



Mind Over Stress

Hosts: Rebecca Gillett, MS OTR/L, and Julie Eller

Guest: Maria Juarez-Reyes, MD, PhD

Ever wondered why your arthritis symptoms seem worse when you're experiencing a lot of stress? In this episode, we explore the stress-arthritis connection, including how chronic stress contributes to pain, inflammation and decreased immunity. We'll also discuss proven strategies to help reduce stress and manage arthritis symptoms so you can live your best life and thrive mentally and physically.

Our guest expert, Maria Juarez-Reyes, is an assistant clinical professor in the division of primary care and population health in the department of medicine at Stanford University. She received her PhD in health psychology from the University of California at San Francisco and is board-certified in integrative medicine through the American Board of Integrative Holistic Medicine. She's also the director of "Beyond Stress," a six-week group intervention for patients with stress and anxiety. Her current research is evaluating the effectiveness of mindfulness on mood, such as anxiety and depression, in various settings, such as the workplace, primary care patients and cancer patients in the community.

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PODCAST OPEN

Welcome to Live Yes! With Arthritis, from the Arthritis Foundation. You may have arthritis, but it doesn't have you. Here, you'll learn things that can help you improve your life and turn No into Yes. This podcast is part of the Live Yes! Arthritis Network — a growing community of people like you who really care about conquering arthritis once and for all. Our hosts are arthritis patients Rebecca and Julie, and they are asking the questions you want answers to. Listen in.

Rebecca Gillett:

Welcome to the Live Yes! With Arthritis podcast. I'm Rebecca, an occupational therapist living with rheumatoid arthritis and osteoarthritis.

Julie Eller:

And I'm Julie, a JA patient who's passionate about making sure all patients have a voice.

MUSIC BRIDGE

Rebecca:

Thanks for joining us on this episode of the Live Yes! With Arthritis podcast. Today we're talking about mind over stress.

Julie:

Stress is constant, and it's important to have opportunities to really overcome and tackle that stress and know how best to manage it.

Rebecca:

I know for me stress really can have an emotional and physical effect on my mind, on my arthritis, on my symptoms. It's really tough to try to keep that at bay, so I'm really looking forward to our conversation today.



Julie:

Yeah, I'm just thrilled that we have Dr. Maria Juarez-Reyes, MD and PhD, joining our call today. She's gonna help us understand a little bit more about the stress response and how it can contribute to arthritis symptoms, and especially important, how to keep it under control for better disease management.

Dr. Maria Juarez-Reyes is an assistant clinical professor in the division of primary care and population health in the department of medicine at Stanford University. She received her PhD in health psychology from University of California at San Francisco. She's board-certified in integrative medicine through the American Board of Integrative Holistic Medicine, and she's even the director of Beyond Stress, a six-week group intervention for patients who are dealing with stress and anxiety.

We're so excited to have you here today, Dr. Juarez-Reyes. Thank you for joining us.

Dr. Maria Juarez-Reyes:

Thank you for having me.

Rebecca:

Can you briefly define for us what stress really means for our audience of people who are living with arthritis?

Dr. Juarez-Reyes:

It's a loss of balance, or another way to think about it sort of physiologically, it's a loss of homeostasis. The body, and all its systems, just tries to keep you in balance, excitatory systems, relaxing systems. So, when you're under stress, that balance is just off. It's just a lack of balance. I tell people it can be either for physical reasons, like rheumatoid arthritis, but it can also be for psychological reasons, like "I'm worried about my job, I have to make the rent, and I got laid off."

Rebecca:

So, are there ever any instances where stress can be actually helpful to us?

Dr. Juarez-Reyes:

Historically, our body, it's a survival mechanism. So, tens and hundreds of thousands of years ago, we developed this response to help us adapt to physical stressors. The best analogy is to just think about... you're running away from a saber-toothed tiger... (laughter) ... or you're running away from



the person in the village next door who wants to steal your very small rabbit that you're about to cook for breakfast.

So, they tended to be physical stressors. It wasn't things like, "I'm worried about a relationship, how am I going to make my rent?" It really was about survival. But more than survival, it was a response to a physical stress. So, that's changed over time, and now what we have are much more psychological factors that turn on that same system. Whereas before we had to run away from the saber-toothed tiger, that system allowed us to activate a whole cascade of hormones, and those hormones allowed us to fight or flight.

We either were gonna put up a battle, or we were gonna get the heck out of there. But now you have this system turned on, and it doesn't really have the same effect, because we're not running away from the saber-toothed tiger.

Julie:

That's a great description.

Dr. Juarez-Reyes:

It's actually an adaptive response, so I think the first thing is not to think of it as a bad thing. It's just that we have changed so much in the last hundred years, and this response is gonna take hundreds of thousands of years before it adapts with us.

Julie:

I wonder if you could touch on some of the unique consequences that things like chronic stress can have on people who live with arthritis.

Dr. Juarez-Reyes:

Yeah, what ends up happening, the acute stress. Again, if we go back to that analogy of the saber-toothed tiger, we were immediately activated to try to survive that attack. And that included activation of the immune system, a whole set of hormonal cascades that caused your heart to pump faster, your lungs to draw in a deeper breath, so you can have oxygen to all these vital organs. Your brain, interestingly enough, quit processing complex information and just focused on getting out of there.

What we've learned, though, is that chronic stress actually has a maladaptive response. And so, one of the things, especially if we think about patients with rheumatoid arthritis, is that instead of being an



acute activation of the immune system, we actually get inflammation. Inflammation, I tell my residents and my medical students, I think will be the root of all evil. It will come down probably in another five or 10 years where the root of all pathophysiology will somehow have a component of inflammation to it. And so, certainly with rheumatoid arthritis, prolonged stress or, you know, very stressful, even shorter periods may have the potential to activate inflammation.

We have studies for people who have been stressed over time, their inflammatory markers increase, and so that's certainly one of the effects that we don't like to see.

Julie:

Gosh, it's so difficult to think about that, because arthritis is inherently stressful. (laughs) So...

Dr. Juarez-Reyes:

All diseases, yes.

Julie:

All diseases, yes, that's so true.

Dr. Juarez-Reyes:

Yes.

Julie:

When it's not just rheumatoid, or an autoimmune form, osteoarthritis, fibromyalgia... could you talk about how stress and chronic stress can impact those arthritis types as well?

Dr. Juarez-Reyes:

Oh, sure. Let's go back to this stress response. so again, if you're thinking about that analogy, just keep that one in mind. If you're running away from the saber-toothed tiger, the hormones were made to help us escape. So, one of the things that they do is that they're really involved with muscle contraction. A lot of these disorders that you talked about, and I'll talk to women who are having very painful menses even, and if they're under a lot of stress, those menses are worse. One of the things I say to them is, you're circulating these stress hormones that were meant to have you running away from a saber-toothed tiger. But right now you're just cramping up, you're tightening, you're having more muscle contraction, as a response to those hormones.



And so, you can have more pain... so definitely you will see higher pain perception as well as inflammatory markers. One of the other things about stress, it's really exhausting.

Julie:

Mm-hmm (affirmative).

Dr. Juarez-Reyes:

Especially if you've been under stress for... either very intense stress for several months or a prolonged period of stress. The whole point of those hormones is to activate all the cells of the body, really getting you ready to escape that attack, and so, over time, if that system stays on, it's just exhausting. It's gonna increase the fatigue, it's gonna increase the pain. Concentration is another big thing that I tell people, you know, your ability to make complex decisions, problem solve.

So, relationships, right? One time, you know, during stress when you really want support, but you might not be as capable to manage that relationship. It's complicated. You know, we are complicated people, so these are some examples of how the stress in these other conditions can also manifest themselves.

Rebecca:

All of those things combined together end up really affecting our mood and can cause some other mental health issues.

Dr. Juarez-Reyes:

When I started doing this research 25, 30 years ago, I was really interested in stress and immune function. And now I'm really interested in stress and mood. We certainly know that for people who have prolonged stress, it definitely can keep moving, keep taxing the system until it turns into things like either anxiety or mood disorders like depression.

And again, the exact mechanism isn't quite clear, but one of the things that I tell people, it's kind of like the electrical wiring in a room, and something happened. There was some wall got damaged, and the electrical wiring was altered, and now you walk in the room, and instead of clicking on the light switch to turn the lights on, now you just open the door, and the lights are flickering. We've got this neural net, this wiring, also. It's neurochemical hormones, electrical, plus the hard wiring, the nerve cells themselves. And something happens with prolonged imbalance, loss of homeostasis, that actually tips people into anxiety.



Anxiety is different from stress. Anxiety really is where there's persistent worry, and it's to the point where it starts to interfere with your ability to have joy, your ability to just function normally. It can even feed on itself, meaning you don't necessarily have the stress. You don't even have to open the door to that room for the lights to flip. The lights are just flickering, they're just flickering on and off. So, those are the two sort of more psychological consequences of prolonged stress. The anxiety, and then the mood disorder like depression.

Julie:

It is remarkable to hear you talk about how stress can kind of rewire your brain, and to have these flickering lights so to speak. How can we get our wires back so that they're light switches (laughs) instead of doors opening, and flickering, and so on?

Dr. Juarez-Reyes:

I've always very much believed in the mind's ability, our brain, our mind's ability to control our body. There's a lot of studies now showing that mindfulness can really help with stress, and the really cool thing about mindfulness is we have so much data on how it's rewiring the brain. We have functional imaging studies of the brain, and we see people who are longtime meditators, and we put them in a stressful situation, and we see how their brain responds very differently from somebody who we put in that same stressful situation who isn't a meditator. It's just a different wiring of the brain. So, ways to take control are definitely things like mindfulness meditation.

The other thing that I tell people is cognitive behavioral therapy is really helpful. Something like CBT, cognitive behavioral therapy, it's really problem focused. And it's really getting at the mindset, like how am I thinking about these scenes, and how are those thoughts driving me into stress? So, kind of like thinking about the door and the room analogy, where I open the door, and the light switches, and as I said, sometimes with anxiety, that light is just flickering.

You can turn those lights on and off just by sitting there spinning on a thought. So, there are things like cognitive behavioral therapy that can definitely be helpful. They help to reshape your thought process and really get to a new way of rewiring you.

The other thing is exercise. We have data, going back to the saber-toothed tiger analogy. Back then, our sympathetic nervous system would get activated with a saber-toothed tiger, but then, we go back to the cave. We would escape, and we'd sit down with our, you know, with our tribe. And our parasympathetic nervous system would get activated, so we do have this calming part of the brain, and there are things like exercise that help to activate that parasympathetic nervous system.



We know that people who have good social support, who have that somebody that they can call and talk to; we have data. People who lack social support, they have higher rates of illness. Who can you talk to? Who do you have? Who do you trust? Who are you comfortable talking to about this? And remember when we started, one of the things that I said is: It's difficult to manage relationships, because your mind is just not able to process complex material, complex problems, or relationships.

But this is actually a time where you really want to reach out. "Hey, I'm really struggling right now. I just need somebody to talk to." And we know that that also helps to rewire and calm the stress down.

Julie:

There's so much that's hitting me right now about ways that the Arthritis Foundation can be supportive, especially from that community support perspective. We have these really remarkable Connect Groups, support groups that meet locally across the nation, where people who understand arthritis, because they live with arthritis, gather. And they talk, and they support one another. Right now, due to COVID, those groups are meeting virtually via Zoom, which is a very safe alternative to meeting in person but doesn't cut down on any of that support.

And the other area is that we have a really remarkable online community forum, where 24 hours a day, not just when someone's having a meeting, you can log on and talk to other patients like you that understand what is happening in your body, in your life, and can be that support.

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The Arthritis Foundation's INSIGHTS program is collecting data that puts the patient voice first. There are two ongoing studies: One for adults, another for parents of kids with arthritis. Your input can help change the future of arthritis in your own community. Weigh in today, in 10 minutes or less, at <https://www.arthritis.org/liveyes/insights>.

Julie:

Can you share some examples of what CBT, or cognitive behavioral therapy, looks like?

Dr. Juarez-Reyes:

Yeah, so let me back up a little bit and also just congratulate the Arthritis Foundation for moving the groups over onto a remote platform like Zoom. I really encourage all of your listeners to take advantage of that. We know they're effective, so it doesn't have to be in person. That's the one thing I wanted to give a big shout out to.



Let's just say, I'm having a lot of work stress, and I wanted to see a therapist about that. So, it's very problem-oriented around that issue, and then, really exploring: What are my thoughts around it? Are my thoughts negative? It's that sort of identifying what the problem is, identifying my thoughts around the problem, and then, restructuring some of those thoughts that aren't helpful. So, that's the first thing.

And then, the second thing that I wanted to say is, there's a very strong area for not only group cognitive behavioral therapy, but definitely online remote cognitive therapy. Therapists now are seeing patients online, and they're doing cognitive behavioral therapy via the phone.

There are studies of people, like in Australia and New Zealand, where they're very, very remote, and there are outcome studies that show good results, even with some cognitive behavioral therapy.

Rebecca:

Wow, what I love about everything you just said is that you almost have given strategies and tips on (laughs) every episode that we've done of the podcast. (laughter)

And I know that lately, my stress levels are high, and I have been employing a daily meditation again and trying to be super mindful, to try to scale back that stress, you know. But you know, we're always talking about physical activity to keep our bodies moving, and how that can benefit our stress levels and keep them down.

I think, sometimes when you're trying to manage your stress and deal with pain, you really are trying to figure out, OK, which strategy can I employ? What's gonna be the one that I can keep up with?

Dr. Juarez-Reyes:

I also wanna emphasize, we have very, very strong data that shows that the mindfulness meditation helps with pain. So, pain perception, so really, both benefits, right? You're gonna get more energy, you're gonna be thinking clearer, you're gonna be more restful. But your pain levels also... you will benefit with pain level. So, I wanted to just circle back to that.

About the amount of exercise: The Surgeon General has recommended 30 minutes most days of the week. We used to think that you had to get out there and do it all at once. You actually don't. If you can't do 30 minutes of straight exercise because of, you know, the disease process, and you're having a little pain that day, or whatever it might be, just know you can break it down into 10 minute increments. If you could do 10 minutes in the morning, 10 minutes in the middle of the day, or you could do 15 and 15, if that's more manageable for you, not only your schedule, but also for your arthritis.



Julie:

I'm very Type A. I don't always have 10 minutes for meditation, or five minutes for meditation and five minutes for exercise. But I do love (laughs) having an opportunity to do 10 minutes of exercise where I also get mindfulness added to my day, two birds, one stone situation. Is that something that you think is a recommended approach? Or should I try to do both? (laughs)

Dr. Juarez-Reyes:

No, absolutely. As you were mentioning that, one of the things that came to mind is yoga. And there are lots of movement meditation. So, tai chi is another one.

Julie:

I love it. And I'll say also for our friends with arthritis that wake up with stiffness in the morning, like I do, my 10 minutes of mindful movement, you know, they help me get through the day, power through that stiffness.

Rebecca:

Do you mind talking a little bit on how deep breathing could be helpful?

Dr. Juarez-Reyes:

So, deep breathing is one of the key mechanisms that we use in mindfulness. I really work on having people engage their abdomen, and that's the deep breathing. It's not deep breathing into your chest. Go back to the analogy of the saber-toothed tiger. When you're running, you're just breathing, and you're like this, right, your shoulders are expanding, your chest is expanding. That is signaling your brain bad things are (laughs) gonna happen. I am in danger, I'm under attack.

But when you deep breathe, and you engage your abdomen, the diaphragm, we think what it's doing is actually activating a very large parasympathetic nerve called the vagus nerve. Parasympathetic, again, being the common system, the common nervous system that's gonna counter the sympathetic nervous system. When you deep breathe, it's not so much that you wanna take it into the chest as much as you kind of want to try to breathe into your belly. And so, as we breathe in, you expand your abdomen, you can even put your hand on it, feel the abdomen expand, and then as you exhale the abdomen recoils.

Julie:



What steps can patients take to really think about how they get rid of toxic stresses in their life? Dr. Juarez-Reyes:

We have thoughts, and we have emotions, but we still are even deeper beings than that, right? It's not that I think, therefore, I am. We think and we are.

Julie:

Yeah.

Dr. Juarez-Reyes:

So, in mindfulness, one of the goals, it's called noting. So, I think this will get to exactly what you're thinking about: not to try to stop the thought, not to try to reframe it, but to just note it. You just note what's going on, what's that thought, what's that emotion? "Oh, I hate this." Or "Oh, this hurts." Or "Oh, I don't wanna do that today." Right? All of those things that we all struggle with, you just stop right there, and you go, "Oh, look at that. There's that thought." (laughter) That's all you have to do, that's all you have to do.

By noting it, you actually step away from it. It's a way of not getting stuck, not getting caught in that emotion, or that thought. So, it's a great practice. It's something that you can easily do without guidance. It starts to become less part of you, less part of your response, and that is a beautiful meditative practice. You just note it, and you go, "Oh, look, there it is."

I think for people who have a lot of stress, or in stressful times, or are dealing with anxiety, if you just say to them, "Just don't think about it," that is not helpful. If they couldn't think about it, they wouldn't. They can't, they're on this neural loop, so noting is something that you could do, "Oh, I'm catastrophizing again."

There actually are recommendations that people schedule a time to worry. Like, if all these thoughts are racing, that you say to yourself, "Okay, at three o'clock, I'm gonna save myself five minutes, and I'm just gonna write my worry list down, but not until three o'clock." And it gives you permission to kind of just set that aside, and that is enough to then help you move on.

Rebecca:

I use a lot of sarcasm and humor in managing my days. But I have been recently doing just that, like noticing, "Oh my gosh, I have like no patience, I am so irritable." You know? And then, I can stop myself, and say, "OK, switch gears, you know, you have to stop."



Dr. Juarez-Reyes:

That's the other thing about mindfulness. It's not you're not giving yourself a grade. You're just doing the practice, but there's no judgment on it, how well, or how not well, you're doing it. So, one of the things, we're just so caught up in everything, we just don't stop, and mindfulness really teaches you need to actually stop. (laughter) Julie:

For me, when I am chronically stressed, and I am feeling the weight of the world, my celebration is that my joints get swollen, and angry... (laughter) ... and mad. And I have to take a day off, so I can maybe get some more sleep in my routine, or try to get sleep, 'cause I'm probably not sleeping through the night at this point when I'm at that state of chronic stress. And I think, that's where the reframing comes.

This becomes so important for me. It's not always reframing the thought, or being able to respond differently, but being able to see where there are moments to celebrate in a very dark and stormy place. And so, I really appreciate just getting to think about that. I also will say, when you're in a dark and stormy place, it doesn't always feel great to think I should be happy. That I'm feeling like I can be like, I can note, that this is a bad thing. (laughs)

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Want to connect with others who understand what you're going through? The Arthritis Foundation's Live Yes! Online Community features forums on specific topics, where you can chat with those who know what it's like, including health care experts. Or check out our local virtual Connect Groups for a more personal touch. Sign up at <https://www.arthritis.org/liveyes>.

Julie:

For some of the people that you get to work with who are chronically ill, who are experiencing and living with disease, are their stressors? Do they tend to be the same kinds of stressors?

Dr. Juarez-Reyes:

I think that for people with chronic disease, there are definitely some similarities, i.e, there's a condition that brings on worry. You know, the stress of making appointments. I have patients with chronic illness who there's a lot of stress around their imaging. Patients who are done with their



cancer treatments but have to have follow-up scans. There's a lot of stress often around having to go and get that MRI, or that CAT scan. So, I think that there are some similarities.

Stress is not going to be the same for everybody, so for one person... I'll take an analogy of driving in traffic. I've literally had patients in a group, and one or two say, "I hate traffic. I spend so much time in it and just really have a strong negative emotion to that traffic." But to somebody else, that's their podcast listening time, so they actually look forward to the time that they can just sit in the car and just listen to their podcast. So, what's really important to realize is: One person's stressor is another person's stimulus, or stimuli, that just get to either excited or relaxed. Again, it gets back to stress is not necessarily a negative thing. It's what we do with it. It's how we think about it, how we internalize it and how we react to it.

No one thing is gonna resonate with everybody the same way, absolutely not, and the reason I think that that is so important is because if you hear somebody say to you, "Oh, you should try this, it works really great." And, it doesn't for you, that doesn't mean you fail, it just means that you are such a unique individual. We all are.

I say this with exercise, you know, try different types of exercise. Don't get discouraged if something doesn't work for you. You're just so beautifully made and such unique creatures. We're different, and so, it might take a little work to find what works for you, number one. Number two is: Think about combining different techniques, maybe a little bit of meditation, maybe a little bit of downtime, you know, 10 minutes, where you're not plugged in, you're not watching TV, you're just doing something, like coloring.

I think that it's very hard for a lot of us who are so busy, or so distracted maybe by pain, or by other parts of our disease, or life, to think that we would have enough time to sit down and actually just be still for 15 minutes. That can just be overwhelming. So lots of times what I tell people is, you want to interrupt the stress throughout the day.

I took one training that was for all physicians, and our instructor basically said to us, "I know you guys are not gonna have time to meditate 45 minutes a day, which this practice normally asks of you." And he basically said to us, "I just want you to get in the shower, and when you get in the shower, I just want you to focus on the water. I just want you to feel the water down your scalp, and then, down your shoulders, and then down your back, and then, down your arms. I just want you to take that opportunity to be mindful." So, there's a lot of times throughout the day that we can be mindful.

Julie:



I think it's really helpful to hear your perspective on combining behavioral therapies to manage anxiety, depression and that flickering light. Can you comment on when it becomes necessary to add medication or therapeutic into the mix as well?

Dr. Juarez-Reyes:

Medications are helpful in lots of different scenarios, so one of the scenarios is certainly if the mood has become so down, where patients are feeling hopeless. The other scenario is, it might not be that your need has gone to depression, and it's still primarily anxiety, but the anxiety is so debilitating... "I can't focus on work." I've had patients who are in the house, and they can't get out of the house.

If you're so down that you've become hopeless, feeling that life isn't worth living, or the anxiety's gotten so bad that you're so debilitated you can't... you're almost like frozen, you're not even running away from the saber-toothed tiger, you've literally just collapsed in front of it, and it's like you're playing dead. So, those are the scenarios to really think about for medications.

Julie:

That's really helpful. And when it comes to medications, do you see that patients are often on medications in a long-term sense? Or is it something like... take a medication for three months, try to taper off of it, and we'll see where we can manage with behavioral therapies. Can you describe what that process is?

Dr. Juarez-Reyes:

Yeah, so certainly, it depends on the scenario. Let's take one scenario, where it's somebody who has had anxiety or depression several times throughout their life. If you've had it in the past, and it's been reoccurring, the likelihood that you will do better staying on medication is higher.

So, I always tell people, if it's working, you know, it's OK, don't be in a hurry to come off of it. The other scenario is, if you remember the analogy where it's the room. And there's been some damage to the electrical system, so there's been some major trauma, or there have been multiple, major life events right after the other. That might be a scenario where it's gonna take longer to repair that electrical circuit.

Let's not be in a hurry to come off. Let's really work on everything, let's really rebuild that neural... that wiring that you've got, and let's just see how things go. Where shorter-term medications typically serve very well is in very acute stress: a sudden loss of a loved one, unexpected, you couldn't prepare, and it is something just really tragic, something like that happens. Often times that hits us so



hard, that medications can be helpful. But it was a very acute episode; it wasn't like you had these recurrent episodes throughout your life.

What I'll do with my patients is lower the dose and see how they do for a couple of weeks, just to make sure that they're doing OK. And then lower it again and see if at the very lowest dose they're still doing OK. And then, if they are, then they say, OK, let's try and stop that. But you know, all the time working on these other tools that we've been talking about.

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The Arthritis Foundation counts on listeners like you to help support the many resources we provide to help people with arthritis live their best life, despite all the challenges. Resources like this podcast and much more. Your gift goes a long way. Please give generously at <https://www.arthritis.org/donate>. Every dollar makes a difference.

Rebecca:

We've been conducting surveys of patients about arthritis, our INSIGHTS surveys, and two-thirds of patients came back and said, "I'm suffering from anxiety and depression, and it's affecting my daily life." And so, I know, our biggest thing is, we don't wanna take more medicines, we already have to take enough. And that was kind of my stance initially when I was newly diagnosed. But when I realized, you know what? You are right. Like, this medication is helping me.

I was able to take that time to find other ways to reduce my stress and therefore actually reduce my pain. And so, I think there's a place for that, too. When you're working on trying to manage your stress levels, dealing with a new diagnosis or pain on a daily basis, it's OK to access that kind of medication if you feel like it might help you. So, thanks for saying that.

Dr. Juarez-Reyes:

Sometimes people are really struggling like in that moment, they're really struggling, and so, they aren't able to try to start a meditative practice, they aren't able to try to start to get out to exercise, they aren't able to make those social connections. And so, for the same reason, right, let's just settle this down, so that you can start doing those other things, you can start building those other tools. Yeah, absolutely.

Julie:



I think I've always lived in a world that thrives on some level of stress. But it always feels like I'm breathing new air when I hear, oh, right, not always normal to live in this level of chronic stress. And, oh, wait here; here are the 14 different things that you can do about it. Just start slow, add them into your routine, and it's OK if you can't start with your 60-minute meditation practice in the morning. You're not gonna start there. You're gonna start with a three-minute, mindful hand-washing where you feel the warmth of the water on your hands. Those things matter.

Rebecca:

Are there any other things that we can physically do to reduce our stress response aside from exercise?

Dr. Juarez-Reyes:

If you remember that activating part of the nervous system, you're already sort of feeling like, you know, a live wire. So actually, adding caffeine to that system is not good. And remember, those hormones are activating and stimulating every cell of your body, so you're already on overdrive. And you add to that system, and you make those cells, your body system, work even harder, and it's even more exhausting.

I truly believe food is medicine, and how you eat really, as you become more in tune with your body, I'm sure many of you have experienced a really good, satisfying meal that just made you feel amazing; and then another meal that you just felt exhausted after. So, food is medicine. And really, what you wanna do is stick to colors of the rainbow on your plate: lots of fruits and vegetables. I really encourage people to eat low animal fat, so fish and chicken. But really try to stay away from the other animal fat products, because we know they're inflammatory.

So, red meats, fatty foods, carbohydrates. We crave carbohydrates when we're stressed, many of us crave carbohydrates. Staying away from those inflammatory foods is really important. Food can be really great for you, it could be medicine, but it can also be very inflammatory depending on what you eat.

The other thing that I really tell people, just in terms of alcohol. You're not really getting at a source, or a tool, that's gonna help you with that rewiring. You're gonna feel a little bit calmer initially, but you'll also have more sleep disturbance. Alcohol is a carbohydrate that's turned into a sugar, so again, inflammatory to the body.

Rebecca:



I like a glass of wine. (laughter) Chocolate chip cookies are my downfall, especially when they're warm. And I could really use a cappuccino right now, so ... (laughs)

Julie:

Yeah.

Rebecca:

Definitely, those are hard things, you know, and people do turn to food for comfort. Or when they're stressed. And those are the types of things that you kind of turn to.

Dr. Juarez-Reyes:

Sugar is so addicting to our brain. It's so addicting. That's why so many of us want to eat. It's so addicting to the brain. So start slow, again, right? Start slow, be gentle with yourself. I tell people to have dates with your favorite things. Maybe on a Friday is your chocolate chip cookie night; maybe a Saturday is your glass of wine night; or however you want to do it, so that you're not feeling that you're depriving yourself of these things. I think the problem comes when we start to make them daily.

Rebecca:

Right.

Julie:

Dr. Juarez-Reyes, one thing that we like to do to end every episode of our podcast is to give our guests an opportunity to say three key takeaways that they wanna make sure our listeners can take with them.

Dr. Juarez-Reyes:

The first one is definitely appreciate the uniqueness of who you are, 'cause you are. You're not your disease.

We are made with this innate, beautiful mechanism called our brain that allows us to really make powerful changes in our thoughts, but also in our chemical structure all the way down to our DNA. So, we just need to learn how to start using it. Learn more about how you can use that wonderful wonder of your mind to make some of these changes.



And then the last thing is: Just remember there's lots of tools in the toolbox. I certainly talked a lot about mindfulness, but also the diet, and the exercise, and the social contact. Stay socially engaged; continue to have a good support system to help you during not only the tough times, but to be around to help you celebrate as well.

Rebecca:

Those are some great takeaways. I love it. Thank you so much for your time today.

Dr. Juarez-Reyes:

You're welcome.

Rebecca:

We appreciate what wonderful strategies that you shared with us in helping us to manage our stress.

Dr. Juarez-Reyes:

Thank you. Thanks for having me.

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