

60 WAYS TO FIGHT & PREVENT PAIN

FROM THE EXPERTS AT THE ARTHRITIS FOUNDATION

PAIN
AWARENESS
MONTH

SEPTEMBER 1-30



Arthritis
Foundation®



Plan to Stop Pain

USE THESE TOOLS TO CREATE YOUR PERSONALIZED PLAN TO PUTTING A STOP TO YOUR PAIN.

When you live with arthritis, pain often strikes without warning, stealing joy and independence. But you have the power to put pain in its place — and to say YES! to living your best life.

By creating your own personalized arthritis pain plan, you can take steps to stop pain or even prevent it. Identifying what triggers your pain is one of the best first steps you can take to preventing it. Keep a pain journal and share it with your doctor, so together you can pinpoint triggers.

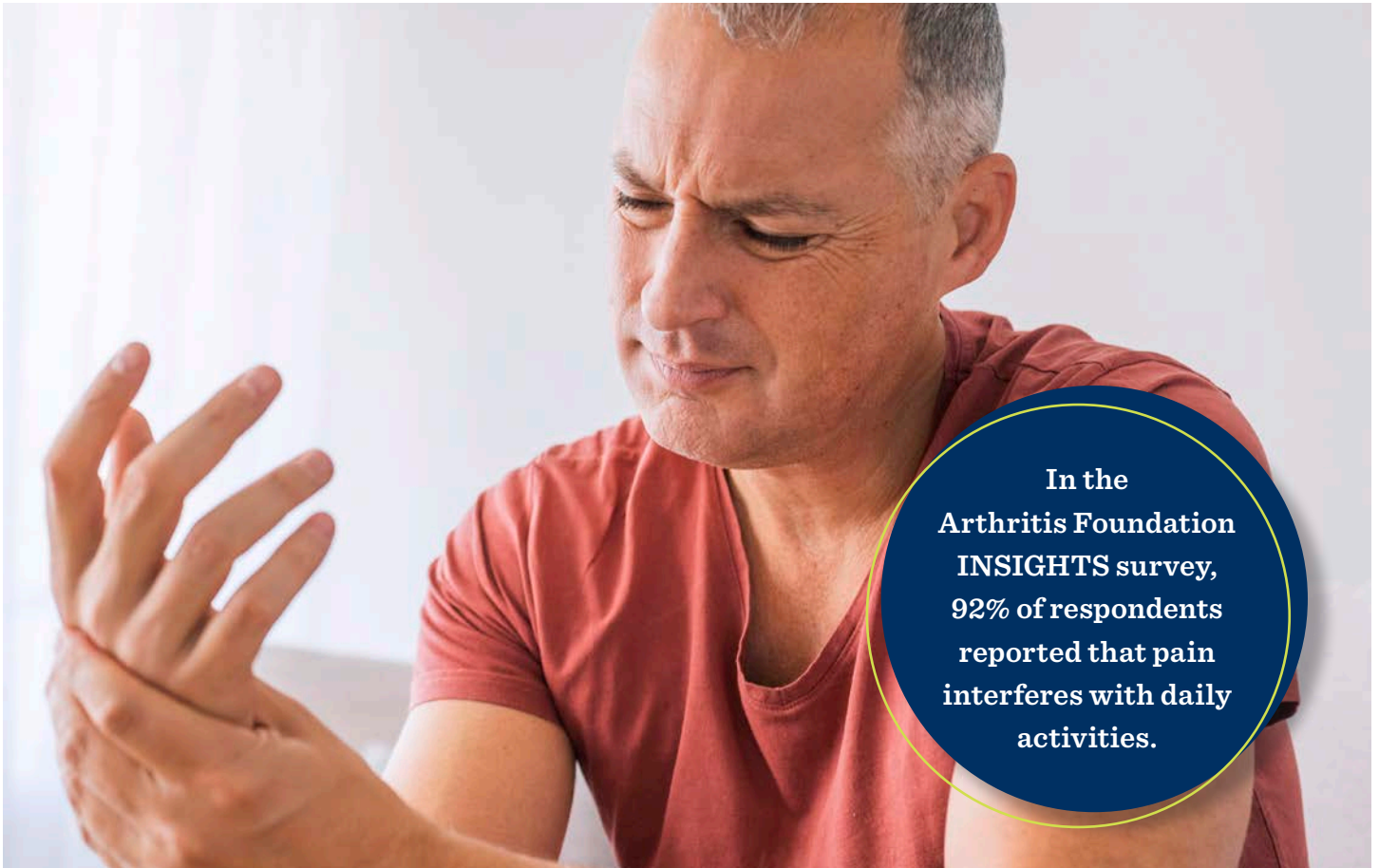
Expect a trial-and-error approach to pain-relief therapies until you find what works for you. Try a variety of options so you have several therapies to choose from when needed. (To learn more, tune in to the Arthritis Foundation's [Live Yes! With Arthritis Podcast: Building Your Personal Pain Plan.](#))

Use this knowledge and these 60 tips in your personalized pain plan to get the relief you deserve.

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Know What Factors Affect Pain



In the Arthritis Foundation INSIGHTS survey, 92% of respondents reported that pain interferes with daily activities.

1 LOCATION, SEVERITY AND QUALITY. These can help indicate the source of your pain and its treatments. For example, dull, aching pain in your shoulder could indicate muscle strain or arthritis; tingling in your fingers might suggest nerve pain.

2 EMOTIONAL RESPONSE. People who maintain a positive outlook and accept pain rather than letting it consume them experience less pain. Those who catastrophize – view it fatalistically – experience more pain and less ability to function.

3 STRESS. Stress is more likely to lead to developing rheumatoid arthritis (RA) or a flare. What's more, stressed-out people tend to skip healthy habits like exercise that could reduce pain. And stress causes anxiety and muscle tension, which worsens pain.

4 HEALTH HABITS. Eating healthfully, staying physically active and getting enough restful sleep are all critical to good overall health and reducing pain levels. Moving is especially important for people with joint pain, and poor sleep is associated with higher pain.

5 SMOKING. Evidence is clear that smoking worsens chronic diseases and can interfere with medications used to treat them. Research shows chronic pain patients who smoke have worse pain than non-smokers. Smoking also is linked to more pain from RA, osteoarthritis (OA) and psoriatic arthritis (PsA).

6 COPING MECHANISMS. People with strong social systems fare better with pain, whereas loneliness is intertwined with worse disease and more pain. (Learn more by listening to the [Live Yes! With Arthritis podcast on Reframing Pain.](#))

Tell Your Doctor



A recent study of cancer patients showed using a pain diary helped reduce their pain.

7 CHOOSE YOUR WORDS. To help guide your treatment, choose words that best describe your pain, such as dull, aching, tender, shooting, tingling, burning, stabbing or throbbing.

8 WHERE IS THE PAIN? Does it stay in one area or move around? For example, is it deep in your shoulder or in the muscles near the surface; under the kneecap or in the back of the knee; in the outside of your hip or in your groin?

9 WHEN DOES IT HURT? How long have you had the pain? Is it consistent or does it come and go? Does it occur when you move in certain ways?

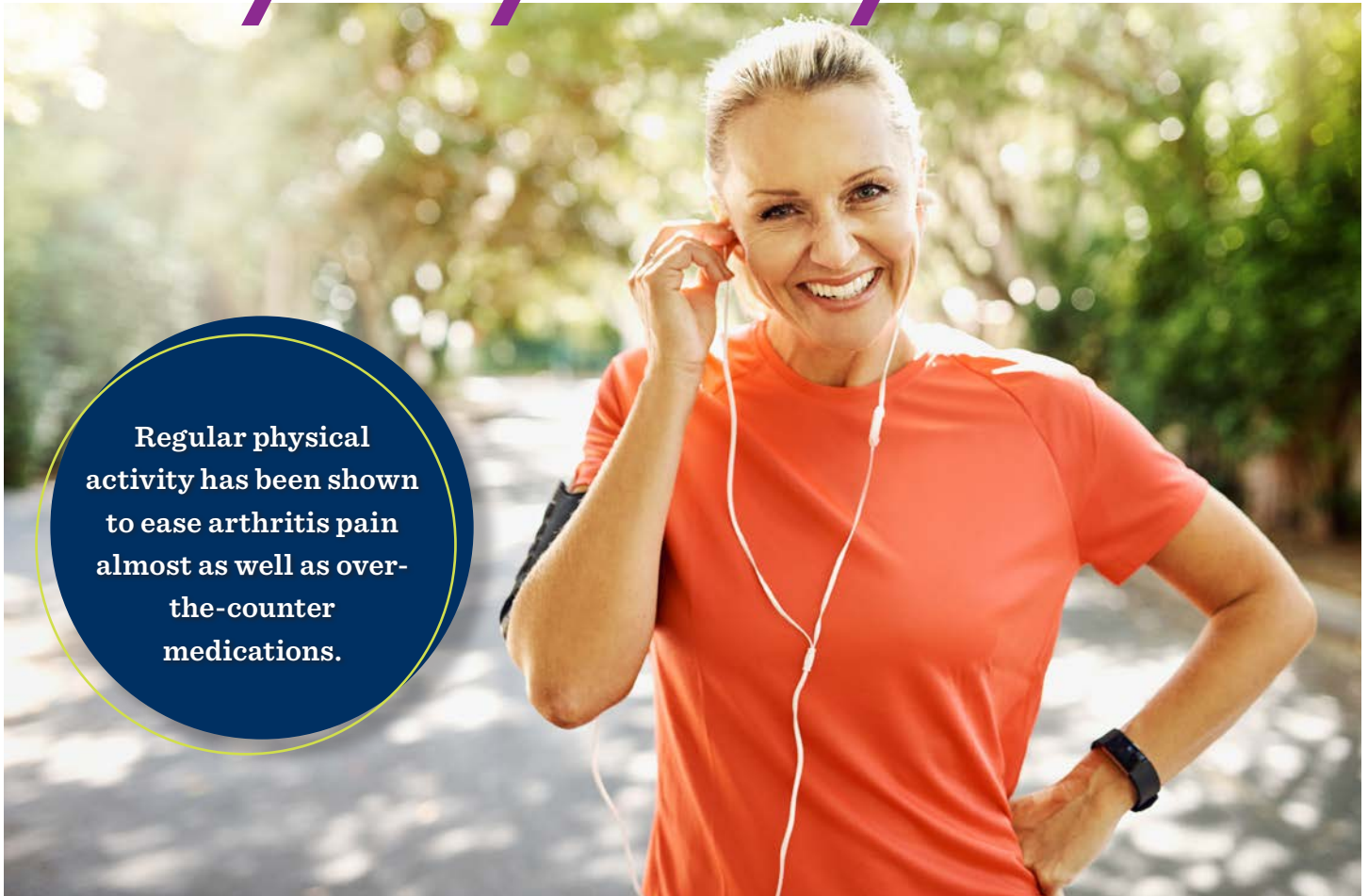
10 HOW DOES IT AFFECT YOUR ACTIVITIES AND LIFE? What have you had to adjust or avoid? Have you had to miss work or classes? Is it hard to get out of bed in the morning? Have you been

skipping your morning walk? Does it leave you so drained that you aren't doing things you normally enjoy?

11 HOW MUCH DOES IT HURT? Your doctor will ask you to rate the intensity of your pain on a scale of 0 to 10, where 0 is pain-free and 10 is unimaginable pain. Let your doctor know your baseline level of pain — what you typically experience — as well as the highs and lows. Your doctor can use this information to help determine how much and what type of treatment you need.

12 KEEP A PAIN JOURNAL. Note when your pain is better or worse, the time of day or night, and what activities you're engaged in before and at the time. This information can help you understand and adjust your activities (Are you overdoing or underdoing it with your activity levels?) and help your doctor determine timing and dosage of medications.

Stay Physically Active



Regular physical activity has been shown to ease arthritis pain almost as well as over-the-counter medications.

13 MOVEMENT IS MEDICINE. Studies show regular physical activity can reduce arthritis pain and stiffness and improve functioning by as much as 40%. It also can boost your mood and cognitive function.

14 CONSULT AN EXPERT. Especially if you're just starting out, a physical or occupational therapist can provide exercise options that are safe for arthritic joints and modifications for everyday movements to avoid added strain and pain.

15 START SLOW. Warm up at least 10 minutes before each session to increase flexibility and help prevent injuries. Slowly, over weeks, increase the intensity and time of workouts.

16 GO LOW. Low-impact exercise — walking, swimming, cycling, yoga, tai chi — are good options for people with arthritis. (Check out the Arthritis Foundation's [Walk With Ease program](#).) Some

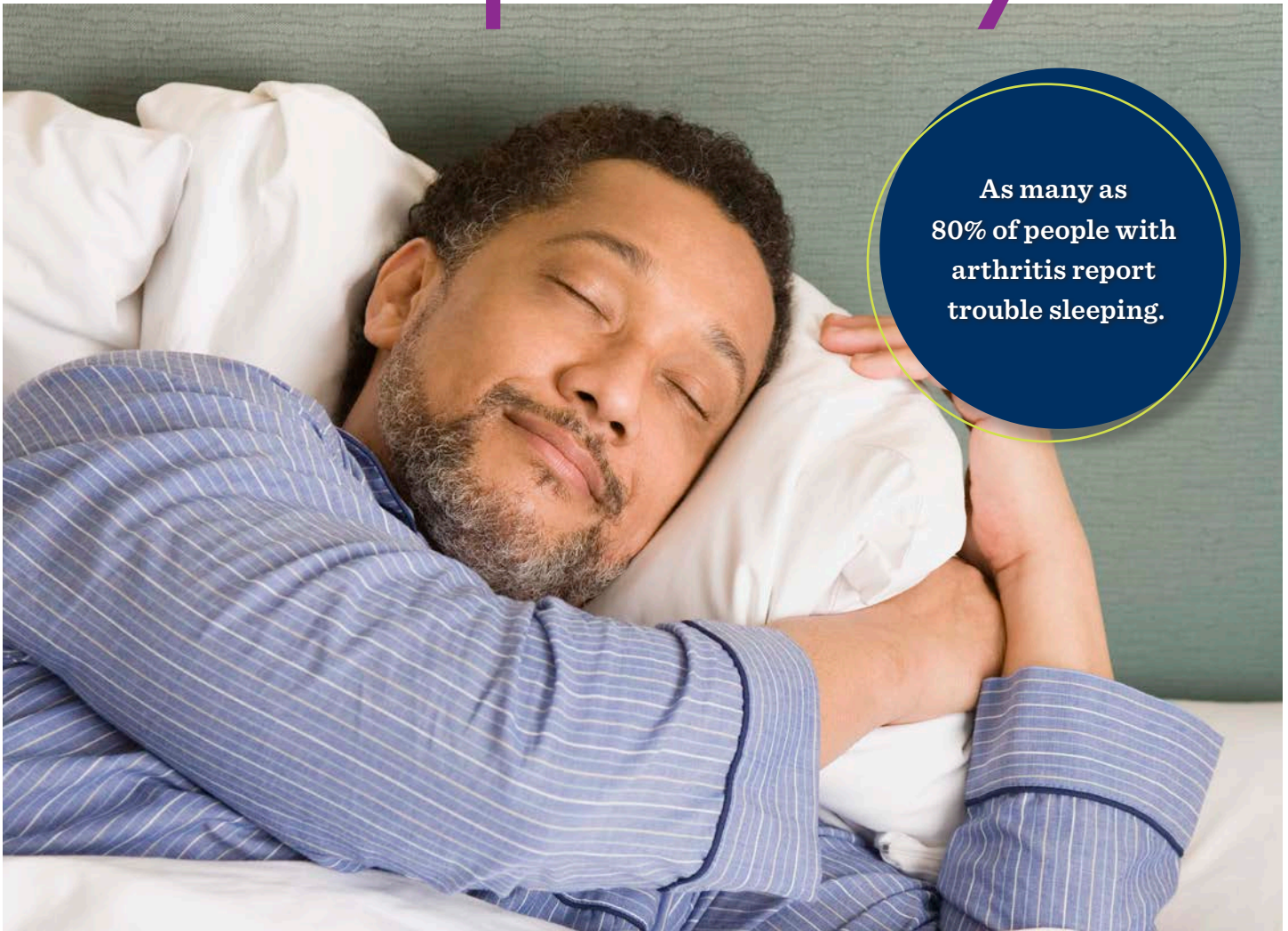
higher impact activities like running may be OK, but check with your health care team before trying them.

17 MAKE IT WELL-ROUNDED. A well-rounded, weekly routine should include strength training, stretching, and cardiovascular and balance exercises. Stronger muscles help support your joints. Pick activities that are fun so you stick with it!

18 IT ALL COUNTS. Whether it's a gym workout, a trip to the mailbox or house chores, all physical activity counts, and it all adds up. So your 30 minutes a day of moderate intensity exercise might mean 5 minutes of vacuuming, 10 minutes of grocery shopping and a 10-minute walk around the block.

19 DON'T OVERDO IT. Some pain while exercising isn't necessarily cause for alarm. But if it persists two hours after you've stopped working out, avoid activity until you've consulted your doctor.

Sleep Soundly



As many as
80% of people with
arthritis report
trouble sleeping.

20 KEEP A REGULAR SLEEP SCHEDULE. Not only does pain disrupt sleep, but poor sleep exacerbates pain, so getting adequate restful sleep is vital. Go to bed and get up at the same times every day, even on weekends. (Tune in to the Arthritis Foundation's podcast on [Sleep and Painsomnia](#).)

21 GET DAILY EXERCISE. Physical activity contributes to more restful sleep. But don't do an intense workout right before bedtime.

22 TAKE A BATH. A warm bath or shower soothes pain and is relaxing. Plus, the drop in temperature helps prepare your body for sleep.

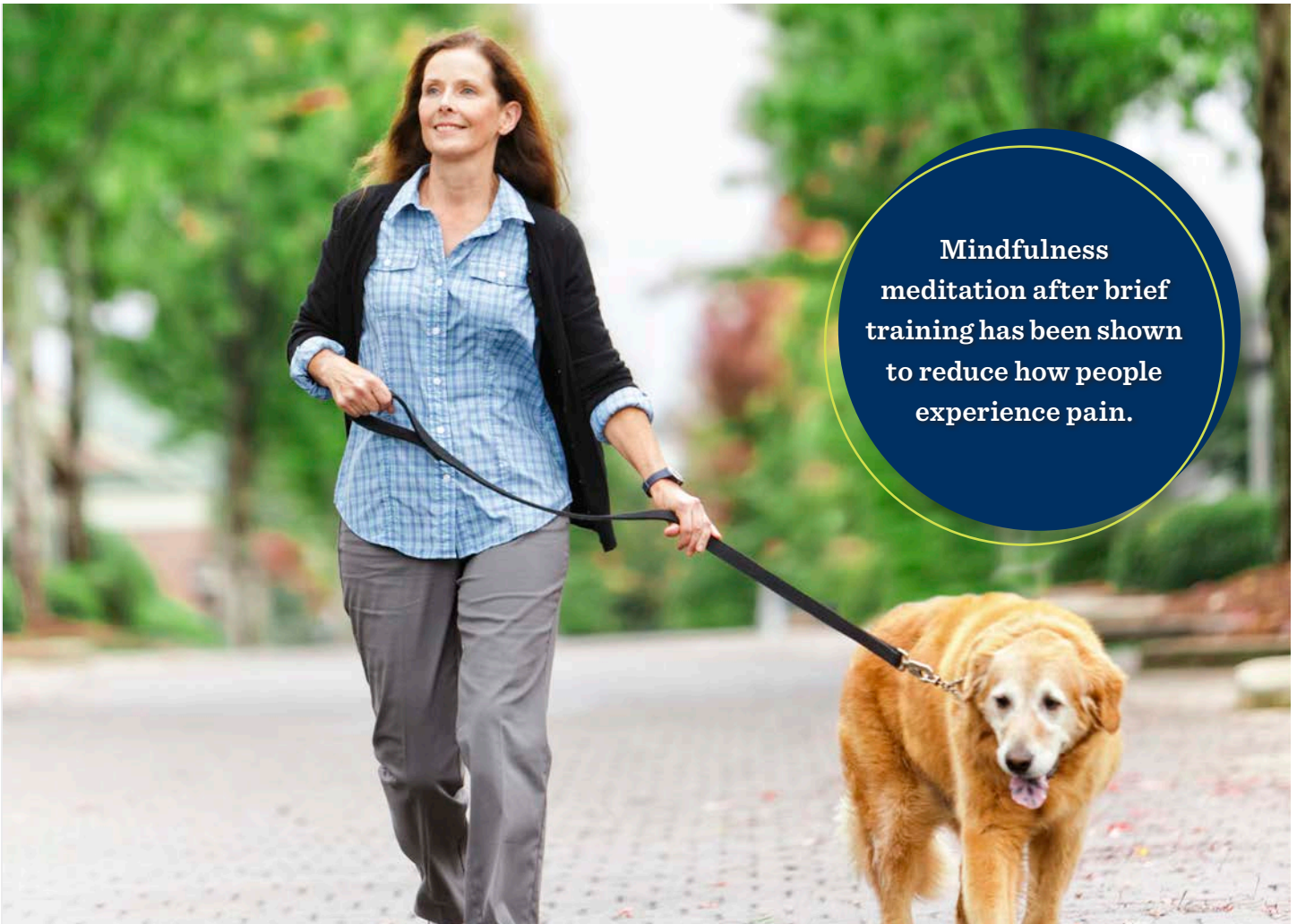
23 TURN DOWN THE TEMP. Keep your bedroom dark and cool. Too much warmth

could disrupt sleep. The optimal temperature for sleeping is 65 degrees. Cooling sheets that wick away moisture may also help.

24 FORGO THE NIGHTCAP. Alcohol might help you get to sleep but it disrupts the sleep cycle. Also, avoid caffeine too late in the day or it might keep you awake.

25 POSITION YOUR PILLOWS. Use pillows to support joints and keep your body in alignment. Back sleeper? Use a thin pillow that won't push your head up, and place pillows under your knees to support your back and hips. On your side, place one between your legs or hug a firm, king-size pillow with your arms and legs. An occupational therapist can suggest sleep positions to help you get your ZZZs.

Stress Less



Mindfulness meditation after brief training has been shown to reduce how people experience pain.

26 BREATHE DEEP. A quick, simple technique to reduce stress – which drives inflammation and pain – is deep, measured breathing.

27 TAKE NOTE. Each evening, write about something that made you smile that day. When you need a pick-me-up, reread your notes.

28 MEDITATE. No need to sit cross-legged and chant. Learn to simply focus on the present without letting distractions intrude. Check out the [Live Yes! With Arthritis Podcast on Mindfulness](#) to learn more about incorporating this practice into your routine. It includes a bonus short meditation.

29 TRY AN APP like Headspace or Calm to help your mindful meditation practices.


30 GET SOCIAL. Spending time doing something you love with people you love is a great way to ease stress. Join an online book club or go for a hike with your favorite person.

31 GET YOUR HEART PUMPING. Cardiovascular exercise gets feel-good hormones surging and reduces pain-provoking stress levels.

32 TAKE A WALK IN A PARK. This blends exercise with the stress-busting benefits of getting outside in nature, what's known in Japan as "forest bathing."

33 TALK IT OUT. Having trouble managing stress on your own? Consider seeking professional help. Cognitive behavioral therapy, a type of talk therapy, is a proven way to deal with stress.

Eat Well



Research has shown a Mediterranean diet can improve both osteoarthritis and inflammatory arthritis symptoms.

34 DIVE INTO MEDITERRANEAN. Indulge in more fruits, veggies, whole grains and fish and less red meat for an anti-inflammatory diet that may help reduce pain in the long run.

35 PROCESS LESS. Avoid highly processed meats, refined grains and foods that contain them, like white breads and cold-cut sandwiches.

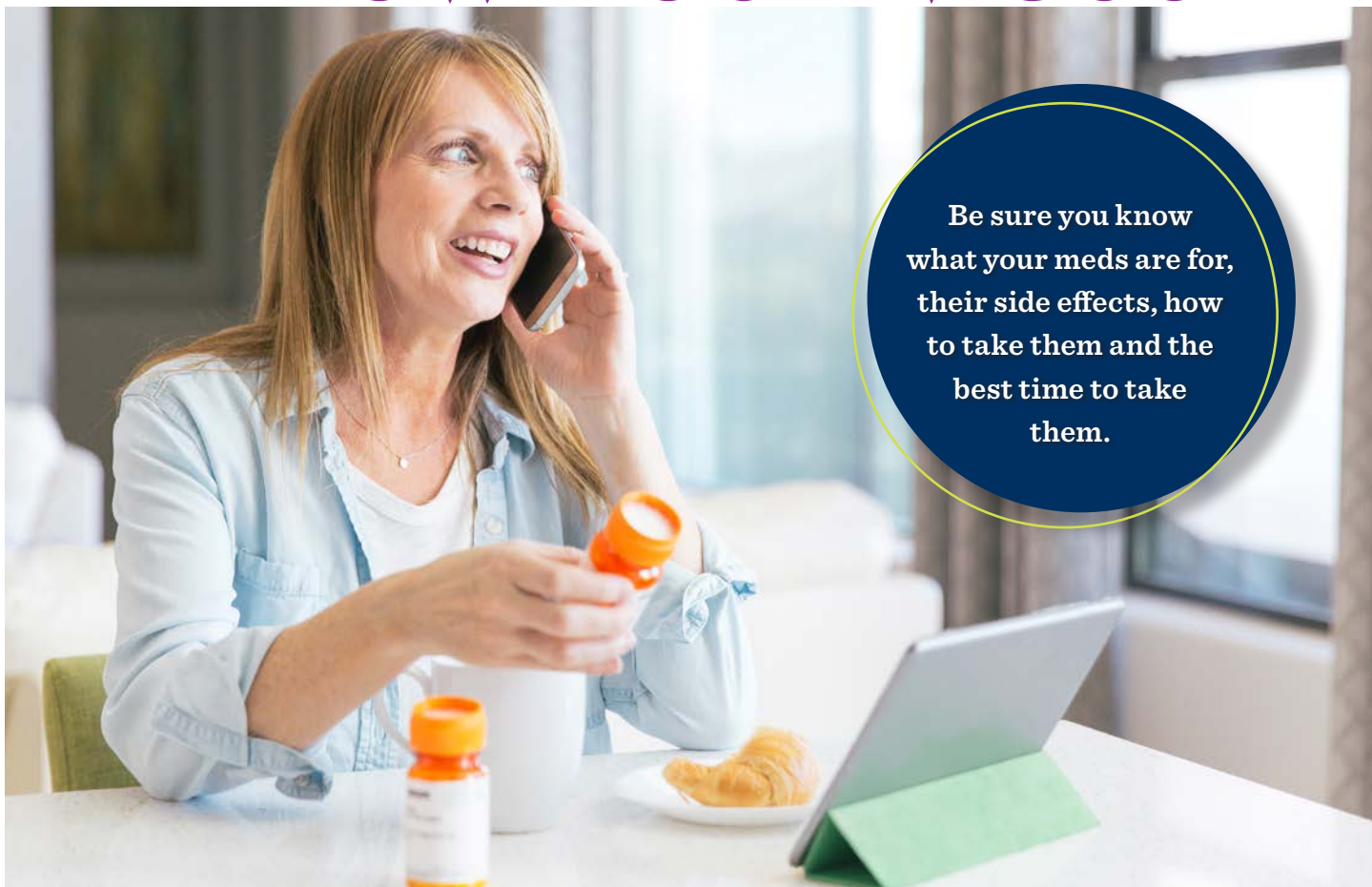
36 CUT UNHEALTHY FATS. Eliminate trans fats, often added to foods to extend shelf life, and limit saturated fats. Instead, look for healthy mono- and polyunsaturated fats – but remember that they are still fats, so don't overdo it.

37 GIVE SUGAR A PASS. Too much sugar is a culprit not only in inflammation but also in weight gain.

38 UP THE OMEGA-3S. Olive oil, walnut oil, salmon, sardines and other foods rich in omega-3 fatty acids may help ease inflammation and pain.

39 DON'T OVEREAT. It pays to maintain a healthy weight. Excess body fat not only feeds inflammatory processes, but it also adds to joint pressure. Every pound lost equals four pounds less pressure on weight-bearing joints like hips and knees.

Know Your Meds



Be sure you know what your meds are for, their side effects, how to take them and the best time to take them.

40 NSAIDS. Over-the-counter (OTC) nonsteroidal anti-inflammatory drugs, like ibuprofen (*Advil*) or naproxen (*Aleve*) may be all you need sometimes. Many cough, cold and other OTC meds contain them, so beware of taking too much, which can cause GI bleeding and even stroke.

41 TOPICALS. NSAIDS also come in topical form, such as sodium diclofenac (*Voltaren Arthritis Pain Gel*). Other topicals contain numbing agents like capsaicin or lidocaine.

42 CORTICOSTEROIDS. These tamp down inflammation by mimicking the hormone cortisol. They can provide fast relief from a flare by suppressing the immune system, which raises infection risk. Joint injections can weaken tissues supporting the joint.

43 DMARDS. Disease-modifying antirheumatic drugs such as methotrexate (*Trexall*), hydroxychloroquine (*Plaquenil*), sulfasalazine (*Azulfidine*) or

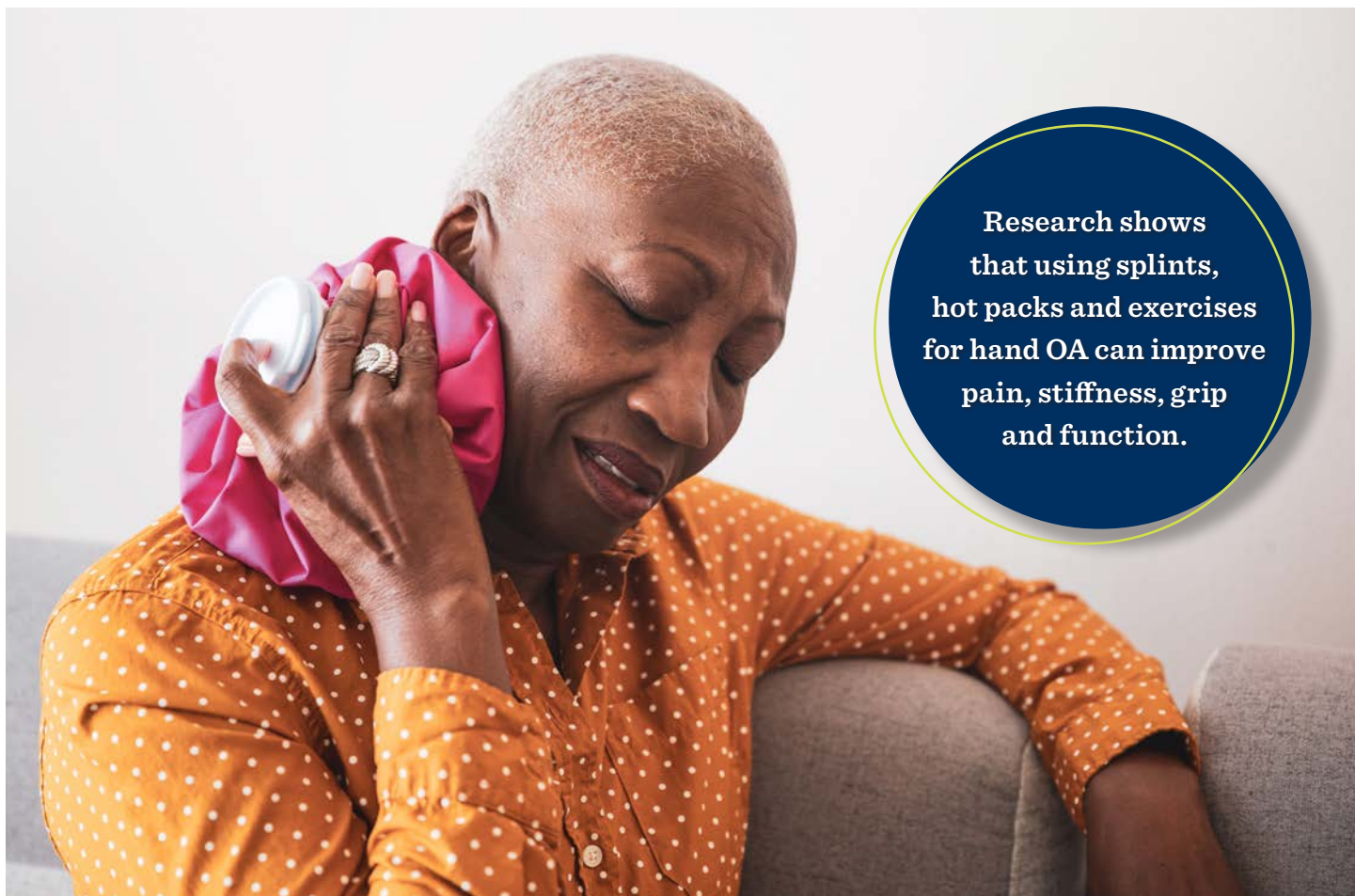
leflunomide (*Arava*) can quickly suppress inflammation, which slows the disease process, but raises the risk of infection. Targeted DMARDs, a new type, act on specific cells and pathways in the immune system.

44 BIOLOGICS. These complex medications, given by injection or infusion, target specific activities in the immune system to slow the disease process. Biosimilars are intended to be less expensive versions, but only a few are available in the U.S.

45 ANTIDEPRESSANTS. These act on neurotransmitters to ease how one experiences pain. A few are approved for musculoskeletal pain and fibromyalgia.

46 OPIOIDS. These drugs are effective pain relievers and can safely be used for short-term relief, but they carry risks of dependence and overdose. They may lose effectiveness over time, and it's not clear that higher doses help pain.

Soothe and Protect



Research shows that using splints, hot packs and exercises for hand OA can improve pain, stiffness, grip and function.

47 APPLY COLD. It's best for acute joint pain from surgery, an injury, overusing a joint or a flare. Cold slows blood flow, numbs nerve endings and reduces swelling. Place a towel or other barrier between your skin and the cold source to avoid frost nip, and only apply it 15 to 20 minutes at a time.

48 APPLY HEAT, TOO. Heat increases blood flow to painful joints and relaxes muscles. A warm bath or shower, heating pad or paraffin bath for small joints all work well. Like cold, apply heat for no more than 15 to 20 minutes at a time.

49 MODIFY IT. A physical or occupational therapist (OT) can teach you how to modify daily tasks by moving your joints safely or providing assistive devices. For example, if turning a doorknob is hard, an OT might suggest replacing the doorknob with a lever or demonstrating a better way to grip and turn the knob.

50 STRETCH IT. Gentle stretching and light movement can help aching joints, even during a flare or on your most painful days. Hold the stretch and increase it a tiny bit at a time over the session, and avoid bouncing as you stretch.

51 FLEX IT. Isometric exercises, like those often prescribed by physical therapists and occupational therapists, involve flexing and holding muscles without moving joints. They can provide pain relief and fitness benefits, including increased strength.

52 ADAPT IT. Adaptive devices, such as canes, walkers, splints, braces, shoe inserts and others, are available over the counter at pharmacies. While these can prove helpful in easing pain and maintaining mobility, it's best to see a physical or occupational therapist to be properly fitted and informed about the adaptive device.

Consider Alternatives



**TAKE
ACTION NOW!**
Build your personal
pain plan with our
Better Living
Toolkit.

54 NERVE STIMULATION. Stimulating nerves with low electrical pulses may provide short-term pain relief. One method, transcutaneous electrical nerve stimulation (TENS), is sometimes used to treat OA pain; however, evidence that it helps is poor.

55 HYALURONIC ACID. Expert opinions about this injectable therapy are mixed. Some guidelines no longer recommend it for knee OA, citing studies that didn't find benefits. Other guidance continues to recommend it, noting that it's safer than corticosteroid injections.

56 ACUPUNCTURE. Some studies show acupuncture may ease pain from OA in certain joints and from RA and fibromyalgia pain. Evidence is mixed, but there's little risk to trying it.

57 REGENERATIVE MEDICINE. Techniques to rebuild cartilage – such as platelet rich plasma and stem cell therapy – are promising, but evidence is

scarce that they relieve symptoms. If you are considering stem cell therapy, [learn more about it](#) and read the [Arthritis Foundation's position statement](#).

58 RADIOFREQUENCY ABLATION uses radiofrequency waves to burn pain-sensing nerves for spinal arthritis and other joints, too. Relief may last only six months to a year.

59 CBD. Cannabidiol may reduce pain and inflammation, but more research is needed. Learn more in the [Arthritis Foundation's CBD Guidance for Adults With Arthritis](#).

60 SURGERY. Surgery may fix the source of the pain, such as bone grinding on bone or tissue tears, but it generally should be used only after less invasive options have been exhausted. (Learn more in the podcast on [Arthritis Pain and Surgery](#) and [Pain Management Strategies webinar](#).)

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