



STUDY OF ARTHRITIS IN YOUR COMMUNITY

Arthritis Study Update

Winter 2007

This newsletter provides regular updates on the Study of Arthritis in Your Community and related topics. It is provided to past and present study participants as well as individuals who have expressed an interest in our research.

Complementary and Alternative Treatments in Osteoarthritis

Many individuals with osteoarthritis (OA) choose more than one therapy to help with their pain. During our most recent *Study of Arthritis in Your Community* interviews, we asked about the types of things you are doing to manage your arthritis. In addition to traditional medications and exercise, we heard about a wide variety of strategies. We thought we would discuss some of these treatments in more detail.

Glucosamine

One in five participants in the *Study of Arthritis in Your Community* reported using glucosamine in the past year. Glucosamine can be found naturally in the body and is one of the building blocks of cartilage. It is thought that taking glucosamine supplements may help stop cartilage breakdown, maintain cartilage and decrease swelling.

Some individuals may benefit from using glucosamine supplements but others may not. Past research has reported that glucosamine decreased pain and improved function. The studies that have shown a benefit have all been funded by the maker of one glucosamine product. Two large studies have been recently published and neither showed a

significant benefit of glucosamine over placebo in pain relief. There were no differences in pain among people taking glucosamine compared to those taking a placebo pill. Some people may get better because of a placebo effect. There is no evidence that glucosamine or chondroitin slows cartilage breakdown in OA. That being said, glucosamine appears safe. Side effects may include stomach upset or other joint pain but not more than are experienced by taking a placebo pill.

For individuals that take glucosamine, it is important to remember that a natural supplement may not take effect immediately. Research suggests taking a glucosamine supplement for a period of 1-2 months in order to experience a decrease in pain. If you decide to try glucosamine but don't see an improvement in pain or function within 2 months, glucosamine should be discontinued. Please discuss with your doctor if you decide to take glucosamine supplements.

source: www.cochrane.org

Heat and Cold

More than half of our study participants report the use of heat and/or cold for pain relief. Heat can be applied to relieve and relax aching muscles and it can decrease joint pain and stiffness. The way it works is that it increases blood circulation to the area where it is applied. Due to this function, heat should not be placed directly on inflamed joints since that could result in making the pain worse. Heat can be applied in different ways, such as by taking a hot shower or by placing a heating pad on tight, aching muscles.

Cold can be applied to the arthritic area as well in order to reduce pain and swelling of the joint. Cold has the opposite effect of heat in terms of blood circulation by constricting blood vessels and decreasing the blood flow to the area. Unlike heat, ice can be applied and have a positive effect on pain of inflamed joints. Application of ice can be done through the use of an ice pack or a bag of frozen peas. It is important to protect your skin from direct contact with ice by wrapping the ice pack in a thin towel and by applying it for short periods at a time. One suggestion is to apply the ice for 10 minutes, take it off for 10 minutes and apply again for 10 minutes. There is no evidence that an ice pack, used as recommended, could harm the joint. It can relieve pain for many people.

It is up to the individual to decide what is comfortable and relieving. Some people prefer not to use cold therapy because of fear that it would harm their joint. This concern may be related to the experience of changes in OA pain and stiffness with changes in the climate. People often tell us that cold and damp climates are more aggravating for arthritis compared to warmer, dryer climates. However, colder, damper weather is not perfectly predictive of a worsening of symptoms. Even in the warmer climates, people have arthritis!

source: www.arthritis.ca

Acupuncture

Acupuncture is based on traditional Chinese medicine; it is a very old form of healing. It is based on the theory that the body has patterns of energy flow that need to be balanced for optimal health. The most studied acupuncture technique commonly used in North America consists of a qualified practitioner inserting and manipulating thin, solid, metallic needles into the skin. The needles are inserted in a pattern of acupuncture points considered specific to the disease or in the specific painful region (eg. the knee joint in knee OA). Since the needles are very thin, this should cause little or no discomfort to the patient.

Research evidence is not definitive for the effectiveness of acupuncture. Some studies find benefits, such as pain relief and improvement in function, while others find no change in symptoms with acupuncture treatment. Nevertheless, patients do use it commonly in addition to regular care. It may be a beneficial treatment in some people with OA but not for everyone.

A recent, large trial from Germany has demonstrated the effectiveness of acupuncture in a group of people living with hip and knee OA. Patients with chronic pain due to OA of the knee or hip who were treated with acupuncture, in addition to routine care, showed improvements in pain compared to patients who received routine care alone.

The safety of a treatment always needs to be weighed against the benefits when deciding to start or continue a therapy. Acupuncture does have some associated side effects, although not numerous, that need to be considered. The most serious concern is transmission of infectious diseases by use of needles; practitioners administering acupuncture prevent spread of disease by practicing without reusing needles. Some of the minor adverse events associated with acupuncture include aggravation of symptoms, minor bleeding, fatigue and sweating.

source: www.cms.hhs.gov

Enhancing the Measurement of Osteoarthritis Pain

Osteoarthritis is chronic, which means that it lasts a long time. Like many other forms of arthritis, it can be characterized by remissions (periods of no symptoms) and flare-ups (periods of recurring or aggravated symptoms). These periods can last for varying amounts of time and differ from period to period. Flare-ups may occur following changes in treatment, surgery, emotional stress and over-exertion, or may be completely unpredictable. OA may also be

accompanied by more pain and stiffness in the morning, after a period of inactivity or after excessive weight-bearing activities. Unfortunately, there is currently no way to predict the course or length of remissions and flare-ups.

In the beginning of the disease, OA pain seems to start with periods of sharp or other types of pain that are predictable (for example, pain with participation in certain activities, such as sports). This pain impacts participation in high impact activities but had no major other effects. As the disease progresses, individuals report longer periods of constant, dull, aching or throbbing pain with episodes of very sharp pain that are unpredictable. As pain becomes more constant, it begins to impact activities such as walking or stair climbing, eventually curtailing participation in most activities.

Based on information shared with us by study participants in the past year, we have developed a new tool to assess OA pain. Our new tool looks at the two types of pain described by people with OA – constant pain and pain that comes and goes – and how these types of pain impact quality of life, sleep and mood. We have just completed preliminary testing of this new questionnaire and it is promising! The new tool will assist patients, clinicians and researchers in evaluating OA pain. We hope to use it in our next study interviews.

Development of this new tool was a lengthy process and involved participation from many study volunteers. We would like to thank everyone who participated in the focus group discussions earlier this year, who shared their experiences of OA pain with us. We would also like to thank the many of you who agreed to help us pilot test this new tool during the fall. Sharing your experiences and the contribution of your time have been invaluable to us as we try to improve the way that OA pain is evaluated.

ARTHRITIS Q & A

In each issue, we will try to address your arthritis-related questions. If you have a question that you would like answered, please let us know.

I have arthritis. Should I try to be active or rest? If I plan to be active, what exercises should I try?

Moderation is the answer but keep moving! Physical activity is essential in OA to keep the muscles that support your joints strong! Exercise is an inexpensive, effective, safe and under-prescribed therapy for OA. You should be active enough to prevent your joints from stiffening up but you need to make sure to get adequate physical rest as well. If you are experiencing a flare up of your OA, pace yourself - break up your daily activities like housework so as not to overdo it.

It is best to consult with a qualified health professional before starting any formal exercise program. Professional advice can help you determine which exercises are best for your needs, and also how often and how much exercise you should be doing. Exercise can include therapeutic exercise prescribed by a health practitioner or any other form of movement that may be part of a recreational activity. Both forms of exercise can be tailored to your needs to help you maintain joint movement, flexibility, and maintain or increase muscle strength.

Exercises that create low impact on the weight-bearing joints such as the ankle, hip and knee are the most beneficial for people with arthritis. One such exercise that does not place a lot of stress on joints but promotes movement and flexibility is swimming.

How does obesity affect arthritis?

Excess body weight has two negative effects on your joints: 1) It increases stress on the joints that are weight bearing; and 2) It increases circulating hormones and other factors that promote joint damage.

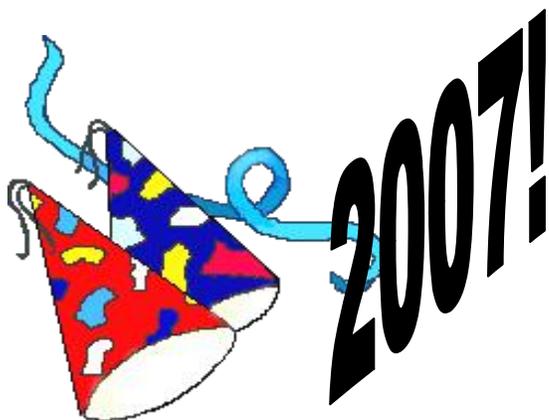
Even a small weight loss can make a big difference on reducing stress on the joints. A loss of 11 lbs can decrease the risk for developing knee OA by 50%. Weight loss also decreases the risk for OA progression and decreases symptoms.

Weight loss and increased physical activity go hand in hand to improve OA. Individuals with excess weight may have difficulty participating in exercise because they may be significantly limited by joint pain, joint stiffness and fatigue. Nevertheless, exercise should be a part of a weight reduction program.

Happy New Year!

We hope that you enjoyed a relaxing holiday season with friends and family this year. We would like to wish each of you the best for 2007. May the new year bring you and your family happiness and good health!

As always, thank you so much for your continued participation and interest in our research.



Energy Saving: A Bright Idea



Energy conservation is a good way to create a cleaner environment and save money at the same time. During the winter months, energy demands for homes increase with shorter days, heating needs and more time spent indoors. Here are some helpful tips on how to save energy during this winter:

Lights

The new compact fluorescent lights (CFL) are less expensive, more efficient and reduce air and water pollution. Although initially more expensive, you save money in the long run because CFLs use 75% less electricity and last up to 10 times longer.

Heating

You can save on the heating costs by reducing the temperature by a few degrees at night or when you are away. Installing a programmable thermostat with a built-in timer can regulate the nightly decrease in temperature. Using the money you save on the heat conservation can pay off the cost of such a thermostat within the first year of use. You can also use weather stripping in order to save on energy lost due to drafts around doors and windows. You should apply a durable material that is flexible enough to completely seal any gaps in both your doors and windows and prevent heat loss.

Ontario Ministry of Energy: www.energy.gov.on.ca
Office of Energy Efficiency, Natural Resources
Canada: www.oeenrcan.gc.ca

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