

GET THE FACTS



Women and Arthritis

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What Is Arthritis?

Arthritis is usually defined as inflammation of one or more joints and affects the surrounding tissues and other connective tissues. While the term arthritis includes more than 100 different diseases, the two most common forms of arthritis are osteoarthritis (OA), a degenerative joint disease, which affects more than 27 million people; and rheumatoid arthritis (RA), a systemic (affecting multiple organs in the body) autoimmune disease, which affects over 1.5 million people. Another common form of arthritis is juvenile arthritis (JA), which affects about 300,000 children and adolescents under the age of 16, and encompasses a number of pediatric rheumatic diseases, including systemic lupus erythematosus. Approximately 50 million Americans suffer from some form of arthritis.

How Common Is Arthritis in Women?

While OA, RA and JA are distinctly different diseases, the one thing they have in common is they occur more frequently in females than males—25.9 percent of women have arthritis as opposed to 18.3 percent of men. The adult form of lupus affects women between eight and ten times more than men.

Although there are some clues as to why women are more susceptible to autoimmune diseases (in which the immune system mistakenly attacks and destroys healthy tissue) than men, the exact reasons are unknown. Biology, genetic predisposition, environment and hormones are all thought to play a role in the development of arthritis. Obesity and smoking are also contributing risk factors in the onset of arthritis, especially in OA and RA.

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At What Age Do Women Get Arthritis?

While arthritis is thought to be a disease of older adults, it can actually strike women at any age. In fact, nearly three out of every five people with arthritis are under the age of 65. Lupus often strikes women during their childbearing years, ages 15-44.

What Are the Symptoms of Arthritis?

Although each type of arthritis has different symptoms and treatment options, they all share some common symptoms, including pain or tenderness in the joints, swelling in one or more joints, warmth and redness in a joint and stiffness or difficulty using or moving a joint.

In the early stages of RA, smaller joints, especially those in the hands and feet are usually affected first. As the disease progresses, symptoms often spread to the knees, ankles, elbows, hips and shoulders on both sides of the body and can vary in severity. Over time, RA can cause joints to deform and shift out of place. Fatigue, fever and weight loss are also symptoms of the disease.

In OA, symptoms usually develop slowly and worsen over time. Joint pain, tenderness, stiffness and loss of flexibility are all hallmarks of the disease. However, while men are prone to get OA in their hips, women tend to experience the disease in their hands or knees. Women have two-to-five times higher rates of anterior cruciate ligament (ACL) injuries, a risk factor for the development of knee osteoarthritis. The ACL is one of four major ligaments of the knee and is one of the most commonly injured knee ligaments. ACL injuries are directly linked to sporting activities. Young women involved in sports, such as soccer, basketball, volleyball, lacrosse or snow skiing, that involve stopping suddenly, changing direction or landing from a jump, are at high risk for developing ACL injuries. For example, studies show that women who play soccer have three to four times the number of knee injuries as men who play soccer.

Why women are more susceptible to ACL injuries may be due to a shorter and rounder knee bone, according to a recent study. Women also tend to experience greater pain and reductions in knee function and in their overall quality of life than do men.

How Does Arthritis Affect Women's Lives?

The disease can impact every aspect of a woman's life, including

her financial security—according to the Centers for Disease Control and Prevention arthritis is the number-one cause of disability in the U.S.—her social life, put college and career plans on hold and hinder long-term quality of life. It can even shorten a woman's life. Research studies show that many of the rheumatic diseases, especially rheumatoid arthritis, are associated with an increased risk of heart disease and early death.

Can Arthritis Be Prevented?

While there are some uncontrollable risk factors that contribute to the onset of arthritis, including age, biology and genetics, there are some strategies that may reduce the risk of developing some of these diseases, especially osteoarthritis, and help you manage your symptoms once the disease develops. These tips can help:

- *Maintain a healthy weight*—Carrying extra weight can raise the risk of developing OA because the additional weight places stress on the joints, which may cause cartilage in the unhealthy joint to break down faster. Researchers are beginning to realize that obesity can directly affect joints by weakening the ability of cartilage to maintain a healthy state. Just carrying ten extra pounds makes the knees bear 30 to 60 pounds of more weight with each step. And excess weight can result in more pain, regardless of the type of arthritis you have. Eating a healthy diet of mostly fruits, vegetables, whole grains, fat-free or low-fat milk and milk products, lean meats, poultry, fish, beans, eggs, nuts and healthy unsaturated fats like those found in olive oil can help you maintain a healthy weight. To learn more about controlling weight, visit the Arthritis Foundation's Weight Loss Guide at arthritisfoundation.org/nutrition-and-weight-loss/weight-loss/index.php.
- *Don't smoke*—Smoking has been associated with an increased risk of both osteoarthritis and rheumatoid arthritis. Smoking may cause a faster breakdown of cartilage in the joints, contributing to OA onset and can also damage blood vessels, making pain and inflammation worse, raising RA risk.
- *Wear protective gear during sporting activities and use ergonomic techniques at work*—Any type of sport or occupation that requires repetitive joint action may lead to the development of osteoarthritis. Wearing protective gear while playing sports, such as shin guards for soccer, and following workplace ergonomic

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techniques can help reduce joint injuries. Some strategies include choosing a chair that fits your body and that swivels to minimize joint strain. Also, taking micro-breaks from tasks that use the same set of muscles and joints, such as frequently resting your fingers when typing on a computer keyboard or other electronic device, can relieve joint stress. An occupational therapist can advise you on how to modify your work environment to reduce pressure on your joints.

How Does Arthritis Affect Pregnancy?

With good medical care, women with arthritis can have successful pregnancies. If you are considering getting pregnant or are already pregnant, it is important to discuss your medical care with both an obstetrician to manage your pregnancy and with a rheumatologist to manage your arthritis condition. It is also important to ask your healthcare providers about any risk factors or potential complications that may occur during pregnancy as a result of your disease.

Pregnancy affects arthritis differently depending on the type of disease. Women with RA may experience a remission of their disease or have a reduction in symptoms during pregnancy but then experience a disease flare once the baby is born. Lupus sufferers may experience mild to moderate flares both during and after pregnancy.

Is it Safe to Continue Arthritis Medications During Pregnancy?

The medications prescribed for arthritis, including biologics for RA and non-steroidal anti-inflammatory drugs (NSAIDs) for OA, are generally not recommended during pregnancy or while breastfeeding. However, it is important to continue to manage the symptoms of your arthritis during this time and it may be possible to switch to a different medication that will not cause potential risk to a developing fetus or infant during breastfeeding.

Talk with your obstetrician or pediatrician and your rheumatologist to determine your safest treatment options.

What Can I Do to Reduce the Severity of Arthritis?

Although currently there is no cure for arthritis, there are many steps you can take to improve your health, mobility, pain level and quality of life.

- *Get treatment early*—If you are experiencing pain, stiffness or

swelling in or around a joint for more than two weeks, make an appointment to see your doctor. If your doctor suspects arthritis, ask for a referral to see a rheumatologist. Your rheumatologist can make a specific diagnosis of the type of arthritis you have and prescribe effective treatment. Getting early treatment for your arthritis can often mean less joint damage and less pain. Depending on your type of arthritis, your doctor may recommend a combination of treatments that may include medication, weight management, regular exercise, heat and cold compresses, stress reduction techniques and methods to protect your joints from further damage.

- *Get moving*—Engaging in a regular exercise program can be key to managing your arthritis symptoms, including lessening pain, increasing range of motion, strengthening muscles, reducing fatigue and improving your overall health. If you have active disease, talk with your doctor about the right amount and type of exercise for you. The U.S. Department of Health and Human Services recommends that adults do a minimum of two-and-a-half hours of moderate-intensity aerobic activity, such as brisk walking or gardening, each week; or one hour and 15 minutes each week of vigorous aerobic exercises, such as jogging or dancing. Your rheumatologist can recommend the most effective exercise plan for you. If pain prevents you from starting an exercise program, you may want to try a water exercise program. Water keeps the body buoyant, reducing stress on your hips, knees and spine, while building muscle strength and increasing range of motion. The Arthritis Foundation has several fitness programs, including aquatics and Walk With Ease, which can show you how to safely incorporate physical activity into your everyday life. For program details, visit arthritis.org/programs.php.

What Is the Best Way to Manage My Arthritis?

There are several strategies for successfully managing your arthritis symptoms, including:

- Always taking your medication as your doctor prescribed
- Talking to your doctor about any changes in your arthritis symptoms
- Telling your doctor about any changes in your health or any side effects from medications you may experience
- Telling your doctor about any dietary supplements you may be

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taking to make sure they will not interfere with the effectiveness of your arthritis medications or cause other problems or side effects

What Role Does Vitamin D Have in Arthritis?

Although research findings are inconclusive, there is growing evidence suggesting that vitamin D plays a significant role in joint health and that low levels may increase the risk of RA and OA. Most women in the U.S. are vitamin D deficient, in part because they spend less time outdoors and absorb less vitamin D from sunlight. Your doctor can give you a simple blood test to measure your vitamin D levels and prescribe a vitamin D supplement if they are too low. Although the optimal level of vitamin D is still being debated, most experts agree that 30 ng/mL or higher is the appropriate blood level. Before taking any dietary supplement, including vitamin D, be sure to check with your doctor to make sure it is right for you.

Can Arthritis Flare-ups Be Prevented?

Flare-ups of RA, OA and lupus symptoms can occur after a period of disease remission. The exact causes of arthritis flares are not known, and it is important that you do not blame yourself for disease recurrence. Maintaining your medication regimen and following a healthy lifestyle that includes regular exercise, a well-balanced diet, the right amount of sleep for you, managing stress and not smoking can help reduce the risk of flare-ups.

Does Arthritis Put Me At Risk for Complications From the Flu?

It can. People with certain types of arthritis, including rheumatoid arthritis and lupus, may have weakened immune systems due to either the disease or the immunosuppressive medications taken to treat the condition, potentially putting them at higher risk of more severe flu illness and complications such as pneumonia.

The best way to prevent the flu is to get vaccinated each year. A word of caution: Make sure the vaccine you get contains dead virus. All injected flu vaccines only contain dead virus. However, the nasal vaccine contains attenuated, or live, virus and people with compromised immune systems may not be strong enough to fight off the virus.

Are More Effective Therapies on the Way to Treat Arthritis?

Yes. In addition to already approved drugs for RA, such as Orenzia (abatacept) and Rituxan (rituximab), recently, the U.S. Food and Drug Administration (FDA) approved Xeljanz (tofacitinib), the first oral Janus kinase (JAK) inhibitor for the treatment of rheumatoid arthritis, and more new medications are being investigated.

For more than six decades, the Arthritis Foundation has led the effort to find cures and more effective treatments for OA, RA and JA. Research funded by the Foundation has led to improvements in joint replacement surgeries, the discovery of the first anti-inflammatory drugs and the identification of genes that are linked with the development of RA. Today, Arthritis Foundation-funded research is underway to search for genes linked to the development of OA and JA. The discovery of those genes will help identify who is at greatest risk for developing these diseases and find more effective treatments based on a patient's individual genetic biomarkers, making personalized medicine for arthritis sufferers a reality.

Research investigators are also studying methods to detect OA at its earliest stage before the effects of disease and joint damage are present, as well as new techniques in joint replacement surgeries for both OA and RA.

The Arthritis Foundation has also launched the ACL Intervention Initiative, which is exploring ways to investigate early joint and cartilage changes after an anterior cruciate ligament tear; test compounds to stop or slow the changes; and provide tools for drug developers to bring potential therapies to market faster.

The Importance of Participating in Clinical Trials

Research advances in rheumatic diseases depends on patient participation in clinical trials. Clinical studies are designed to test new therapies in people for their safety and effectiveness. The immediate advantage to you is that you will have access to promising therapies that may help control your arthritis symptoms.

Ask your doctor if a clinical trial could be beneficial for you and what the potential risks and benefits may be. To learn more about arthritis research and clinical trials, go to patientresearchguide.org (available mid-February 2013).