

20 ARTHRITIS MYTHS

Debunked



FROM THE EXPERTS AT THE ARTHRITIS FOUNDATION





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Arthritis is one of the most common health problems — affecting nearly 60 million people in the U.S., including hundreds of thousands of children. It’s also one of the most misunderstood. Myths and misconceptions surround everything regarding arthritis, from what causes it to how it’s treated. Some are rooted in old beliefs, like the idea that stiff, aching joints are just a normal part of getting older. Others promise quick fixes, like a special diet can cure arthritis. And some — like the notion that people with arthritis shouldn’t exercise — have been proven wrong by research.

These myths don’t just spread bad information — they can affect your health. Believing them may keep you from trying treatments that work, leave you relying on things that don’t, or make you accept more pain and limitation than you need to.

In the pages ahead, we’ll tackle some of the biggest **myths** about arthritis and clear up the confusion. You’ll see which “truths” don’t hold up, and what today’s research really says instead. By cutting through the myths, you’ll gain a clearer picture of arthritis — and the confidence to take control of your condition.

COMMON MISCONCEPTIONS

Well-held myths and misconceptions about arthritis have been around for eons. Here we explore a few of the most common and separate fact from fiction.

1 MYTH: Arthritis Only Happens in Old Age

Many people think arthritis only affects older adults — but that's not true. The most common form, osteoarthritis (OA), does become more likely as people age. But arthritis can happen at any age — even in kids.

Juvenile arthritis (JA) begins in children and teens, sometimes as early as infancy. **Rheumatoid arthritis (RA)**, an autoimmune disease, often appears in people in their 20s, 30s, or 40s — prime years for work, family and daily life. And even OA, often linked to “wear and tear,” can start causing symptoms well before retirement.

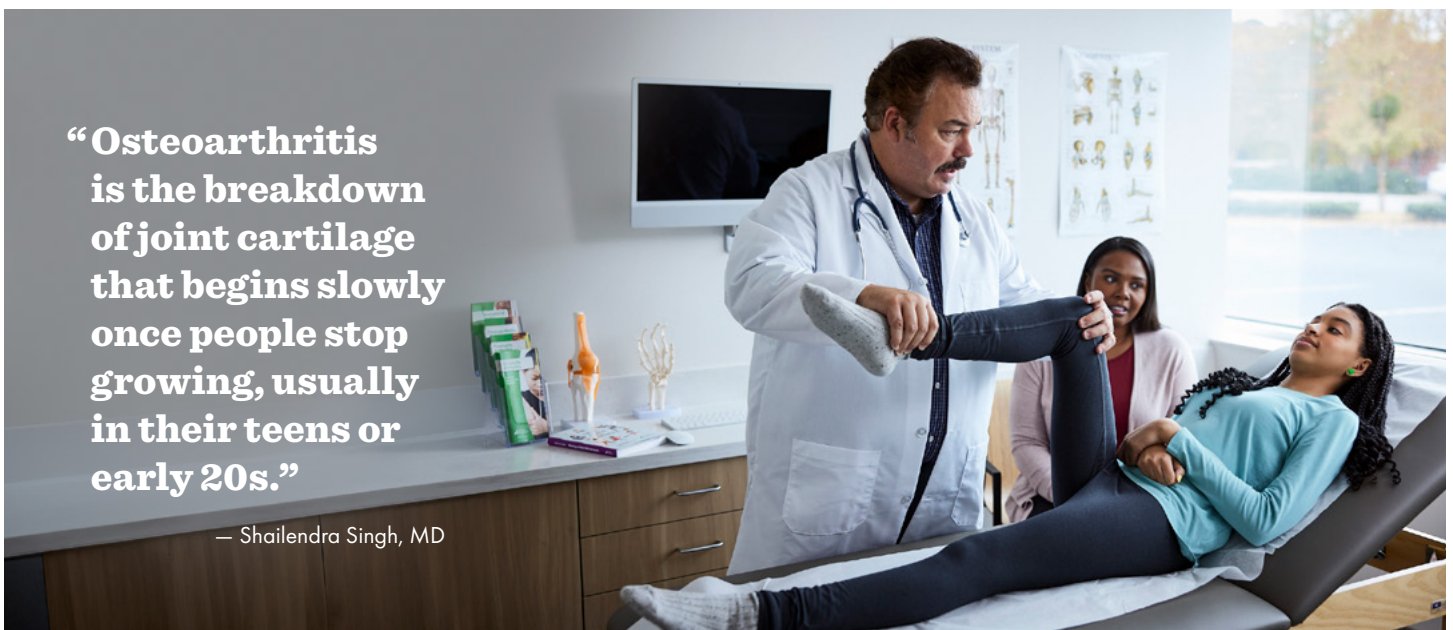
“**Osteoarthritis** is the breakdown of joint cartilage that begins slowly once people stop growing, usually in their teens or early 20s,” says Shailendra Singh, MD, a rheumatologist with Unity Health in Searcy, Arkansas. “That doesn’t mean symptoms show up right away, but when the wear and tear builds up, people may start to notice stiffness or pain.”

Early signs may include stiffness when you first wake up, or pain after activity. Some people notice symptoms earlier because of family history or injuries.

If you have joint pain, stiffness, or swelling, don’t assume you’re “too young” for arthritis. Getting checked early can lead to better treatment, which can protect your joints and help you stay active at any age.

“Osteoarthritis is the breakdown of joint cartilage that begins slowly once people stop growing, usually in their teens or early 20s.”

— Shailendra Singh, MD



2 MYTH: Arthritis Is a Single Disease

Many people think of arthritis as just one condition — but in reality, it's an umbrella term for more than 100 different types of joint diseases and related conditions. Andrew Laster, MD, a rheumatologist with Arthritis & Osteoporosis Consultants of the Carolinas, likens it to a shopping mall: "Just imagine your local shopping mall. That's arthritis and within it there are many different shops. And so there are many different types of arthritis," he says.

Osteoarthritis, the most common type — affecting more than 32.5 million adults in the U.S. — results from wear and tear on the joints and often causes stiffness, swelling, or pain that worsens with activity. Rheumatoid arthritis, by contrast, is an autoimmune disease in which the immune system mistakenly attacks the joints, often leading to inflammation, joint deformity and fatigue. Psoriatic arthritis can affect the joints and tendons and is sometimes linked with skin changes. **Gout** causes sudden, intense attacks of pain due to uric acid crystals, while juvenile arthritis affects children and teens, potentially limiting mobility during critical growth periods.

Because each type of arthritis behaves differently, symptoms, progression and treatments vary widely. Some people may manage mild osteoarthritis with exercise, weight management, or over-the-counter pain relief. Others, such as those with rheumatoid or psoriatic arthritis, may require prescription medications like disease-modifying antirheumatic drugs (DMARDs) or biologics to control inflammation and prevent joint damage.

Early and accurate diagnosis is critical. Dr. Laster emphasizes that anyone experiencing chronic joint

pain lasting six weeks or longer — or sudden swelling, redness, or severe pain — should seek medical care. "For a number of these conditions, the primary care doctor may be able to identify what the issue is and treat it appropriately," he says. "But if they have questions, it's important to see a specialist to identify what they have and what to do about it."



Understanding that arthritis is not a single disease allows patients to get the right care, reduce long-term joint damage and maintain mobility and quality of life.



3 MYTH: Arthritis Is Just Mild Aches and Pains

If you have arthritis, it can be discouraging — or even frustrating — when people call it “just mild aches and pains.” You know from experience that this isn’t true.

Arthritis pain is real. For some people, it may be mild or come and go. But for many, the pain is strong, constant and can interrupt everyday life. Many forms of autoimmune arthritis like rheumatoid arthritis, psoriatic arthritis (PsA) and gout can affect the heart, lungs, skin, eyes and other organs.

Part of the confusion comes from ads for over-the-counter pain medicine that say they help with “minor arthritis pain.” That wording doesn’t mean your pain is small. It only shows what those medicines are allowed to claim. If your pain is serious or keeps coming back, it deserves proper medical attention.

It’s important to speak up about your pain and get care. Treatments like prescribed medicine, physical therapy and other approaches can help ease symptoms and protect your joints. You don’t have to “tough it out.” Your pain is real, and support is available to help you feel better and stay active.

4 MYTH: Joint Pain in Children Is Just “Growing Pains”

It’s common to assume that sore knees, ankles, or elbows in kids are simply growing pains. But for hundreds of thousands of children and teens in the U.S., ongoing joint pain may actually signal one of several types of juvenile arthritis (JA).

Juvenile arthritis refers to rheumatic diseases in children aged 16 and younger. These diseases are not just adult diseases in children; they have many distinctions and are treated differently than in adults. JA is an autoimmune disease, which means the body’s immune system mistakenly attacks its own joints. This causes swelling, stiffness, pain and sometimes warmth in the joints.

There are different types of JA. The most common is juvenile idiopathic arthritis (previously known as juvenile rheumatoid arthritis), and they include juvenile psoriatic arthritis, pediatric lupus and a number of others. The exact cause is unknown, but genetics and immune system factors play a role.

Unlike occasional “growing pains,” which are usually mild, occur at night and don’t interfere with daily activities, JA causes persistent or recurring joint discomfort that can limit movement and impact a child’s quality of life. Early signs may include difficulty climbing stairs, limping, or stiffness in the morning.

Early diagnosis and treatment by a pediatrician or pediatric rheumatologist are crucial. Interventions can include medications to control inflammation, physical therapy to maintain joint function and lifestyle strategies to support mobility. Recognizing that joint pain in children is not always benign is key — prompt attention can help protect growing joints and keep kids active and thriving.

5 MYTH: I Can't Have Psoriatic Arthritis Because I Don't Have Psoriasis

It's a common misconception that **psoriatic arthritis** only affects people who already have visible **psoriasis**. In reality, the arthritis symptoms can appear first. In some individuals, joint pain, stiffness and swelling show up years before any skin changes develop. Others may have psoriasis so subtle that it goes unnoticed — like a tiny patch on the scalp, behind the ear, or on the belly button.

Studies show that in about 75% of cases, psoriasis appears before joint disease, and in roughly 15%, they appear at the same time. That still leaves about 10% of cases where joint disease comes first. Even without visible skin disease, doctors may diagnose PsA based on characteristic symptoms, including sausage-like swelling of fingers or toes, lower back pain from sacroiliitis, or pain at the heel or sole of the foot from enthesitis (inflammation at tendon or ligament attachments).

The amount of skin and nail involvement doesn't correlate with the amount of joint involvement. Some clinicians hesitate to make a PsA diagnosis without visible psoriasis. "In those cases, we may look for small spots of psoriasis in unnoticeable places, such as on the scalp beneath the hair," says Amy Ladd, MD, Chief of Stanford Health's Chase Hand & Upper Limb Center. "The good news is that there are several newer medications, like ustekinumab, secukinumab and ixekizumab, that are highly effective at treating both joint and skin disease."

The bottom line: PsA isn't limited to people with obvious skin plaques. Early recognition and treatment are essential to protect joints and maintain quality of life.

6 MYTH: If I Have Back Pain, It Must Be Arthritis

The reality is **back pain** could be the result of many things — muscle strains, poor posture, herniated or bulging discs, ligament injuries, scoliosis, or everyday stress can all contribute. Sometimes, kidney stones, infections, or nerve problems like sciatica can also cause back discomfort.

"You clearly can have back pain for many reasons other than just having arthritis," says Dr. Laster. "One I see not uncommonly relates to fragile bones and **osteoporosis**. People can develop fractures of their vertebrae with trivial movement — bending down to get clothes out of the dryer, turning to lift a grandchild out of the car — and suddenly have severe pain. Because back pain is so common, it may go undiagnosed for long periods, sometimes never even getting an X-ray."

Arthritis-related back pain, like that from **ankylosing spondylitis**, often shows up as chronic stiffness, especially in the morning, and may worsen gradually over time. In contrast, pain from muscles, discs, or minor injuries may improve with rest, **physical therapy**, or targeted exercise.

Persistent, severe, or function-limiting back pain should always be checked by a health care provider. A proper evaluation can determine whether arthritis, bone fragility, disc problems, or another cause is responsible — and guide the best treatment plan.

"You clearly can have back pain for many reasons other than just having arthritis."

— Andrew Laster, MD

FALSE CAUSES OF ARTHRITIS

From chilly weather to knuckle-cracking, ideas about what causes arthritis abound. But some of these “common sense” ideas just don’t hold up.

7 MYTH: Cold, Damp Weather Causes Arthritis

Some people notice their joints ache more on rainy or chilly days. While arthritis symptoms can feel worse in certain **weather**, cold or damp weather does not cause arthritis. Osteoarthritis, rheumatoid arthritis and other types of the disease develop because of genetics, age, immune system factors, or prior joint injuries — not the forecast.

That said, changes in barometric pressure, temperature and humidity can affect how joints feel. These shifts may cause joint capsules and tissues to expand or contract slightly, which can make stiffness or pain more noticeable in someone who already has arthritis. This is why people often report aching or “tight” joints on rainy or cold days.

Researchers are still exploring why some individuals are more sensitive to weather-related joint changes than others. But the key takeaway is that the weather may influence symptoms, but it does not trigger the underlying disease.

So it’s smart to dress warmly on a cold, damp day — but you don’t need to blame the weather for your arthritis. Staying active, taking medications as prescribed and protecting your joints will do far more for managing the condition than worrying about the rain or chill.



Weather may make symptoms noticeable, but it doesn’t cause arthritis.

8 MYTH: Cracking Your Knuckles Causes Arthritis

This is an old myth — people have been saying it for generations: “Don’t crack your knuckles. It will give you arthritis.” Fortunately, it’s just that — a myth. The little “pop” you hear comes from tiny gas bubbles in the fluid around your joints — not from damage.

That said, **knuckle-cracking** can sometimes irritate the soft tissue — not to mention anyone within earshot of your snap, crackle, pop. But don’t worry: Research shows knuckle-cracking does *not* cause arthritis.

The “pop” you hear when cracking your knuckles comes from gas bubbles, not joint damage.

9 MYTH: Running Causes Arthritis in Your Joints

It’s a common belief that **running** will wear out joints — especially your knees — and cause arthritis. But research shows that running does not cause osteoarthritis in healthy knees or other joints. In fact, some studies suggest that recreational running may actually support joint health, helping to maintain healthy cartilage, strengthen the muscles around the knees and improve overall mobility.

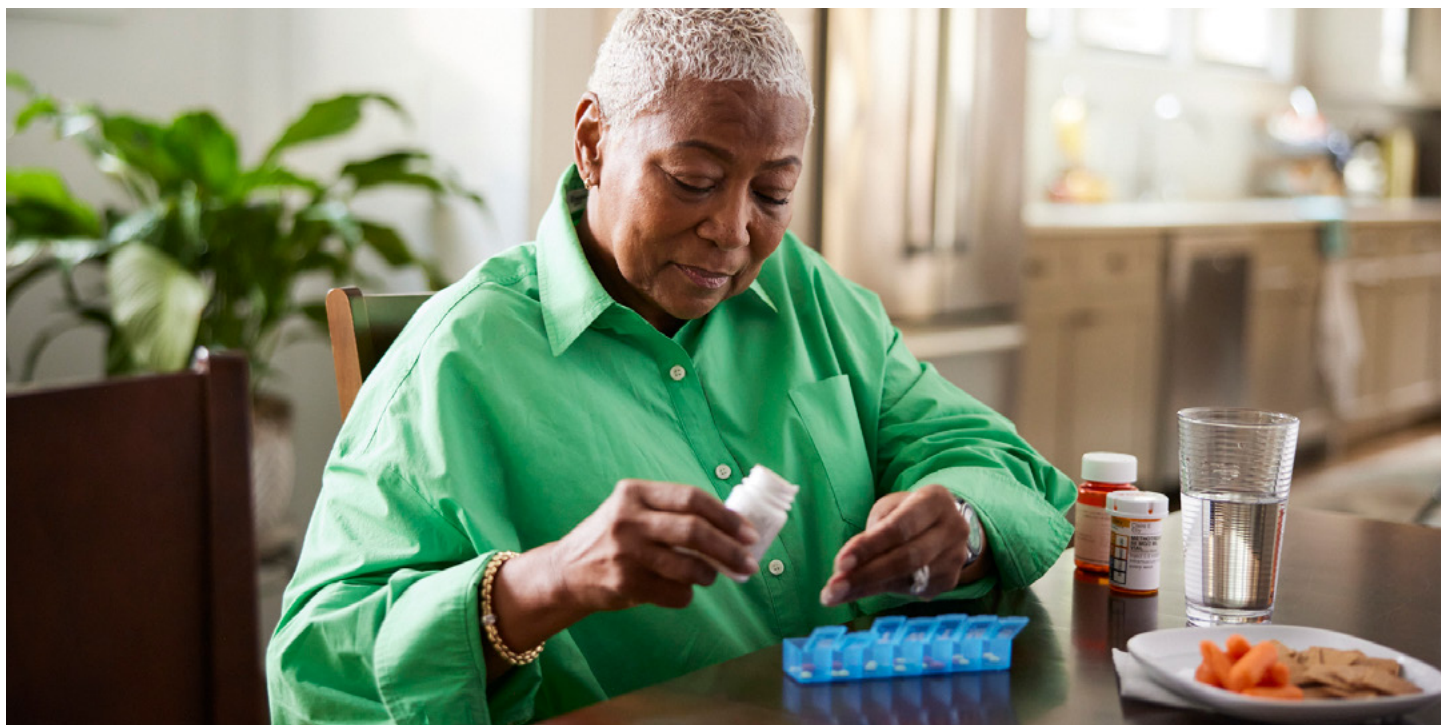
That doesn’t mean every runner is immune to knee issues, or that everyone with arthritis should take up running. People who are naturally prone to joint pain, have a history of knee injuries, or already show signs of joint degeneration or arthritis might experience discomfort during running. For these individuals, lower-impact exercises like cycling, swimming, yoga or tai chi may be a better choice — but arthritis is not inevitable.

Physical activity, however, is one of the best ways to treat arthritis — it can reduce pain and stiffness, help maintain a healthy weight and improve mood and overall health. The key, experts say, is to listen to your body, train safely and address injuries promptly. For running and many other physical activities, proper footwear, gradual increases in mileage and frequency and strengthening exercises for muscles around affected joints can also help protect the knees while keeping you active. Running, when done thoughtfully, is not the enemy — it can be part of a healthy, active lifestyle that actually supports long-term joint function.



MEDICINE MYTHS

Some people assume “natural” always means safe, over-the-counter drugs can’t hurt, or generics aren’t as effective as brand names. Here are the myths and the truths.



10 MYTH: Natural Remedies Are Always Safer Than Prescription Arthritis Medications

It’s a common belief that “natural” means risk-free — but in reality, that’s not always the case. **Supplements**, for example, are not regulated like over-the-counter (OTC) and prescription medications. In fact, some supplements marketed for arthritis have been found to contain unlisted ingredients, incorrect doses, or even substances that can be harmful. Certain herbal blends advertised for joint pain have tested positive for steroids, **non-steroidal anti-inflammatory drugs** (NSAIDs), or other pharmaceuticals, which can have serious side effects if taken unknowingly. Even popular supplements like

glucosamine or chondroitin, while generally considered safe, may interact with blood thinners or diabetes medications, and quality can vary between brands.

Supplements can play a role in arthritis care, but caution is key as they can have a powerful effect. Choose products that are third-party tested or certified by trusted organizations (like **NSF.org**), read labels carefully and always talk with your doctor or pharmacist before starting any supplement. This is especially important if you take prescription medications or have other health conditions. Your health care team can help weigh potential benefits against risks and ensure supplements don’t interfere with your arthritis treatment, especially if you take prescription medications or have other health conditions.

11 MYTH: If Medications Are Available Over the Counter, They Must Be Safe for Everyone

It's easy to assume that just because a medication doesn't require a prescription, it's completely safe — but that isn't always true. OTC arthritis medications, such as NSAIDs like ibuprofen or acetaminophen can ease arthritis pain, but they aren't risk-free. Even standard doses can cause stomach irritation, ulcers, kidney problems, or raise blood pressure, particularly in older adults or people with certain health conditions including kidney disease, heart disease and asthma.

Another important point is that the same active ingredient often appears in multiple products. For example, a cold medicine or combination pain reliever may also contain acetaminophen or ibuprofen. Taking more than one product with the same ingredient can lead to accidental overdose, which can be dangerous.

To use OTC medications safely, always read labels carefully for active ingredients and speak with your doctor or pharmacist before starting a new product, especially if you have other health conditions or take prescription medications.

OTC medications aren't always risk-free. Always read labels carefully for active ingredients and speak with your doctor or pharmacist before starting a new product.

12 MYTH: Generic Drugs and Biosimilars Aren't as Effective as Brand-Name or Reference Drugs

Many people worry that switching to a generic drug or a biosimilar means they'll get a weaker or less reliable treatment — but for arthritis (and most other conditions), that's not true.

Generics contain the same active ingredient, in the same strength and form, as their brand-name counterparts. The FDA requires them to meet strict standards for quality, purity, strength and stability, and to demonstrate bioequivalence — meaning the medication delivers the same amount into the bloodstream in the same time frame as the brand-name version. This ensures generics work just as well, often at a much lower cost.

Biosimilars, used for certain biologic arthritis treatments, are highly similar but not identical to the original biologic. This is because biologics are made from living cells, and slight differences in the manufacturing process can create small variations. Even so, the FDA requires biosimilars to demonstrate no clinically meaningful differences in safety, effectiveness, or immune response compared with the reference product.

There can be small differences, like in inactive ingredients. These usually don't change how well the medicine works, but they might cause mild stomach issues or allergic reactions. Some drugs need extra monitoring because small changes can matter, but this usually isn't a problem for common arthritis medicines like NSAIDs, methotrexate, or most biologics.

13 MYTH: Women Should Avoid Arthritis Medications During Pregnancy

It's a common concern that all arthritis medications are unsafe during **pregnancy** — but that's not true. While some drugs, like methotrexate or leflunomide, must be avoided, others — such as certain **corticosteroids**, hydroxychloroquine, or sulfasalazine — may be considered safe and can help keep disease activity under control.

Not treating arthritis can be risky. If inflammation is active during pregnancy, it can lead to problems like early birth, low birth weight, or health challenges for the mother. "If mothers with active rheumatoid arthritis

choose not to treat their RA during pregnancy, they have a greater risk of delivering a baby who is small, premature, and/or requires medical care after birth compared to a mother whose rheumatoid arthritis is well-controlled," says Mehret Birru Talabi, MD, PhD, rheumatologist and associate professor at the University of Pittsburgh. "It's also so important for a woman to be functional during pregnancy and afterward so she can care for herself and her child."

Because every pregnancy and type of arthritis is different, it's crucial to work closely with a rheumatologist before and during pregnancy. Together, you can develop a medication plan that balances safety for the baby with effective management of the mother's condition, ensuring the best possible outcomes for both.

"It's also so important for a woman to be functional during pregnancy and afterward so she can care for herself and her child."

— Mehret Birru Talabi, MD, PhD



14 MYTH: The Only Treatment for Osteoarthritis Is Medication to Relieve the Pain

Many people assume that only treatment for osteoarthritis is creams and pills to manage the pain, but that's far from the whole story. While it's true there are no treatments to reverse joint damage, there are options beyond oral and rub-on pain relievers (known as **topicals**) to reduce pain and improve function. Some can even help slow the progression of OA.

Physical activity is a cornerstone of OA management. Different movements help in different ways: Stretching keeps joints flexible, strength exercises support and protect joints, and cardiovascular exercises boost overall energy and heart health. People with OA can do moderate or even hard activities, as long as they listen to their body and don't push too much.

Weight management is another key factor in OA management. Extra body weight places additional stress on weight-bearing joints, especially the knees and hips. One pound of excess weight can add up to four pounds of extra pressure on the joints. Losing even a modest amount of weight can significantly reduce pain, improve mobility and help reduce **inflammation** throughout your body.

Other helpful tips include wearing good shoes, braces, or assistive devices, and modifying activities to reduce strain on vulnerable joints. Physical therapy can also teach safe techniques to move and stay active.

15 MYTH: I Can't Take Medications for Arthritis Pain, or I Will Get Hooked

Addiction is an important concern for anyone who requires pain medications long term, but the truth is, most arthritis medications are not addictive. There are many types of drugs to manage pain, and doctors choose the right one based on your condition, pain level, and overall health.

For example:

- ▶ **NSAIDs** like ibuprofen or naproxen, and acetaminophen, help with everyday arthritis pain.
- ▶ **DMARDs**, such as methotrexate for rheumatoid arthritis, work by reducing inflammation and slowing joint damage. While DMARDs are not traditional painkillers, reducing inflammation can help lessen pain over time because the joints become less swollen and irritated.
- ▶ **Other medications**, like certain antidepressants (for example, duloxetine or amitriptyline), can help nerve or muscle pain, including conditions like fibromyalgia.

Stronger prescription opioids — the type of medication usually associated with addiction — are usually reserved for severe pain or post-surgery pain that cannot be controlled with other medications, and many doctors may recommend joint replacement or other interventions instead of long-term narcotics for arthritis pain.

DIET & LIFESTYLE MYTHS

Myths about diet, rest, exercise and occupational therapy can be confusing. Here's the truth about what really helps — and who might benefit most.

16 MYTH: Gout Is Caused and Can Be Cured by Diet and Willpower

Gout has been called the “disease of kings” because it was once most common in people who could afford rich foods, lots of meat and alcohol. This history led to the false idea that diet alone causes — or can cure — gout.

The truth is that like other forms of inflammatory arthritis, genetics play a key role in gout, which is caused by high levels of uric acid in the blood. Uric acid can form sharp crystals in the joints, causing sudden and intense flares. These flares often affect the big toe, ankle, or knee and can bring swelling, redness and severe pain. **Diet can help reduce how often flares** happen — by limiting red meat, alcohol and sugary drinks — but it does not cause or cure gout. Willpower alone won't change uric acid levels either. Most people need prescription medications to lower uric acid and prevent attacks.

“This belief that gout is self-inflicted and can be overcome with sheer willpower creates stigma and makes it difficult for some people to seek help,” says Jasvinder Singh, MD, Section Chief of Immunology, Allergy and

“This belief that gout is self-inflicted and can be overcome with sheer willpower creates stigma and makes it difficult for some people to seek help.”

— Jasvinder Singh, MD

Rheumatology at Baylor College of Medicine. “Changing the diet in many cases is an adjunctive strategy that can help the treatment of gout, but most people with gout will need some type of pharmacotherapy to help control their uric acid and control the disease.”



Gout often happens because the body can't get rid of uric acid efficiently, which comes from breaking down purines found in many foods. High uric acid can also affect tissues around joints, causing chronic inflammation and sometimes joint damage over time.

Lifestyle changes — like eating a balanced diet, maintaining a healthy weight, staying hydrated and limiting alcohol — can help reduce flares and improve overall health, including heart health and diabetes risk. But managing gout mainly requires medical treatment. Understanding the disease and seeking proper care can help prevent flares, protect your joints and improve quality of life.

17 MYTH: Rest Is the Best Treatment for Arthritis

It might seem natural to sit still when your joints hurt, but the truth is, too much rest can actually make arthritis worse — causing muscles to weaken and joints to stiffen. Joints need movement to stay healthy — motion helps keep cartilage nourished, muscles strong and stiffness at bay.

Exercise is one of the best ways to manage arthritis and it comes in different types:

- ▶ **Range-of-motion exercises** help keep joints flexible and reduce stiffness.
- ▶ **Strengthening exercises** build the muscles around your joints, which helps support and protect them.
- ▶ **Cardiovascular exercises**, like walking, swimming or cycling, improve heart health, stamina and overall energy.

Some people with arthritis can even do more vigorous exercise, like jogging or weightlifting, as long as they don't overdo it or push through pain. The key is to find an **exercise routine** that works for your body and to increase intensity gradually. Physical therapists can also design programs that balance movement with joint safety to help prevent overuse and injury.

You may be inclined to avoid moving when a joint hurts or during an arthritis flare. While you should avoid overexerting or stressing inflamed joints, gentle movement, stretching and range-of-motion exercises can actually help reduce stiffness and maintain function — even during times of pain or a flare.



18 MYTH: Occupational Therapy Is Only to Help People do Their Jobs

Despite its name, **occupational therapy** (OT) isn't just about work — it's about helping people stay independent and active in all areas of daily life. For someone with arthritis, that might mean finding easier ways to cook, bathe, dress, garden, or enjoy hobbies without putting extra strain on painful joints.

Occupational therapists can recommend adaptive tools like utensils, braces, or customized insoles, and suggest strategies to make daily tasks more manageable. "OTs are really about how the person functions in the world," says Cheryl Crow, an occupational therapist and creator of Arthritis LIFE. "We call it the PEO model: person, environment and occupation."

An "occupation" can be anything you need or want to do — from getting dressed to tending your garden or even shuffling a deck of cards. OT can also support mental health, which can influence how well someone manages arthritis. "Our scope includes mental health work," Crow explains. "If I were to change the title of OT, I would change it to life skills therapist, because it is really about functioning in daily life."

In short, occupational therapy helps you live fully, supporting your independence, comfort and overall quality of life — not just your ability to do a job.

19 MYTH: You Can Cure Arthritis With Diet

It's easy to see why this myth spreads — headlines about “miracle foods,” “super foods” or “anti-inflammatory diets” promise a simple fix for a complex disease. While healthy eating can play an important role in managing arthritis, there is currently no diet that can cure arthritis.

Arthritis is an umbrella term for more than 100 different conditions. Each has different causes — some related to immune system activity, others to joint wear and tear, and many are connected to genetics. Food alone cannot reverse joint damage, stop the immune system from attacking healthy tissue, or change someone's genetic risk.

That said, **diet still matters**. Many people find that eating more fruits, vegetables, whole grains, lean protein and omega-3-rich fish helps reduce inflammation and boosts overall health. Maintaining a healthy weight is especially important, since extra pounds put added stress on weight-bearing joints. On the flip side, limiting processed foods, sugary drinks and excess alcohol can support joint health and help manage symptoms.

Think of diet as one tool in a bigger toolbox — alongside medications, physical therapy, exercise, **stress** reduction and sometimes surgery. Eating well can help you feel better and may improve how your body responds to other treatments, but it won't “cure” arthritis.

Instead of searching for a cure in food, focus on building balanced eating habits that support your body and work together with your care plan. That's the best way to take charge of your arthritis and your overall well-being.

20 MYTH: Going Gluten-Free Helps Arthritis Symptoms

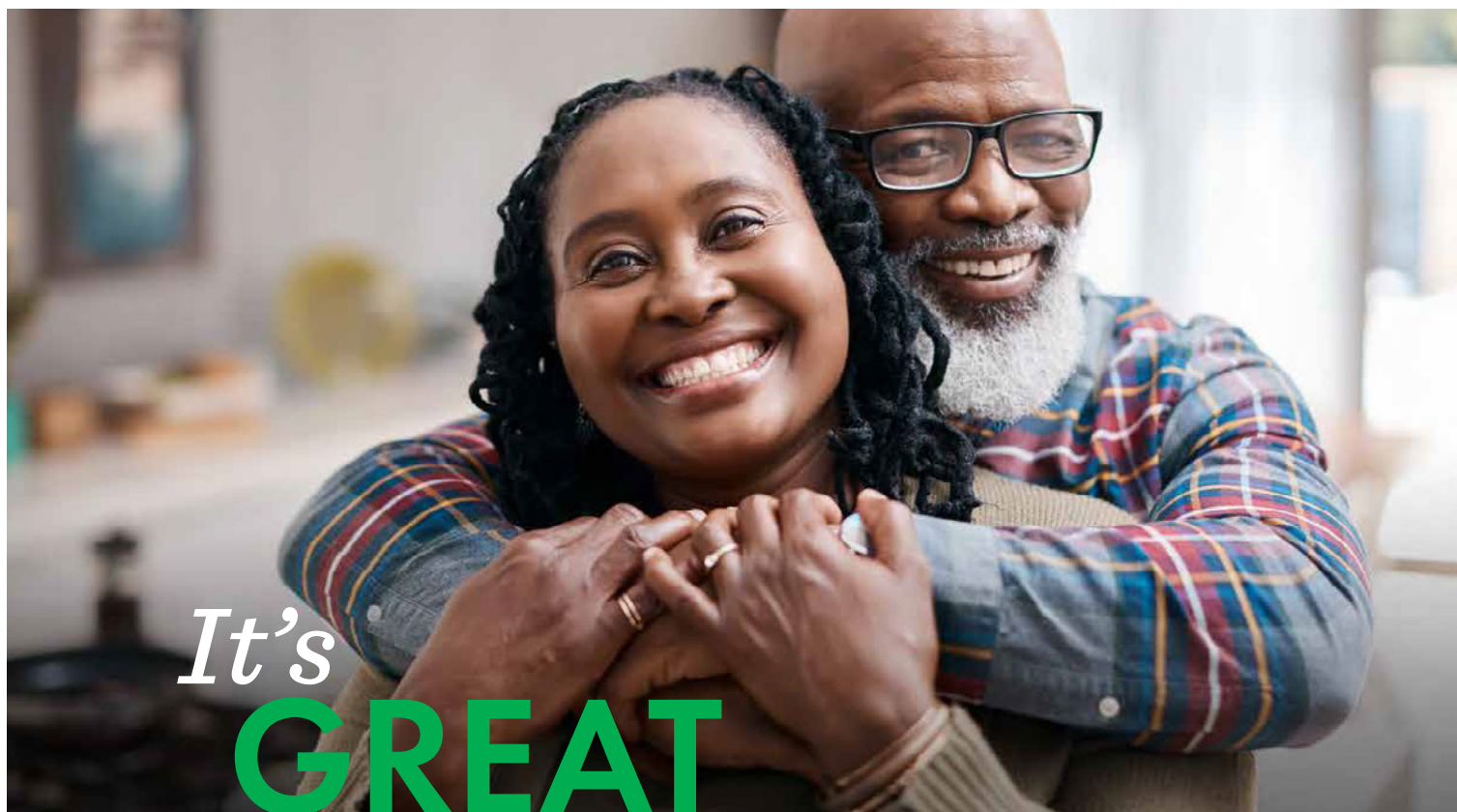
If you've been living with arthritis, you might have heard that cutting out gluten can ease your joint pain or inflammation. While this idea is popular, it's not backed by strong evidence for most people with arthritis.

Gluten is a protein found in wheat, barley and rye. People with celiac disease must avoid gluten because it damages their small intestine. But for individuals with rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, osteoarthritis, or other common forms of arthritis, going gluten-free hasn't been shown to improve symptoms beyond anecdotal evidence from individuals. Current scientific research suggests that unless you have celiac disease or a diagnosed gluten sensitivity, removing gluten from your diet probably won't reduce joint pain, swelling, or stiffness.

Even so, some people do report feeling better on a gluten-free diet, but this may be due to cutting out processed foods, eating more fruits and vegetables, or reducing added sugars, which can reduce inflammation — not because they cut out gluten.

Also, a gluten-free diet is not automatically healthier. Many gluten-free packaged foods are lower in fiber and higher in sugar or fat than their gluten-containing counterparts. Making these changes without help from a dietitian can actually lead to poor nutrition.

For managing arthritis, focus on evidence-based strategies: a **balanced diet** rich in fruits, vegetables, whole grains, lean proteins and healthy fats; regular physical activity; and appropriate medications or therapies recommended by your health care team. If you suspect a true gluten sensitivity, talk to your doctor before making major dietary changes.



It's **GREAT** *To Meet You*

We're so excited to have you in our community and can't wait to help you **Live Your Yes!**

Helpful Resources

To get started on your personal journey, we hope you'll take advantage of some of the many tools and resources designed for you. Here are a few to get you started.

- ▶ Join a **Connect Group** today to make connections and get information and resources to help you manage your pain.
- ▶ Have questions? Our licensed clinical staff is available to you to provide **one-on-one personal support**.
- ▶ **A variety of tools** are accessible online to help you reduce pain, promote your independence and live your best life.
- ▶ Ready to connect locally? Check out programs and **events in your area**.

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