

A WELLNESS GUIDE

ARTHRITIS IN

# The Black Community





## Arthritis in the Black Community: More Pain, Less Treatment

### In this resource you will learn about:

- The types of arthritis that most commonly affect Black patients
- Arthritis diagnosis and treatment options
- Healthy habits and non-drug therapies that ease pain
- The relationship between joint pain and emotional health
- Ways to take control of arthritis so you can continue doing the things you need and love to do

People of African descent are no strangers to living with pain. Research shows that, due to health care disparities, Black Americans experience more undiagnosed, debilitating pain than any other racial or ethnic group. And when it comes to living with arthritis, it's common for Black Americans to delay seeking care despite the joint pain and the limitations it creates in their daily lives.

**Lack of understanding about arthritis.** Arthritis is more than just pain. The more than 100 types of arthritis are chronic conditions that affect the structures and tissues of the joint. It's more than just a natural part of aging (in fact, some people never get arthritis) and it can have serious consequences, leaving people unable to move and do the things they love and are used to doing. Its effects on people's health and quality of life mean that arthritis should be taken just as seriously as heart disease, diabetes and kidney disease, which often occur with arthritis.

## TOP ARTHRITIS MYTHS

- It only happens to old people.
- There's not much I can do except take a pill for the pain.
- I shouldn't exercise because it will make arthritis worse.
- Cracking my knuckles causes arthritis.
- I should just wait to see if my joint pain gets worse before I see a doctor.
- What I eat doesn't affect my joint pain.
- Joint surgery is just going to make things worse.

**General mistrust of doctors.** Many in the Black community are still hesitant to seek routine medical care due to the documented history of racism and mistreatment of Black Americans by doctors.

**Willingness to accept arthritis pain as part of aging.** Sometimes it seems easier and less expensive to simply take a pill for pain than to make an appointment with a doctor. Plus, other health conditions, like diabetes, may seem more important to deal with. Faith can play a role, too, when the power of prayer seems like a better response than seeking medical care.

Getting a better understanding of what arthritis is — and isn't — and finding the right doctor to treat you will help improve your arthritis pain as well as your health and quality of life overall. With early diagnosis and treatment, you can minimize arthritis pain, maintain mobility, and live the life you want.

## What is Arthritis?

Arthritis, which literally means "disease of the joints" or "inflammation of the joints," is a term used to describe diseases that damage joint tissues, causing pain, swelling and stiffness and making it harder to move.

Nearly 60 million adults and 300,000 children of all races and ethnicities have some type of arthritis. It is the leading cause of disability in America. But as common as arthritis is, it is not well understood.

More than 100 types of arthritis and related conditions exist, many of them autoimmune, inflammatory forms of arthritis in which the body's immune system mistakenly attacks healthy tissue. This results in chronic pain and permanent joint damage. Inflammatory arthritis can

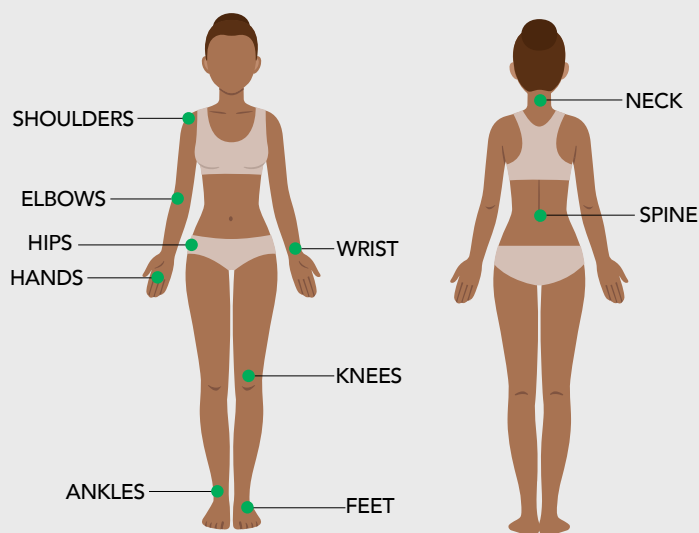
affect not only joints but also organs, including the heart, eyes, lungs, kidneys and skin.

The most common type, though, is osteoarthritis (OA), which most people associate with aging. Osteoarthritis is also more common in Black people than other types of arthritis. OA used to be thought of as resulting from "wear and tear." We know now that it's a disease of the whole joint, causing damage to cartilage, bone and other tissues.

Arthritis can damage any joint, including the knees, ankles, hips, hands, shoulders and back. Symptoms may be mild, moderate or severe. They typically take years to slowly get worse, but in some people, like athletes and those with physically demanding jobs, symptoms can get worse more quickly, especially after a joint injury, like a torn knee ligament. People with severe arthritis often have chronic pain that makes it difficult to walk, climb stairs and perform daily tasks, like dressing and cooking.

Arthritis can cause permanent joint changes. They may be visible, such as knobby finger joints, but often the damage can only be seen on X-ray.

## Where Arthritis May Hurt



Treatments depend on the type of arthritis. There is no cure, but it can be managed to reduce pain, stiffness and other symptoms. The goals of treatment are to reduce symptoms, retain mobility and quality of life and reduce or prevent further damage to joints and other tissues.

## COMMON FORMS OF ARTHRITIS

### Common Forms of Arthritis and Related Conditions

**OSTEOARTHRITIS:** By far the most common form of arthritis, affecting some 30 million Americans, osteoarthritis (OA) affects Black Americans more than whites, especially among older populations. Research shows that Black patients have more severe pain and disability from OA and are less likely to receive pain treatment or corrective surgery. Traditionally, OA was known as a “wear and tear” disease, but we now know that it affects all joint tissues, not just cartilage, and inflammation is a driver of the damage. It can affect any joint, causing debilitating pain and stiffness and making it harder to move.

**GOUT:** This inflammatory arthritis affects more than 9 million Americans, and is more common in men, older adults and African Americans. Genetics play a role in gout. It occurs as a result of high uric acid levels in the blood, which form crystals that lodge in joints, causing excruciating pain. It often strikes first in the big toe. Uric acid results from the breakdown of purines, which are naturally present in the body as well as in many foods. Eating high-purine foods can trigger gout. Many people with gout also have other diseases, like diabetes. Medication and lifestyle modifications can help control gout and reduce flares.

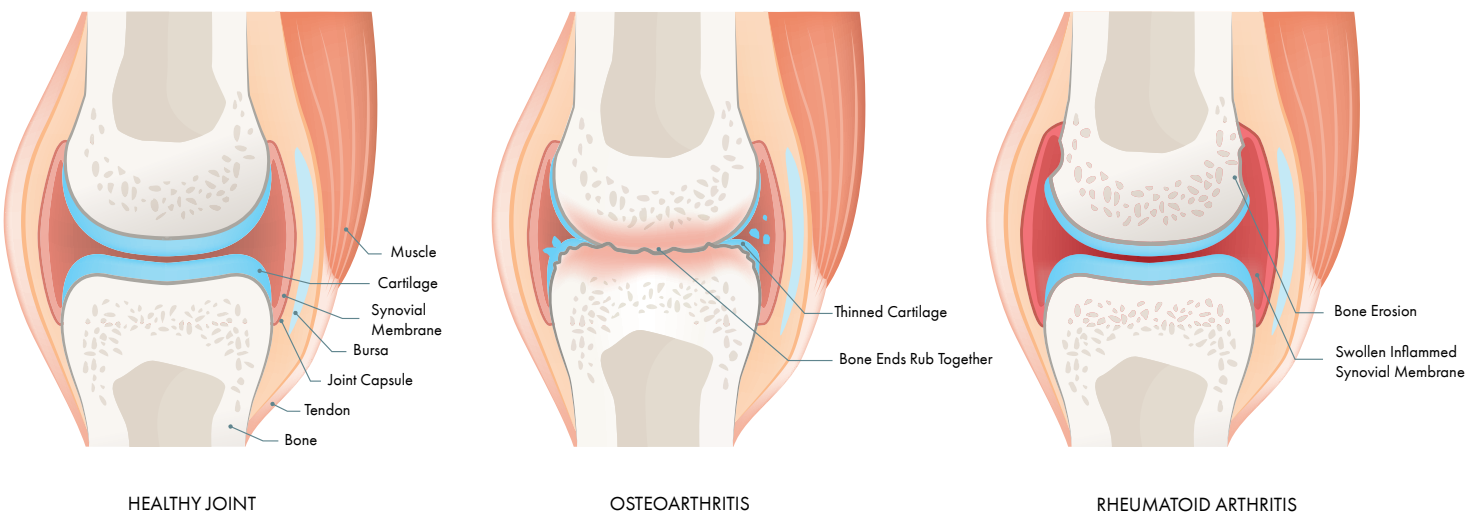
**LUPUS:** Lupus is an inflammatory autoimmune disease that may cause joint pain, fatigue, skin problems and it can affect internal organs, too. Its cause is unclear. People of all ages, races and genders get lupus, but 9 out of 10 people with lupus are women aged 15 to 45. Black women are at the highest risk for lupus. Researchers believe the disease is triggered when people who have certain genes are exposed

to external factors, such as stress, a viral infection or chemicals. Other symptoms include headache, sensitivity to light and chest pain.

**RHEUMATOID ARTHRITIS:** In rheumatoid arthritis (RA), the most common form of inflammatory, autoimmune arthritis, the prime target of inflammation is the tissue that lines the inside of joints. Uncontrolled inflammation causes pain, swelling and stiffness in joints and can lead to permanent damage if left untreated. Joints in the hands, wrists and knees are most commonly affected — often in the same joint on both sides of the body (both wrists and both knees, for example). The chronic, body-wide inflammation also can cause severe fatigue and raises the risk for heart disease, lung disease and other conditions.

**PSORIATIC ARTHRITIS:** Also an inflammatory autoimmune disease, psoriatic arthritis (PsA) almost always occurs with the autoimmune skin disease psoriasis. Hip involvement in PsA is often signaled by pain in the groin, outer thigh or buttocks. In some cases, the spine is also affected. Genetic factors may predispose someone to developing PsA, although scientists believe environmental factors may trigger it. It is less common in Black Americans than in whites, but skin symptoms may be more severe in Blacks. It can also affect eyes and other organs.

**FIBROMYALGIA:** This condition is a disorder of the central nervous system (CNS), causing widespread pain, including joint pain, plus fatigue and “brain fog,” or difficulty thinking clearly. It affects more women than men and is more prevalent among Black than white patients. It often accompanies rheumatoid arthritis, lupus and other autoimmune diseases and it seems to heighten sensitivity to pain. Treatments include lifestyle modifications, medications, and counseling because it’s a condition affecting the brain.



## A Greater Burden

A number of factors can influence health outcomes for Black people with arthritis. Misinformation, a mistrust of health care providers, poverty, poor access to doctors and racism all play a role in how bad the disease gets and how effective treatments are.

The Black community shoulders a greater burden of arthritis pain than any other racial or ethnic group. Getting around barriers to effective treatment and finding culturally competent doctors can help Black arthritis patients live more fulfilling lives with less pain and fewer limits from arthritis.

### Barriers to Care

One barrier to care is bias. National studies show that the U.S. medical system provides less pain relief for Black patients than white patients regardless of the diagnosis. A report on bias against Blacks in the *New England Journal of Medicine* found that in a study of 310 health systems, 90% gave white patients higher doses of pain medication to relieve their ailments than they prescribed to Black patients.

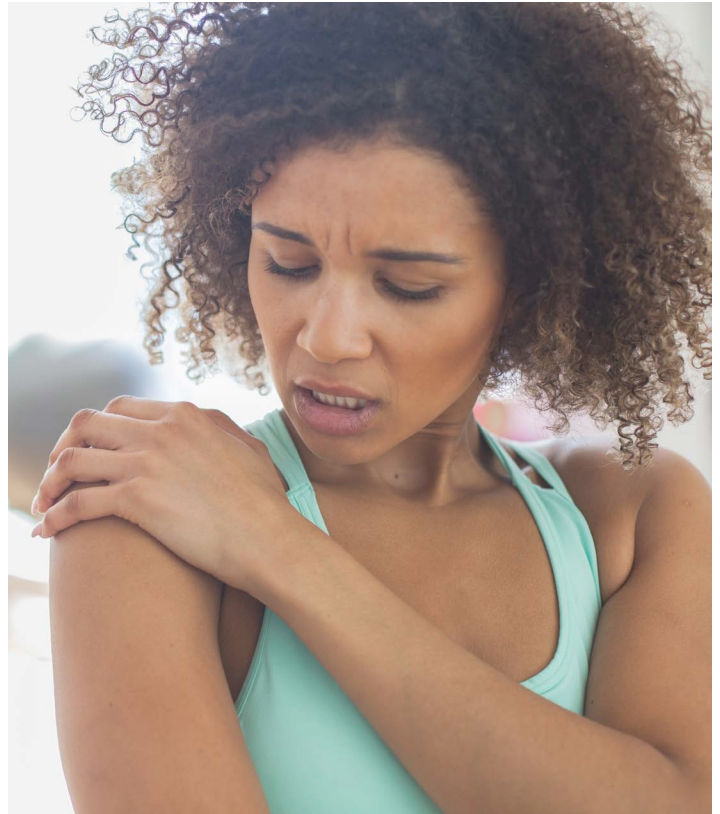
Why does this occur? There is a belief by some in the medical community that Black people biologically have a higher tolerance for pain — a notion once taught in medical schools. This belief and other stereotypes persist, making it more difficult for Blacks with arthritis to get the prescriptions they need for joint pain. Some doctors may doubt claims because they think that Black patients want to sell their pain pills or satisfy a drug habit.

Another barrier to arthritis treatment for Black patients is their reluctance to seek medical help. Going to the doctor can be expensive if you don't have health insurance. On average, Black households are at the bottom of the U.S. income scale, with a median income of \$45,870. So a trip to the doctor's office for joint pain might seem too expensive when there are other bills that have to be paid.

Those who struggle financially are not the only ones who forgo medical care for their arthritis. The demands of work and family can keep Black professionals from taking care of their health, too.

Some well-educated, career-minded Black Americans simply don't take the time to go to the doctors. They see themselves as strong Black men and Wonder Women. If they have arthritis pain, they would rather turn to friends and family for support, relying on over-the-counter remedies for relief. They put everything else in their lives before their arthritis pain.

Ashira Blazer, MD, an assistant professor and rheumatologist at the Hospital for Special Surgery, who specializes in treating communities of color, says that is a mistake. Delaying medical care causes greater arthritis disease.



"There is a trope about 'the strong black women.' She is focused on her kids and everything else. She is not taking care of herself," Dr. Blazer says. "Don't be her. She's not doing well."

Others in the Black community fail to seek care because they mistakenly view arthritis as a natural progression of aging, not a serious disease.

### Greater Risk

Being overweight adds pressure to weight-bearing joints like knees, hips and ankles, worsening pain and arthritis damage. In the U.S., half of Black adults are obese, and about 46% of Hispanic adults, 41% of white adults and 19% of Asian adults are obese. Being just 10 pounds overweight adds an extra 10 to 50 pounds of pressure on your knees.

People who have physically demanding jobs that require bending, lifting and repetitive movements, like military service, construction and professional sports, are at higher risk of developing arthritis at a younger age. A big proportion of those jobs are held by Black Americans. People in those professions are also more likely to sustain joint injuries, which lead to arthritis.

### Being Proactive Is Key

Untreated arthritis can lead to complications like joint fusion, deformity

and worsening autoimmune diseases that can affect vital organs. Recognizing that the pressure and pain on your joints could be arthritis is a first step toward improving your health. The next step is seeking a diagnosis and medical care.

More than 7 million Americans live with hip and knee implants from joint surgery. Black patients, however, are 30% less likely than white patients

to get joint replacement surgery to ease their pain.

That's not due just to a lack of insurance or access to hospitals. Personal decisions to delay seeking care is more likely the reason. Waiting too long to have joint surgery can mean a patient won't benefit as much as someone who is proactive in getting a joint replacement.

## Overcoming Distrust, Taking Control

Michael Parks, MD, associate attending orthopedic surgeon at the Hospital for Special Surgery and past president of the New York State Society of Orthopedic Surgeons, has seen first-hand what happens when fear impedes medical treatment. He helps Black arthritis patients nationwide to connect with the medical care that they need to maintain an active lifestyle.

"I watched my dad, who was an educated man with a master's degree from Columbia, and who worked as a builder, had insurance, and a son who was an orthopedic surgeon, still become progressively immobile to the point where he would crawl up the steps on his hands," Dr. Parks says. "I couldn't understand why he wouldn't access what I knew to be a very easily available solution to his pain. I have had patients who would also not access what we could do for them."

Dr. Parks has performed thousands of hip replacement surgeries on people of color, including some who he says came to his office visibly shaking because they were afraid of doctors. He serves on the steering committee

of the Movement Is Life Caucus, a multi-stakeholder group devoted to decreasing musculoskeletal health care disparities. "Our fears and our experiences lead us not to treat arthritis as aggressively as our counterparts," Dr. Parks says. "Seeking medical care shouldn't be equated with fear."

Black patients can deal with their fear of medicine by becoming activist patients, staying informed about the latest medications for arthritis, and seeking support from organizations like the Arthritis Foundation that provide resources on living with the disease. Black arthritis patients who need help finding physicians offering culturally competent care can check with groups such as the National Medical Association, National Black Nurses Association and National Association of Health Services Executives. They can provide referrals for health care practitioners of color, who may be willing to offer second opinions on treatment plans or partner in your care as primary doctors.

"In this country, people who are part of marginalized groups are more likely to have all kinds of chronic illnesses. Arthritis is no exception," says Ashira Blazer, MD, a rheumatologist at the Hospital for Special Surgery, who specializes in treating communities of color. "The same kinds of disparities that influence risks for heart disease and diabetes also increase risks for arthritis. Early detection and effective treatment are critical."

## Distrust in the Medical System

### RACISM IN PAIN MANAGEMENT

Studies have found that Black patients who complain of pain to the doctors and emergency rooms are often less likely to receive the appropriate medical treatment, because some physicians believe they have a higher pain threshold or may be faking their symptoms to get narcotic pain-relief drugs.

### IMPROVING PATIENT-PROVIDER RELATIONSHIPS

Progressive medical associations and medical schools are working to restore trust between physicians and disenfranchised groups. Health care providers are aggressively working to increase the number of Black doctors. Medical schools also recruit high-performing students looking to go into the field. The institutions also have added classes to help future physicians be more sensitive to the misgivings of the Black community so they can serve Black patients, treating them as experts in their own body and symptoms.

## Getting Quality Care

Arthritis can only be diagnosed by a doctor through a physical exam, blood tests and imaging. Your family medical history may also help, because autoimmune conditions often affect more than one person in a family.

Advocate for yourself. It is imperative that you connect with a health care professional who believes you when you say you are hurting. Sometimes, taking a family member or friend who can help describe how the pain has been affecting you can help you get a proper diagnosis. Their presence could encourage you to speak up for yourself or add a sense of urgency to your medical complaint.

“One of the really important things in treating arthritis is for people to feel comfortable with their medical care provider,” says Ashira Blazer, MD, a rheumatologist at the Hospital for Special Surgery. “If you don’t go to the doctor, and you have a form of arthritis that can be helped with physical therapy, medication and lifestyle changes, you don’t get the help you need. Lots of arthritis tends to damage the joints over time. Early detection and early treatment are key to making sure patients live healthy lifestyles for as long as possible.”

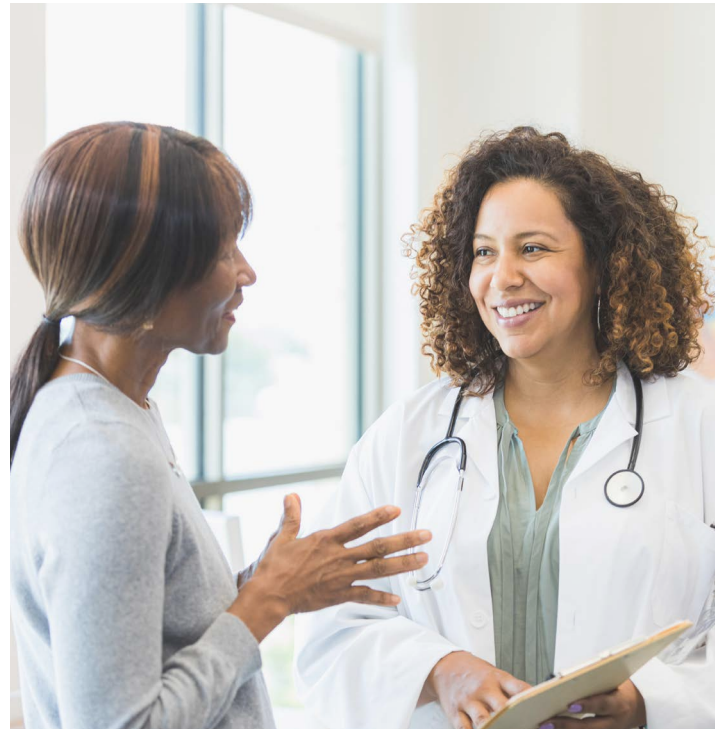
For people living with economic challenges, it’s important that their doctors make recommendations based on an understanding of the socioeconomic factors that could impede their progress. A patient’s emotional well-being, their ability to buy healthy foods and medication, and their access to safe parks for exercise all play a role in a person’s ability to live well with arthritis, says Dr. Blazer.

“Mental health and stress can affect outcomes with arthritis,” she adds. “We have to be sure as doctors that we are looking at all areas for people to have the best outcomes.”

For people of African descent, however, making a call to the doctor can mean facing a legacy of racism in medicine. According to a 2020 poll by the Commonwealth Health Fund, 7 in 10 Black Americans reported being treated unfairly by the health system and 55% say they distrust it. That hesitancy can impact generational health.

Research also shows that doctors historically were less likely to prescribe pain medication to Black and brown patients than to white patients. While research shows that seems to be changing, at least one study, published recently in the *New England Journal of Medicine*, found that Black Americans receive an average of 36% lower dose annually than white Americans. Another example of disparity in treatment can be found with gout, which is more common among Black than white Americans.

Although professional guidelines and effective medications are available, research has found that Black patients get lower quality care, in



part because doctors don’t follow treatment guidelines, especially for Black Americans.

“We all have experienced racism in our health care interactions,” Dr. Blazer says. “It’s hard to put a finger on because it can be so insidious. We really ignore all the micro- and macro-aggressions that people experience, but you can’t address something that you don’t name. We have to say it’s racism.”

For Black patients who feel dismissed by their doctors and have trouble getting them to explain or answer questions about care, it’s time to move on, says Michael Parks, MD, an orthopedic surgeon at the Hospital for Special Surgery and associate professor at Weill Cornell Medical College. “Doctors need to check their biases at the door and meet patients where they are and treat patients equitably,” he says.

So how do you achieve health equity and find a physician that you can trust?

- Believe you deserve culturally competent and quality health care.
- Stay informed about your disease.
- Be willing to get a second opinion.
- Use your social and faith-based connections to get doctor recommendations.
- Research customer-satisfaction surveys on your doctor. Complaints could be a red flag.

## MY STORY

# Thriving with Osteoarthritis: For Tonya Horton, Knowledge Is Power



TONYA HORTON of Cherry Hill, New Jersey, was in her 40s when she discovered why cooking, cleaning and even commuting to work left her in excruciating pain. Her knees would not cooperate any longer. She had undiagnosed arthritis.

Her suburban, three-story home with the washer-dryer in the basement and the master bedroom on the top floor soon became more like an obstacle course than a sanctuary.

“All of those day-to-day things that I was so used to doing, I couldn’t do anymore,” recalls Horton, an executive vice president for an education nonprofit. “It was so painful trying to go up and down the stairs to wash clothes and get in and out of cars.”

The throbbing and stabbing feeling in her knees was constant. Only rest and acetaminophen provided temporary respite. On top of that, she could no longer wear her cute, high-heeled pumps and boots.

“It was horrible. I used to travel a lot for work and had trouble sitting on the plane for an extended amount of time,” she says. “And the pain was so bad that I couldn’t work out.”

In 2019, Horton went to her primary care physician for help. The doctor ordered X-rays of her knees and referred her to an orthopedic surgeon, who specializes in treating musculoskeletal problems that affect bones and soft tissues in the body.

The orthopedist delivered some surprising news to Horton: “You have the knees of a 70-year-old woman,” Horton recalls the doctor telling her. He was expecting to see a senior citizen when he walked in the room. “I was 45.”

Horton’s diagnosis: osteoarthritis (OA). “He said it was pretty severe, bone-on-bone, and that I would need knee replacement surgery at age 50,” Horton recalls.

Horton couldn’t believe her ears. Osteoarthritis? Her mother and grandmother had arthritis, but it was the last thing she expected the doctor to tell her. “I thought I had sprained or tore something in my knee,” she says.

The orthopedist discussed Horton’s options and said she could live a fulfilling life with osteoarthritis if she managed the pain, lost weight, and eventually considered surgery. Ignoring it could cause joint deformity. Horton said she wasn’t a candidate for knee replacement surgery

at the time because she weighed over 250 pounds, so she tried water aerobics — until the COVID-19 pandemic halted group lessons.

Then Horton opted for bariatric surgery to decrease her body mass and relieve the pressure on her knees. But before she could schedule the procedure, her pre-surgical appointments uncovered a more pressing medical issue: She had large polyp on her appendix and colon that had to be surgically removed immediately.

During downtime after the surgery, Horton did some research on living with OA. A friend who had juvenile arthritis told her about the Arthritis Foundation. It is where Horton found a community of people who understood her.

“I didn’t know the Arthritis Foundation existed,” she says. “It gave me a place to connect and learn from people who share similar journeys.”

Not one to sit on the sidelines, Horton signed up to volunteer for the Arthritis Foundation as a patient advocate so she could help others along their journeys. And now she serves on the Patient Leadership Council for the Foundation and is a member of the New Jersey Arthritis Foundation Leadership Board.

Three years since her diagnosis, Horton has evolved. She lost 50 pounds without surgery or starving herself. “I joined Weight Watchers,” she says. “My knees hurt sometimes, but not every day. Every 10 pounds you lose takes about 40 pounds of pressure off your knees. My goal is to get under 200 pounds.”

And she has made some other lifestyle modifications. Horton bought a ranch-style house with first-floor living and a basement. The stairs don’t bother her as much as they used to. And she has embraced comfortable footwear.

“I spend my time in cute flats and sneakers because heels are too much for my knees,” she says.

Horton shares her story with Black women and other women of color every chance she gets.

“What surprised me most when I was diagnosed with osteoarthritis was learning that African Americans are one of the biggest groups to get it,” she says. “I didn’t know that. Information is power. It is important that Black people do the research and seek treatment for their pain.” =





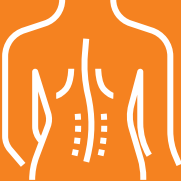

# When Should You Seek Medical Advice?

If you have nagging joint pain that lasts for at least three days in a week and occurs more than three times a month, you may have arthritis. But different types of arthritis start with different symptoms. Make an appointment with your doctor so you can discuss your symptoms.

## Ignoring Arthritis Signs

- Untreated arthritis can cause permanent joint changes, including disfigurement. These deformities may be visible, such as knobby finger joints, but in many cases the damage can only be seen by X-ray or MRI.
- Ignoring inflammatory arthritis may result in damage to the heart, lungs, kidneys, digestive tract, eyes or skin. It's important to report any symptoms to your doctor, even if they don't seem related to arthritis. Some effects, such as bone-thinning or changes in kidney function, have no symptoms that are immediately noticeable, so your doctor may monitor you through lab tests or checkups.
- Lupus, which is two to three times more common in Black people and other people of color — especially women — than in whites, attacks the body's tissues and organs. With proper treatment, 80% to 90% of patients can live a normal life span. Those who do not seek treatment could have serious, even fatal, kidney and heart complications.
- Gout may be linked to cardiovascular and renal disease if left unchecked, and it occurs nearly twice as much in Black Americans as whites. Treatment can help prevent gout attacks and improve overall health.

## RECOGNIZE THE WARNING SIGNS.

<p><b>1 PAIN</b></p> <p>Pain from arthritis can be constant or it may come and go. It may occur when you're at rest or while moving. Pain may be in one part of the body or in many different parts.</p>		
	<p><b>2 SWELLING</b></p> 	<p>In some types of arthritis, the skin over the affected joint becomes red, swollen and warm to the touch. Swelling that lasts for three days or longer or occurs more than three times a month should prompt a visit to the doctor.</p>
<p><b>3 STIFFNESS</b></p> <p>This is a classic arthritis symptom, especially when waking up in the morning or after sitting at a desk or riding in a car for a long time. Morning stiffness that lasts longer than an hour is good reason to suspect arthritis.</p>		
	<p><b>4 DIFFICULTY MOVING</b></p> 	<p>It shouldn't be difficult or painful to get up from your favorite chair or walk up steps.</p>



## Diagnosing Arthritis

Once you recognize that your ongoing pain could be arthritis, you should make a doctor's appointment.

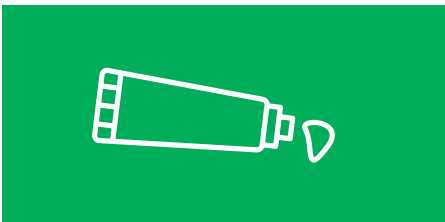


- Keep a journal about your symptoms and how they change with your activities and take it with you: When do you feel pain, where you feel pain, and what you are doing when you are in pain.
- The doctor will check your joints and may send you to get lab tests, such as X-ray or MRI, and possibly blood tests.
- Be prepared to talk to your doctor about your family history of arthritis.

Your primary care doctor may diagnose your disease or send you to see an arthritis specialist, such as a rheumatologist or orthopedist.

# Treating the Disease and Easing Pain

Treating inflammatory forms of arthritis requires medications that will slow or alter the disease process itself, not just the symptoms. You will need to work with your doctor and probably try several different disease-modifying antirheumatic drugs (DMARDs) to find the right one for you.

For pain relief, exercise and weight loss are the best therapies, particularly for osteoarthritis. But you may want to try other methods, too. It's important to have a comprehensive plan. Applying heat or cold to sore joints provides short-term relief. There are also topical treatments, pills, and joint injections; knowing their pros and cons can help you make the right choices.

		
TOPICALS	PILLS	JOINT INJECTIONS
<p>Before you try pills, experts say you should try topicals for your osteoarthritis (OA) pain. Those containing nonsteroidal anti-inflammatory drugs (NSAIDs), such as diclofenac, are available by prescription in liquid form and patches. Diclofenac gel is also available over the counter, without a prescription. Studies show these medications can relieve knee pain as well as pills in many cases, and with fewer side effects.</p> <p>Other over-the-counter arthritis creams, patches and other topicals contain "counterirritant" ingredients, such as capsaicin, camphor, menthol or lidocaine, that numb the area. They can be used for as long as needed.</p> <p>Topicals may also help ease joint pain from other forms of arthritis, in conjunction with medications that treat the disease process itself.</p>	<p><b>Nonsteroidal anti-inflammatory drugs</b> NSAIDs are the most effective oral medicines for OA and are often used for symptom relief in other types of arthritis. They include ibuprofen (<i>Motrin, Advil</i>) and naproxen (<i>Aleve</i>). These help ease pain and swelling, but they also may interfere with the ability of blood to clot and damage the lining of your stomach, leading to bruising, ulcers and possible intestinal bleeding. NSAIDs also increase your chance of heart attack, stroke, and heart failure. The risk increases the longer you use them and the more you take, so you should use the smallest dose for the shortest time possible for symptom relief.</p> <p>Celecoxib (<i>Celebrex</i>) is an NSAID that's less likely to cause gastrointestinal bleeding, but may cause heart problems. You and your doctor should weigh the benefits and risks of NSAIDs.</p> <p><b>Acetaminophen</b> For years, doctors recommended acetaminophen (<i>Tylenol</i>) for OA pain, but recent studies suggest that it does little to relieve it. The 2020 American College of Rheumatology (ACR) treatment guidelines, developed in partnership with the Arthritis Foundation, don't recommend it unless you can't use NSAIDs, but it some people may find it helpful. Acetaminophen may harm your liver, so use it only as needed and as instructed.</p>	<p><b>Corticosteroids</b> Injections of corticosteroids (steroids) into an affected joint reduce inflammation and pain from a few days to a few months. But side effects can occur, and you can only get the shots three or four times a year. After the first shot, the others may not work as quickly or as well.</p> <p><b>Hyaluronic Acid (HA)</b> This acts like the fluid that lubricates your joints. While research is mixed on whether HA shots really help, experts say they rarely cause harm. Pain relief may last up to six months for the knee or shoulder. ACR guidelines do not recommend HA injections because proof that they work is limited. However, it is up to the doctor and patient to discuss and decide.</p>

## Get Moving

Movement is the best medicine for arthritis. Stretching, strengthening and getting a cardiovascular workout pumps nutrients to joints and keeps them lubricated, strengthens muscles that support joints and keeps you flexible and limber. And it's a natural way to feel better mentally, too.

A regular exercise routine is ideal, but any activity counts. Work it into your daily activities, like parking farther away to increase your steps, take the stairs instead of the elevator, and do some stretches or lift some light weights while you're watching television. Get started with [Your Exercise Solution](#) videos from the Arthritis Foundation.

The hardest part is getting started, so find an activity you enjoy, whether it's walking, yoga or dancing. And ask a friend to join you, or join an exercise group or class at your local community center, YMCA or church.



Make an appointment with a physical therapist to help you create a workout routine. They can also show you how to move with proper form so you don't injure yourself or further damage your joints. And if you're having trouble with daily tasks, like getting up and down from a chair or in and out of a car, an occupational therapist may be able to suggest devices or techniques to make it easier and less painful.

### MOVEMENT IS MEDICINE: Stretching, Low-Impact Exercise Ease Aching Joints



Anithea Rigmaiden, owner of Total Fitness for Life in Tucker, Georgia, gives her clients who have arthritis individualized routines to help them properly stretch. She also teaches a 45-minute Strength and Balance Class to help increase their range of motion.

"We work on the core, the hamstrings, the quads and the muscles around the joints to relieve arthritis pain," says Rigmaiden, a certified fitness professional. "Building strength and flexibility keeps your muscles moving. If you are stiff and unable to extend in a complete range of motion, that limits the ability of the joint itself to work. Your muscles can atrophy because they are not moving properly." Here's what she recommends:

**Get active three times each week and do some stretching.** Walking the halls in the office or lifting boxes at work isn't enough to improve overall fitness. Focused exercise that allows you to isolate each muscle group is best. People with arthritis should get exercise guidance from a physical therapist. Low-impact movement and yoga are good options.

**Add strength training to your exercise plan.** After selecting an exercise routine, build your strength. Start slowly. You can use your body weight as resistance, and later add resistance bands to build more strength. As you progress, add light weights to push your flexibility and fitness to the next level.

**Monitor your joint health.** If you are unable to complete a full muscle extension, your range of motion is limited and could impact your joints. Check with your doctor or physical therapist to determine where you may have muscle atrophy and weakness.

"Something as simple as sitting down and standing up creates a lot of pressure on the knees," says Rigmaiden. "All of the muscles in the legs have to be strong enough to allow you to sit without putting all your body weight on your knees. When you begin to put more pressure on your joints, arthritis can [worsen]."



## A Healthy Appetite

An arthritis diagnosis is just one more reason to embrace healthy lifestyle changes. One of the most important wellness decisions you can make is to commit to eating healthier, more nutritious foods.

Making good food choices and becoming or staying physically active are essential to losing weight, relieving joint pressure and staying flexible so you can move easily.

Getting more healthful foods in your diet and less red meat and packaged, processed snack and dessert foods like chips and cookies may reduce inflammation and slow joint damage. Focus on eating more fruits, vegetables, lean proteins like fish and chicken, low-fat dairy and whole grains like oatmeal and whole wheat, not white or processed grains. (Beware of misleading terms like “multigrain,” which isn’t necessarily whole.)

And reduce portions. Instead of a whole serving of potato salad, have a smaller portion and add some fruit. Be aware that servings listed on packaged food labels are not the recommended portions; they are the amount that people typically eat, which is usually too much in the U.S.

Change isn’t easy, especially if you think you must sacrifice flavor and abandon the foods you enjoy that may be higher in fat, salt or sugar. But you don’t need to sacrifice taste while making healthy choices. Using whole wheat pasta as well as low-fat milk and cheese can still result in a tasty mac and cheese dish. Consider making homemade lemonade instead of buying pre-made lemonade products.

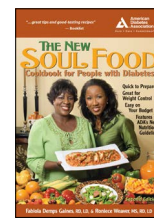
There are delicious options, and ways you can make your favorites with healthier ingredients.

### COOKING WITH CARE



#### Small Changes, Big Reward

A nutritionist discusses plant-based diets for arthritis in this [webinar](#).



#### The New Soul Food Cookbook for People with Diabetes

## What is the Mediterranean Diet?

This diet emphasizes whole foods, including fruits and vegetables, healthy fats like olive oil and nuts, whole grains, fatty fish such as salmon and trout, and some dairy in moderation. It’s based on the way people in Mediterranean areas have eaten for centuries, and is thought to be related to their long lives and low rates of diabetes, obesity, heart disease and dementia.

The disease-fighting power of the Mediterranean diet stems from its ability to help control inflammation. It emphasizes foods that help fight inflammation, such as berries, salmon and olive oil. Plus, it cuts out or limits those that may stoke inflammation, including red and processed meats, like deli meats; sugary foods; those with unhealthy trans fats or saturated fats; and foods that are highly processed, including most packaged foods, from cereals and sauces to cookies and crackers.

## Weight Matters

A [healthy weight](#) comes in many sizes but carrying excess weight wears down joints and drives inflammation in the body that fuels arthritis and other diseases. You may not feel the effects of excess weight when you're younger but over time it can lead to serious problems. Instead of trying fad diets that don't last, learn [how to choose a successful weight-loss program](#).



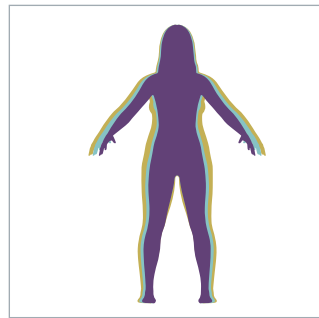
### Reduce pressure on your joints.

A key study published in *Arthritis & Rheumatism* of overweight and obese adults with knee osteoarthritis (OA) found that losing one pound of weight resulted in four pounds of pressure being removed from the knees. Losing weight can reduce the overall severity of your arthritis. A 2018 study published in *International Journal of Clinical Rheumatology* reviewed the records of 171 rheumatoid arthritis patients and found that overweight or obese people who lost at least 10.2 pounds were three times more likely to have improved disease activity than those who did not lose weight.



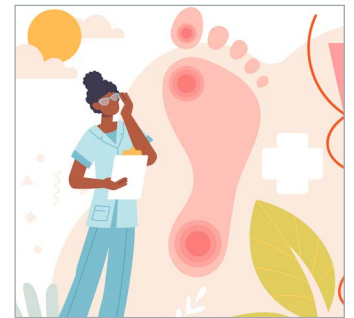
### Ease pain.

Multiple studies show that losing weight results in arthritis pain relief. A 2018 study published in *Arthritis Care and Research* went further, finding that more weight loss — to an extent — results in more pain relief. The study of overweight and obese older adults with pain from knee OA found that greater weight loss resulted in better outcomes than losing a smaller amount of weight. Losing 10% to 20% of one's body weight improved pain, function and quality of life more effectively than losing just 5% of body weight.



### Reduce inflammation.

Fat itself is an active tissue that creates and releases pro-inflammatory chemicals. By reducing fat stores in the body, your body's overall inflammation will go down. A 2018 article published in *Autoimmunity Reviews* explained that obesity can activate and sustain body-wide, low-grade inflammation. This inflammation can amplify and aggravate autoimmune disorders, such as rheumatoid arthritis, psoriatic arthritis, lupus and diseases that often accompany them, or "comorbidities," such as heart disease.



### Lower uric acid levels and chance of gout attack.

A 2017 analysis of 10 studies, published in *Annals of Rheumatic Diseases*, found that weight loss was beneficial for obese or overweight people with gout. Overall, people who lost weight had lower serum uric acid levels and fewer gout attacks.

## MY STORY

# Living with Arthritis Hasn't Slowed Candace Kearney's Momentum on the Tennis Court



CANDACE KEARNEY of Atlanta, Georgia, was deep in the zone, serving aces and smashing slices against a rival Ultimate Tennis League team, when she felt a sharp twinge in her left knee. She couldn't move to the left anymore. The meniscus tear that caused her to seek a doctor's care in the weeks that followed also led to the discovery of a larger issue — arthritis.

"My doctor at Emory Sports Medicine fixed the tear and discovered that there was a whole lot of arthritis in my knee that I didn't know about," says Kearney, 58, an associate director of Facility Operations for Habitat for Humanity International. "I have no cartilage left in my knee joint. That friction of bone on bone made my knee feel really sore. The pain was like an 11 or 12 [on a 10-point scale]. It felt like fire on my knee."

But Kearney was determined to rebound and get back to the sport that she loves. In fact, the day she tore the meniscus in her left knee, she just switched sides with her partner and kept playing. She figured she would be just as audacious in learning to live with her new arthritis diagnosis.

"I was like, 'How can I have this condition and still play tennis?'" she asked her doctor.

Kearney had begun playing tennis as a young adult to earn physical education credits over summer break while she was a student at Spelman College. She became enamored of tennis' chess-like strategy and versatility; it is both an individual and a team sport.

"I have been playing consistently for seven years now. There is a camaraderie about being on a team with a group of women with the same interests," she says.

The only breaks Kearney has taken from the sport was in 2004 when she pursued her master's degree in business management, and a few years ago when surgery and arthritis benched her temporarily.

First, she had to manage the pain without further compromising her health. Her doctor switched her medication from a nonsteroidal anti-

inflammatory, which aggravated her high blood pressure, to acetaminophen. Then, she was given corticosteroid injections in her knee to ease inflammation in her joint.

Next came physical therapy. Kearney was advised to ride a stationary bike for 10 minutes daily to strengthen her left knee. "I learned through physical therapy that you have to build up the muscle around the knee so that you are not putting too much pressure on it," she says. "I didn't want to favor one leg and limp, so I followed the therapists' recommendations."

To further condition her aching knee joint, Kearney also enrolled in a class taught virtually by a physical trainer. The class focused on elongating muscles as a strategy to help seasoned athletes continue to compete in sports that they enjoy without aggravating injuries.

The surgery, the medication, the therapy and the benefits of stretching helped Kearney feel better. Her arthritis diagnosis is not hindering her quality of life. Before matches, she usually ices her knee and takes acetaminophen. Sometimes she wears a knee brace.

"I still can compete at a high level," Kearney says. She challenges herself by taking private lessons once a week. She plays on two championship-winning tennis teams.

On top of that, Kearney also serves as a United States Tennis Association (USTA) tournament director and referee. When she officiates a tournament, she easily clears 40,000 steps, she says. "You are just constantly moving, so it can make the knee sore."

But she is not worried. Kearney says her doctor told her she still has some years to go on her knee joint before it would be prudent to replace it.

"If I'm able to crawl on the court, I'll be there. And if one day I pass away playing tennis, my family will say, 'Momma was alright, she was on the court doing what she loves.'"



## Coping With the Emotional Toll

An arthritis diagnosis can be overwhelming — the stress, the pain, the things you used to do easily that are so hard now. Caring for your emotional health is a critical part of managing arthritis. The way your mind reacts to change and controls your thoughts about pain will influence how you cope.

The fear of pain as well as the [pain itself](#) may make you anxious, moody and withdrawn. It may lead you to avoid physical activities and social events you used to enjoy and fall into a depression, which is common for people living with chronic pain. Retreating from your life and loved ones because of arthritis pain can weaken your relationships, decrease your mobility and create more nagging pain. Emotions and pain are closely linked, so depression can make existing pain even worse.

If you better understand what's affecting your emotions, you may be more able to manage your pain. Talk to your family, friends and health care professionals about what you are going through so that you can get the help you need. Consulting a psychologist or other therapist may help you cope with the emotions and pain. Other measures you can take:

- Relaxation techniques, like [deep breathing](#), [guided imagery](#) or [mindful meditation](#).
- Join the Arthritis Foundation's [Live Yes! Connect Groups](#), where you'll find others who have had the same experiences and issues.
- Get active. Take a walk or join a yoga class. Physical activity releases chemicals in the brain that reduce stress and boost mood.

# Team William and Linda Dodd Keep Gout in Check, While Enjoying Retirement and RV Life on the Road



WHEN RETIREES WILLIAM AND LINDA DODD, of Lawrenceville, Georgia, leave home to explore national parks in their RV, they make sure to pack plenty of green leafy vegetables, fresh fish, organic black cherry juice and cases of water to keep them nourished.

A healthy diet is essential to fighting inflammation, says William Dodd, a successful businessman and author who has been diagnosed with gout. The disease, an arthritis-related condition, is triggered by an accumulation of uric acid crystals in the joints. Shellfish, alcohol and peanuts, as well as a lack of exercise, can boost uric acid levels, causing a gout attack.

"It can be extremely painful," says William. "One of the mistakes that I made was not immediately going to the doctor to get a diagnosis the first time I had a flare-up. You walk around trying to fight it yourself and figure out what it is. Meanwhile, your toe is swelling and throbbing, and you can hardly take your sock and shoe off or pull a blanket up at night."

William made an appointment with his family doctor to figure out the source of the pain that tortured him for two weeks at a time. The doctor ordered some blood tests and diagnosed him with gout. The 72-year-old was given medication and a recommendation to lower his uric acid levels: Change your diet and get active.

The Dodds decided to fight gout as a team. Linda Dodd, a retired Gwinnett County court officer, committed to making sure her husband followed the doctor's instructions and helped him to adjust to a new health and fitness regimen.

Now, the couple takes daily walks, sometimes under the majestic trees along the paths of the national parks that they visit in their RV. They also frequent the winding trails of the suburban neighborhood park near their North Georgia home. Every day, they walk three to four miles.

"We exercise every morning and drink a lot of water," Linda Dodd says. "We have oatmeal for breakfast and eat a lot of baked fish, vegetables and salads for dinner."

Red meat and shrimp, which are high in the purines that contribute to gout attacks, have been greatly reduced from their family diet.

A former basketball player who has always been health-conscious, William Dodd says the lifestyle adjustment suits him. He feels better, and with less pain, he's happier. "If you don't exercise or walk, the uric acid will build up," he says.

He has also given up drinking cocktails made with white alcohol. "I would drink a rum and Coke sometimes on the weekend until I learned that white alcohol exacerbates gout," he says. Now, as a hobby, he makes his own wine.

After overcoming bouts of gout in his big toe and hands, William says he hasn't had a gout attack in six years. But some of his friends still grapple with gout, and he believes he has family members who push through the pain without a diagnosis.

"When you wonder how you got something like gout, a lot of times you inherit it," he says. "So, if your older family members say they think they have arthritis but aren't doing anything about it, encourage them to see a doctor. You need a blood test to diagnose gout, and it could be treated."

After 44 years of marriage and two kids, Team Dodd has been made even stronger by battling gout together. They make trips to the doctor a regular part of their schedule in between travel adventures to the Smokies and Rocky Mountains. Every six months, William Dodd returns for a checkup. Linda keeps her husband accountable and on his diet.

"On my last physical, my sugar was down, my uric acid levels looked good," he says. "I'm hanging in there for an old man."



# What Else Can You Do to Take Control of Your Arthritis?



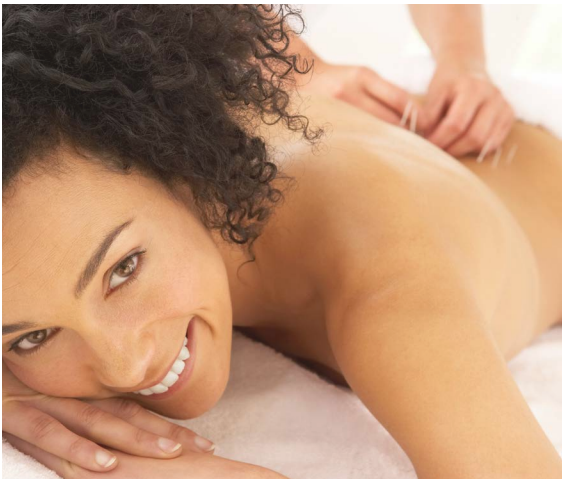
## A Good Night's Sleep

As many as 80% of people with arthritis have trouble [sleeping](#). With achy, stiff and sometimes swollen joints, getting comfy, dozing off and staying asleep while in pain due to arthritis can be a tall order.

Yet getting restful sleep is vital to protecting your health and managing arthritis. Research finds that poor sleep can make your joint pain worse, and even increase the likelihood that you may become disabled or [depressed](#).

“Patients often attribute sleep problems to pain,” says Yvonne Lee, MD, a rheumatologist at Northwestern Medicine in Chicago. “While pain can certainly contribute to sleep problems, the more we learn about sleep, pain and inflammation, the more we find the relationships are likely to be multidirectional.”

People with arthritis should [strive](#) to get eight to nine hours of sleep each night so that their immune system works optimally, and they can recover from any new injuries.

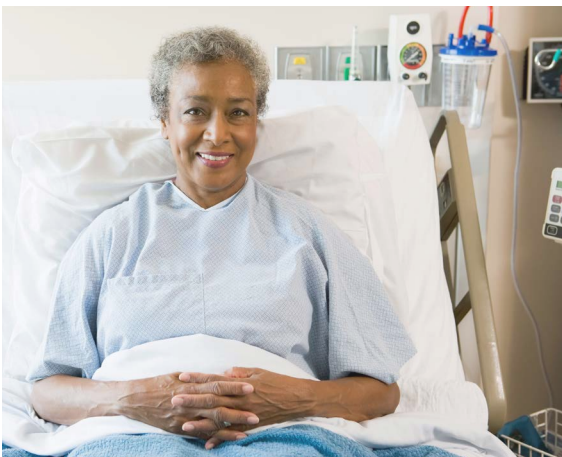


## Complementary Remedies

Herbal remedies have been used to treat disease since the origins of medicine. Arthritis is no exception. Curcumin or turmeric, ginger, Boswellia serrata, avocado-soybean unsaponifiables (ASU) and [CBD](#) all have some evidence of benefits for arthritis.

CBD comes in the form of edibles and liquids and is also commonly found in creams and other topicals. While there is some evidence that it might help pain, you should not use this or other natural remedies in place of your prescribed medicine. CBD products vary in dose and strength from product to product and state to state. They are also expensive, so using them on a regular basis may not be the best use of your arthritis-care dollars.

In fact, [herbal and vitamin supplements](#) as a whole in the U.S. are not well regulated, so you may not be getting what you think unless you buy [a reputable brand](#). Before trying any supplement or other complementary therapy, such as acupuncture or massage, consult with your doctor to make sure it does not interact with your other treatments or medications.



## Joint Surgery

If joint pain is severely interfering with your ability to function and quality of life, it might be time to [consider joint surgery](#).

But making an appointment with a surgeon doesn't automatically mean that you'll have surgery. You can meet with the surgeon to discuss your [options](#). Maybe a partial joint replacement will do instead of a total transplant, depending on your situation. Knowledge is power.

“I tell my patients, ‘My role as a doctor is to listen to your concerns, to inform you of your treatment choices and to help you pick the best choice for you,’” says Michael Parks, MD, an orthopedic surgeon at the Hospital for Special Surgery and associate professor at Weill Cornell Medical College. Sometimes, surgery is the right choice for regaining your quality of life, he adds.



## When you receive an arthritis diagnosis, your journey begins.

**There is no cure for arthritis, but there are many effective treatments.** Do your research so that you can understand the changes in your body. Find a community that gets you. The Arthritis Foundation offers podcasts, a Helpline, online and in-person support groups and other resources so those living with arthritis do not feel isolated. Managing stress and mental health issues resulting from living with chronic pain is also imperative for your overall wellness and to help control your arthritis and its symptoms. Use these resources to help you learn more about your arthritis:

### Helpline

Arthritis Foundation Helpline: Our team of a licensed, clinical social worker and trained staff understand arthritis and have helped thousands of people like you. We have bilingual experts who can help you. After assessing your current questions, we can provide a referral to one of our Arthritis Peer Volunteers. Each volunteer is trained to listen without judgment and share support. Call us now at 800-283-7800 or visit [arthritis.org/helpline](https://www.arthritis.org/helpline).

### Patient Education Resources

The Arthritis Foundation hosts the [Live Yes! With Arthritis Podcast](#) and live and on-demand [webinars](#) to help you learn how to manage your arthritis. Or find educational webinars to watch or attend virtually. Some topics covered:

- Newly diagnosed
- Physical activity
- Pain management
- Sleep & fatigue solutions
- Surgery for arthritis

### Live Yes! Connect Group

Join a [Live Yes! Connect Group](#) or the [Online Community](#) today to make connections and get information and resources to help you manage your pain.

The content in the guide was developed independently by the Arthritis Foundation.  
Production of the guide was made possible with support of the following partners:

abbvie

 Bristol Myers Squibb™

**Genentech**  
*A Member of the Roche Group*

 HORIZON

janssen  | PHARMACEUTICAL COMPANIES OF  
*Johnson & Johnson*

 **Arthritis  
Foundation®**