress on a painful hip or knee joint.

What can I do to manage my osteoarthritis?

There are many things you can do to help manage your arthritis:

- general exercise – keep moving. Don't be afraid to use your joints
- swimming in a heated pool can help
- massaging the muscles around the joints will help ease pain and help keep you supple
- mild to moderate disease can usually be managed with painkillers, such as paracetamol or ibuprofen (a non-steroidal anti-inflammatory drug). Make sure you follow the dosage instructions on the packet.
- A GP may prescribe a different non-steroidal anti-inflammatory drug (if this is appropriate for you) or a stronger paracetamol-based combination painkiller

Should your condition deteriorate to the point where your mobility is severely affected, you may be advised by your GP to see a rheumatologist for specialist advice on medical management, or an orthopaedic surgeon to discuss the possibility of joint replacement surgery.

“I took a friend to the surgery with me, to prompt me in case I forgot to ask anything.”

Treatment with drugs

The medication each person is prescribed and how often they take them differs depending on their disease type and on how they react to the drugs. Some of the most commonly used drugs for osteoarthritis are listed below.

Analgesics

These are pain-relieving drugs, such as paracetamol, that do not affect the arthritis itself, but help relieve the pain and stiffness. They come in varying strengths and the stronger ones are only available on prescription.

An anti-inflammatory gel or cream is the first analgesic to try. Most can be bought over the counter, but stronger gels require a prescription. They are safe with few side-effects and have been shown in some studies to be as effective as some anti-inflammatory tablets.

Capsaicin cream is another gel/cream therapy that works by creating heat in the skin overlying the joint, thus distracting from symptoms of pain. Some report benefits with capsaicin particularly those with thumb-based OA.

Paracetamol can also be used, which is available over the counter. It is regarded as a safe medicine with relatively few side-effects, however, in excess can damage the liver. Some patients report stomach upset. Never take more than the recommended dose and, if in doubt, talk to your pharmacist or doctor.

“Painkillers don’t remove the pain completely, but they alter the nature of it, making it more bearable.”

Paracetamol-based combination analgesics are also available on prescription. These usually contain opioids in low doses such as tramadol or codeine. Opioids are more likely to cause side-effects including constipation or dizziness.

Non-steroidal anti-inflammatory drugs (NSAIDs)

NSAIDs are the most effective painkiller in OA. They include a newer category of NSAID known as ‘Coxibs’ which have a lower risk of gastro-oesophageal side-effects such as heartburn and stomach ulceration. However, all NSAIDs are prescribed with caution because of the potential risk of kidney, liver, stomach or cardiovascular side-effects. They can also interact with blood thinning medication used in clotting disorders and cardiac diseases.

An NSAID gel or cream, however, is safe and is a useful first option for most people. If they are ineffective, an NSAID in pill form can be considered, however, this is best discussed with your doctor first. For many people suffering with OA, the benefit of the pain relief might outweigh the potential risk of an oral NSAID which again should be discussed with your doctor.

Looking after your joints

Most people can lead a full, active life with osteoarthritis by properly managing the condition and making small, common sense alterations to life. There are many things that can be done to help alleviate the symptoms and prevent the disease from progressing. Regular exercise, protecting the joints from further injury and maintaining an ideal weight through a healthy diet will all benefit you.

Inflamed or damaged joints need to be cared for and protected. Keeping healthy is part of this, but you also need to avoid straining joints by overdoing things or doing them awkwardly. You may have to give more thought to the clothes and shoes you wear, to the way you lift, grip and carry things or to the way you arrange your home or place of work. An occupational therapist can help with all of this.

Occupational therapists

Occupational therapists (OTs) can help if you are having difficulty with day-to-day tasks like washing, dressing, cooking and cleaning. They can also advise on your work environment. OTs are experts on what equipment is available to help you and where you can buy these items.

They may also be able to supply some of the more expensive items on temporary loan. Your GP or hospital consultant can put you in touch with an occupational therapist. This may be at your local hospital or they may at your local hospital, or they may visit you at home.

Arthritis Ireland run exercise programmes across the country called “Be Active with Arthritis” delivered by a chartered physiotherapist. For further information please visit the Arthritis Ireland website.

Exercise and rest - a fine balance

Exercise can be the furthest thing from people's minds when they live with pain on a daily basis. However, for people with arthritis, the benefits of exercise are enormous. Exercise protects joints by keeping the muscles strong and keeping you mobile. Exercise has been shown to be at least as good as NSAIDs at relieving pain in knee OA. It can also complement a healthy diet to help with weight loss, taking further stress of painful joints.

Change the way you move

- spread the load – use both hands to lift and hold, for example
- shift rather than lift – slide heavy pans along a kitchen top
- use larger, stronger joints – rather than pushing a door open with your hand and wrist, use your shoulder or hip
- don't grip things too tightly – choose a fatter pen for example. Hold it as loosely as possible or expand the grip with padding
- change positions often – shift position or stretch every half an hour
- watch your posture – slouching can add strain on muscles and joints.

Exercise won't make your arthritis worse – as long as it is the right sort. The wrong sort of exercise could put strain on your joints and damage them further. Ask your GP whether it is appropriate for you to be referred to a physiotherapist, who will help you work out a programme combining flexibility (range of movement), strengthening or aerobic exercises.

Range of movement

Range of movement (ROM) exercises form the backbone of every exercise programme. Everyone should do these as they help maintain flexibility and are important for good posture and strength. The exercises involve taking joints through their full range of movement and then easing them a little further. ROM exercises are done smoothly and gently so they can be done even when in pain.

Strengthening

Strengthening exercises are especially beneficial, because they help to strengthen the muscles, which move, protect and support your joints. Many people become less active when they develop arthritis because of the pain and fear of causing damage. This can lead to muscle wastage and weaker joints. By developing strong muscles, joints become more stable and activities such as walking and climbing stairs are easier. Start slowly, gradually building up the repetitions. As the muscles get used to doing more, they become stronger. The type of exercises you do will depend on which joints are affected and how severe your condition is. Always check with a doctor or physiotherapist before starting a regimen.

Visit www.arthritisireland.ie/physical-activity for more information

Aerobic

Aerobic just means exercise that raises your heart rate. This type of exercise burns off calories, speeds up the body's metabolism, helps maintain a strong heart, lowers blood pressure, reduces cholesterol and helps muscles work more effectively. It also helps control and reduce weight, improves sleep, strengthens bones, reduces depression and builds up stamina. The best forms of aerobic exercise for people with arthritis are low impact exercise such as walking, cycling, and water-based activity.

To get benefit, aerobic exercise should be done for a prolonged period (20-30 minutes) two to three times a week, however, if you are not used to regular exercise, this target of 20-30 minutes needs to be slowly worked up to.

Set small but attainable goals initially, for example walking 3-5 minutes on day 1, and repeating that 2-3 times in a week for 2 weeks, and each week or two thereafter, increase the duration of exercise by 3-5 minutes. You are at a good level if you start to sweat and can still hold a conversation at the same time. Check with a doctor before beginning any regimen.

These exercises done correctly and consistently will provide some relief from the pain of arthritis, help with good posture, and increase your energy and vitality. Excessive pain after exercise might occur if the duration of exercise is prolonged, if the person hasn't gradually built up their regimen or if the technique used in the exercise is incorrect. Post-exercise pain can be managed by icing the painful joint(s) (eg using a packet of frozen peas wrapped in a damp cloth) and taking a painkiller before or immediately after exercise.



Warm water exercise

Gentle exercise can be carried out in hydrotherapy pools that will usually be heated to round 34 degrees centigrade. The warm water soothes the joints, relieves stiffness, and promotes better blood circulation. The water enables gentle and low-impact exercise, and also offers the resistance needed to keep muscles and joints in shape.

As with any exercise programme, consult your GP before you begin this type of exercise. It is very important not to overdo things. Rest your joints – especially when they are inflamed or particularly painful. Resting painful joints will make them more comfortable, but too much may make them stiff. You need to strike a balance between rest and activity.

Because the water supports your weight, the range of movement in your joints should increase and pain decrease. Most hydrotherapy pools range in depth and if you cannot lower yourself into the water, there will usually be a hoist.

A healthy diet

Your body needs a range of nutrients, so make sure you eat a healthy, balanced diet. Include lots of fruit, vegetables, pasta, pulses (such as beans and lentils), fish and white meat. Try to also cut down on sugary and fatty foods.

There is no evidence that particular food groups or nutrients cause OA. However, many people claim that certain foods help ease their joint pain, while others claim that eliminating certain foods from their diet is helpful.

If you can work out which food is the trigger, talk to your doctor for advice. It is important you don't miss out on essential nutrients. Research in this area is complicated and much more needs to be done. If you are considering a diet, talk it over with your doctor or dietitian first. Beware of diets that claim to cure osteoarthritis, and never begin a diet that involves stopping medication without discussing it with your doctor.



Supplements

People with arthritis often take a huge range of supplements including herbal remedies, homeopathic medicines, vitamins, minerals and dietary supplements.

The evidence that supplements help pain and joint function is weak. This is because many of the scientific studies have significant flaws in the ways they were carried out, meaning that results need to be approached with caution.

While fish oils can have a positive impact on cardiovascular health, the evidence for their role in helping pain in OA is inconclusive. Likewise, with glucosamine and chondroitin. Nonetheless, some people will notice a benefit from certain supplements and not from others. If you find a supplement that helps your pain, then it is probably safe to take it, but consult with your doctor or pharmacist first.

Before you start taking supplements:

- find out as much as you can
- remember that supplements will not cure arthritis
- check with your doctor or pharmacist for interaction with prescription drugs
- tell your doctor if you are taking any supplements and report any side-effects immediately
- keep a record of how you feel so you can see if they are having an effect
- buy brands from reputable manufacturers
- consider the cost – taking supplements can be expensive

Below are a few of the supplements most commonly taken by people with osteoarthritis.

Glucosamine

Glucosamine is popular with people who have osteoarthritis. It is a natural substance extracted from crab, lobster or prawn shells. While it does not cure arthritis, some people believe that it does help ease pain and stiffness, however there is not much scientific evidence to support this.

If you haven't seen an improvement after two months, it probably won't help you. There are no known major side-effects, but lesser ones include nausea and indigestion. Glucosamine, which comes in capsule form, is often taken in combination with chondroitin.

Chondroitin

Chondroitin sulfate exists naturally in our bodies and is thought to give cartilage elasticity and to slow its breakdown. In supplement form it is derived from the trachea of cattle or sometimes shark cartilage. Don't expect to see any improvement for at least two months. If you have severe cartilage loss you probably won't get any benefit. There do not seem to be any serious side-effects, but minor ones include nausea and indigestion. It could increase the chances of bleeding if you are taking any blood-thinning drugs. The long-term effects are not known.

Fish oils

Fish oils, like cod liver oil, might produce a modest improvement in joint pain. However, well-designed studies are lacking which could give us clear evidence of benefit. A daily dose can be taken but if no improvement in pain is seen after 3 months, it is unlikely to be of use.

Turmeric/curcumin

Turmeric (curcumin) is an Indian spice that has been used in the Ayurveda system of medicine for many years to treat inflammation. It works by reducing the inflammatory signals made by the immune system that can cause pain and stiffness. Theracurmin, a form of curcumin, may be more effective than curcumin, as might curcumin supplements with piperine added.

There have been studies conducted that have shown benefit in OA, however, better quality studies are needed to confirm how useful it might be. It may cause some gastrointestinal side-effects such as diarrhoea and could potentially interact with blood thinning medication, such as warfarin.

Pycnogenol

This is an extract from the bark of the pine tree, *Pinus pinaster*. Studies have shown significant benefit in terms of reducing pain and in improving mobility and joint function. A dose of 50mg two to three times per day seems to be most effective.

Boswellia serrata extract

This is a gum resin extracted from the frankincense tree which has anti-inflammatory properties. It has been shown to help reduce pain in OA, but more studies are needed to confirm this. 5-Loxin and Aflapin are two of the products studied containing boswellia serrata extract at doses of 50mg twice a day.

Injectable treatments

If initial measures to treat OA have failed, such as NSAIDs or exercise, your doctor might recommend a steroid injection into a problematic joint. These can be carried out by rheumatologists and by some GPs. When effective, they provide significant relief from pain and stiffness, however, many people report a benefit that lasts no longer than 4 weeks, while others can get months of relief. If a steroid injection is useful for someone, it can be repeated, however doctors prefer to limit the number of injections to 3 or 4 per year. There has been recent evidence to suggest that repeated steroid injections might accelerate cartilage degeneration, another reason to limit the number of steroid injections for an individual.

Hyaluronate

Hyaluronate or hyaluronic acid is a component of the lubricating joint fluid and cartilage. It has been available for injection for a number of years, however, doctors and surgeons debate how effective it is. It may have a greater benefit in those with patellofemoral OA (OA of the knee-cap joint) compared to other forms of OA. Hyaluronate injections are sometimes carried out by rheumatologists, orthopaedic surgeons and sports medicine doctors.

PRP (Platelet-Rich Plasma)

PRP is a newer therapy that has shown benefit in a number of studies although more studies are needed to confirm how useful it may be. PRP injection starts with a patient having a small sample of blood removed from a vein. This blood is then spun in a centrifuge device which causes the different blood cells to separate into layers. The layer containing blood cells called 'platelets' is removed into a syringe for injection into an arthritic joint. The platelets contain proteins called growth factors and it is speculated that these growth factors reduce inflammation and may even help repair

damaged joint tissue. PRP injections are not routinely recommended by doctors currently, but there are doctors who perform the technique in Ireland.

Complementary therapies

Many people with arthritis have tried a range of complementary therapies in addition to the conventional drugs prescribed by their doctor. However, what works for one person may well not work for another. There are a multitude of different therapies. Some are thoroughly reputable and are regulated by statutory bodies. Other therapies make highly dubious claims with little or no evidence to back them up.

Complementary therapies can generally be used alongside orthodox treatment, although doctors may vary in their attitudes to them. Any practitioner of these therapies who advises you to stop using conventional medications should be regarded with extreme caution. Complementary therapies do not offer a cure for arthritis. They can, however, help alleviate some of the symptoms such as pain and stiffness as well as dealing with some of the unwanted effects of taking drugs. Complementary therapies can play an important role in encouraging positive changes in lifestyle and outlook, such as increased self-reliance, a positive attitude, learning relaxation techniques and appropriate exercises. Lifestyle changes like these may help to stabilise or improve your arthritis.

**Visit Arthritis Ireland's
website for more information
on complementary therapies.**

Some of the most popular therapies are listed below.

Acupuncture may be useful for osteoarthritis. It aims to restore the natural balance of health by inserting fine needles into specific acupoints in the body to correct imbalances in the flow of energy, thereby relieving pain.

The Alexander technique concentrates on how you use your body in everyday life. By learning to stand and move correctly, people can alleviate conditions that are exacerbated by poor posture.

Aromatherapy uses essential oils obtained from plants to promote health and well-being. The oils can be vaporised, inhaled, used in baths or a burner, or as part of an aromatherapy massage.

Chiropractors use their hands to adjust the joints of your spine, aiming to improve mobility and relieve pain.

Massage can loosen stiff muscles, improve muscle tone, increase the flow of blood and lymph, and ease tension. A good massage leaves you feeling relaxed and cared for.

Osteopaths manually adjust the alignment of the body and apply pressure to the soft tissues of the body to correct structural and mechanical faults and allow the body to heal itself.

Tai chi is a non-combative martial art designed to calm the mind and promote self-healing through sequences of slow, graceful movements.

Finding a good therapist

Ask other people with osteoarthritis if they can recommend a therapist but remember that what works for someone else may not suit you. The Association of Complementary Health Therapists can also help you find a qualified therapist, www.irishtherapists.ie. Ask how much treatment will cost, and how many sessions you will need to feel a benefit. Ask if the therapist is a member of a professional body, what kind of training they have had and how long they have been practicing. Ask if they have insurance in case something goes wrong. They must take a full medical history.

Tell your therapist about any drugs you are taking, and your doctor about the therapy. Don't stop taking prescribed drugs without talking to your doctor first.



Surgery

While some people with arthritis will never need to have surgery, others find it is very successful in relieving pain caused by arthritis, improving mobility and reducing stiffness. Surgery is usually only considered after all other suitable treatment options have been explored and when the joint is badly damaged by arthritis. Surgery can be minor – to assess damage done or to smooth joints and repair cartilage (known as an arthroscopy), or it can be more intrusive – to replace or to fuse a joint.

There is a risk the operation won't work or will lead to further physical complications. Recovery may take some time and a lot of effort on your part. However, many people decide that the positive effects on their lifestyle will outweigh any risks. Having surgery could bring about a dramatic improvement in your pain levels and quality of life. Surgery can also prevent joints deteriorating further and prevent disability. Despite great progress with artificial joints, many people with osteoarthritis who have had surgery still live with difficulties and pain because of their condition.

“I still have a bit of pain since my op, but it doesn't limit me like it used to.”

Practicalities

Living with osteoarthritis may not be easy, but there are plenty of sources of help and there is plenty you can do to help yourself.

At home

There are many ways you can set things up at home to make sure that daily living is as streamlined and stress-free as possible. Don't let your pride get in the way of using equipment that may really help you.

In the kitchen, for instance, this might include:

- rearranging cupboards and drawers so the things you use the most are nearby
- lightweight pans, mugs or a kettle
- equipment with easy-to-use buttons
- an electric tin opener, a cap gripper, or knives and peelers with padded handles
- a stool to sit on while you are preparing food, or a trolley for moving heavy items
- devices for turning taps more easily
- evening-up your worktops, or raising the oven and fridge, so they are at the right height for you and you can slide things around.

Help with costs

You may be able to get help with equipment or adaptations to your home. The Housing Adaptation Grant for People with a Disability, the Mobility Aids Grant Scheme and the Housing Aid for Older People Scheme are administered by your local authority. For further information on these schemes and to see whether you are eligible for help contact the Housing Department of your local authority.

There is no hard and fast rule on what you will get following assessment. You will be told what you are entitled to receive, and you may have to contribute towards the cost. You may also have to wait some time for an assessment or to get equipment. If your needs change, contact your local authority so they can move you up the waiting list.

Work

Only you can decide how much you want to tell people at work about your arthritis. It may not affect your work at all – other than time off for hospital appointments or surgery – but hiding it and struggling on if you have difficulties could make your arthritis worse.

The best policy is to be positive, honest and clear about your needs, and help people understand what arthritis means for you.

Smarter ways of working will help protect your joints and conserve energy. They can include:

- Organise your work – rearrange the work area, use computer equipment correctly, take regular breaks, relax, pace yourself and vary tasks.
- Be flexible – perhaps working a shorter day or fewer hours or being based at home some of the time if that fits in with your job.
- Take regular movement breaks – for example, walking to the photocopier or water fountain. No-one needs to know you are doing this for a movement break.
- Pace yourself – don't overdo it.
- Take your annual leave and try to spread it out over your calendar year. You may need to use leave for rest at times.
- Pace yourself in what you need to do after a working day. You may need to cut back on household chores and prioritise time for rest/ light exercise/ social outings.
- Take your break times always and try to leave the building for a short period of light exercise if possible.

Transport

People with osteoarthritis often find getting out and about difficult. Many rely on cars – either driving themselves or getting lifts – or public transport to get around. There are a few things you can try to make driving easier.

An automatic gearbox and power steering will reduce strain. Minor adjustments, such as a padded steering wheel, a headrest, extra side-mirrors or a wide-angled mirror may make driving easier.

There are various means-tested supports available through the HSE including grants for adapting a vehicle, the Disabled Person's Parking Card and tax relief for necessary adaptations to vehicles. The Irish Wheelchair Association (tel: 01 818 6400 or www.iwa.ie) and the Disabled Drivers Association (tel: 094 936 4054 or www.ddai.ie) provide advice and information on all aspects of motoring.

If you would like to learn to drive or have lost confidence in your driving skills, the Motoring Advice and Tuition Service in the Irish Wheelchair Association can provide assistance to you. If you are relying on public transport you may qualify for the Free Travel Pass, which allows you to travel for free on all public transports and selected private services.

Benefits

The Citizens Information Board offer a comprehensive booklet that outlines all entitlements for people with a disability, including rights relating to work, education and training. You can get this booklet, *Entitlements for People with Disabilities*, by visiting your local office or contacting them on LoCall 0761 07 4000 or www.citizensinformation.ie.

Social insurance payments

You may be able to apply for state benefits to help with the extra costs of having arthritis or if you are unable to work. Some of the main disability-related payments are:

Illness Benefit: this was previously called Disability Benefit. This is a short-term payment made to people who are unable to work due to illness. To qualify you must be aged under 66 and unable to work because of illness. Your PRSI contributions or credits must be up to date.

Invalidity Pension: this pension is payable for as long as you are unable to work. At the age of 65, the personal rate of payment increases to the same rate as State Pension (Transition). At age 66 you transfer to the State Pension (Contributory).

Other benefits

Living Alone Increase is payable regardless of age if you live alone. You may also qualify for free travel and the Household Benefits Package which includes allowances towards household bills.

Rehabilitative work

You may be allowed to do rehabilitative or therapeutic work (maximum 20 hours a week) and retain your Invalidity Pension. You must get prior written approval from the Department of Social Protection before you start work.

The Treatment Benefit Scheme

A scheme run by the Department of Social Protection that provides dental, optical and aural services to people with the required number of PRSI contributions.

Means-tested payments

Disability Allowance

This is a long-term means-tested payment made to people with a disability. The disability must be expected to last at least a year. You may be entitled to Disability Allowance if you are aged between 16 and 66, satisfy both a means test and a habitual residence test, and have a specified disability which results in your being substantially restricted in undertaking suitable employment. Your means and that of your spouse or partner are taken into account. Your parents' means are not considered.

You may qualify for a Living Alone Increase and the Household Benefits Package which includes allowances towards household bills.

If you are awarded Disability Allowance, you get a Free Travel Pass automatically. This allows you to travel for free and your spouse or partner to travel free in your company. If you are medically assessed as being unable to travel alone, you may be entitled to a Companion Free Travel Pass.

Health service

Medical cards

Most medical cards are granted on the basis of a means test and/or medical need. Each case is decided on its merits, but you may qualify if your income is not much above the guideline figure and your medical costs are exceptionally high. It may be possible for one or more members of a family (who would not otherwise qualify) to get a medical card in their own right if they have high medical expenses or needs.

GP visit cards

The purpose of the card is to help people who are not eligible for medical cards with the costs of visiting a doctor. The card covers you for GP visits but nothing else. The income limits for the GP visit card are higher than the medical card income guidelines.

Drugs payment scheme

With a Drugs Payment Scheme (DPS) card, an individual or family in Ireland only has to pay a maximum amount monthly for approved prescribed drugs, medicines and certain appliances. Everyone in Ireland who doesn't have a medical card should apply for the DPS card. For more information see www.drugspayments.ie.

Hospital charges

Everyone resident in Ireland is entitled to be treated free of charge in a public bed in a public hospital. Some people may have to pay maintenance charges. Out-patient services, when you are referred by your GP, are also provided free of charge.

Tax relief

You may get tax relief on certain health expenses, which you have incurred and for which you have not been reimbursed. The tax relief is at the standard rate of tax of 20%. So, if you spent €1,000 you would get a refund of €200. This claim should be made on a Med 1 form, available from your local tax office or online at www.revenue.ie. Claiming benefits can be complicated and time-consuming, so it's worth getting expert help and advice from:

- a social worker from your local Health Office.
- a housing welfare officer from your local authority
- your citizens information service: 0761 07 4000
- your local social welfare office

There are many ways in which you can learn to manage your osteoarthritis effectively and there is a lot of help available. You can learn to control your arthritis rather than let it control you.

**If you have any questions
about living with osteoarthritis,
contact Arthritis Ireland's
Helpline on LoCall:
0818 252 846 / 01-661818
Monday to Friday
from 10am to 4pm.**

Caring for yourself

Your emotions

Everyone's experience of arthritis is different. Not all people experience the same symptoms, level of pain or fatigue or the same feelings. Don't be surprised if you feel frustrated one day and perhaps angry the next.

It is good to let your emotions out. Bottling them up can make things worse. Pain can usually be controlled; stiffness and inflammation relieved, and there are ways to overcome the loss of strength, grip and mobility. Some people find that their lives do not change that much and that they can more or less carry on as normal. Some people become stronger and more determined as a result of having to adapt their lives to fit in with their arthritis – everyone is different.

Your own reactions to arthritis will differ from week to week, but it is perfectly natural to feel out of sorts sometimes.

**“The invisibility
of pain is most
frustrating.”**

Your relationships

Sharing information about your condition with family and friends can really help them to understand what you're going through. They may really want to help, but not know how. You may be worried about letting them down or about depending on them too much. Talking and listening is the key. Explain how your arthritis affects you and be as clear as you can about how you are feeling.

Relationships may come under a bit of strain. If you have a partner, talk to them about how you feel, both physically and emotionally and encourage them to ask questions.

If you are feeling stiff or having trouble moving around, it is hard to be spontaneous; even a hug can be difficult if you are in pain. There will be times when you are just too tired or painful to get close to your other half, but there are alternatives.

Try different positions or supporting your body with pillows and cushions to make love making more comfortable. A warm bath or shower beforehand will help to loosen your joints. You could even try persuading your partner to give you a gentle massage.

Don't be embarrassed to raise the issue with your healthcare team. For more information visit www.arthritisireland.ie/copingwithemotions

"Nothing is more annoying than when someone says: But you look so well!"

Living well

From time to time, your arthritis will get on top of you. Anger, frustration, uncertainty, depression and fear are all very understandable and very common.

Several things may help:

- try to build a good relationship with your health professional
- find out as much as you can about your arthritis. It will make you feel less worried about the future accept your limitations.
- Remind yourself about what you can do and enjoy, rather than the things you can't



**For more information
visit [www.arthritisireland.ie/
living-well-with-arthritis](http://www.arthritisireland.ie/living-well-with-arthritis)**

- try to make space for your social life
- include exercise in your day. It will build your strength, help you to keep flexible and boost your mood
- talk to somebody who understands how you are feeling. This could be someone close to you or someone else with arthritis.



Become a friend of Arthritis Ireland

Not everyone knows about arthritis. About the pain, the frustration. Not everyone can see past the invisibility of arthritis.

Not everyone knows that arthritis affects all types of people. That it does not discriminate. It affects young and old, indifferent to gender and race, people from every type of background. Arthritis affects the human condition.

With your help we can change this. With your support we can build a better world for people living with arthritis today, and a world without arthritis tomorrow



€10 **per month**

With your help we aim to:

- Help anyone looking to understand their arthritis
- Support anyone living with arthritis to live well, and to live as full and active a life as possible
- Advocate for improved and accessible services
- Ensure that arthritis is diagnosed as early as possible
- Invest in research to find a cure for arthritis

But we can't do it without you, without your help. As a friend of Arthritis Ireland you can change the balance. As a friend of Arthritis Ireland you will be part of a strong and vibrant community.

You can help win the fight against arthritis – for as little as €10 per month.

If you would like to sign-up to hear from us with news and updates about arthritis research, courses, events, campaigns and fundraising please send your contact details to info@arthritisireland.ie



Become a friend €10 per month

- ☐ Yes, I would like to help manage the pain of arthritis. Monthly payment of €10 (€120 per annum). Monthly payments by direct debit only. See reverse for details.

Personal Details

Name

Address:

Telephone:

Email:

Date of birth

Do you have arthritis?

☐

Yes

☐

No

If Yes, what kind of arthritis?

Credit Card (Once off annual payment of €120)

Amount per annum:

☐

€120 per
annum

☐

Other (€120 per
annum + donation)

☐

€20 per
annum OAP

Please charge by:

☐

VISA/VISA Debit

☐

Mastercard

Card No

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Exp date

--	--	--	--

CW

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Signature

Date

Cheques & Postal Orders

Payable to Arthritis Ireland

Payment details

SEPA Direct Debit Mandate

By signing this mandate form you (A) authorise Arthritis Ireland to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Arthritis Ireland. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all marked fields

Debtor Name

Debtor Address

City / County

Debtor A/C Number IBAN

Debtor Bank ID Code BIC

Type of Payment

☐

Recurrent

☐

One off

Signature(s*)

Date of Signature*

Amount of Direct Debit * €

Date of First Payment*

* Arthritis Ireland will debit your account for the amount indicated above from the first day of each month until further notice.

Creditor Name: Arthritis Ireland Creditor

ID: IE90SDD360028

Creditor Address: 1 Clanwilliam Sq, Grand Canal Quay, D 2

Unique Reference No. (URM) For Office Use Only

Note: If you are a PAYE taxpayer or are self-employed, gifts of €250 in one year (€21 per month) is worth an extra 44.9% to Arthritis Ireland at no additional cost to you.

**Arthritis
Ireland**



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