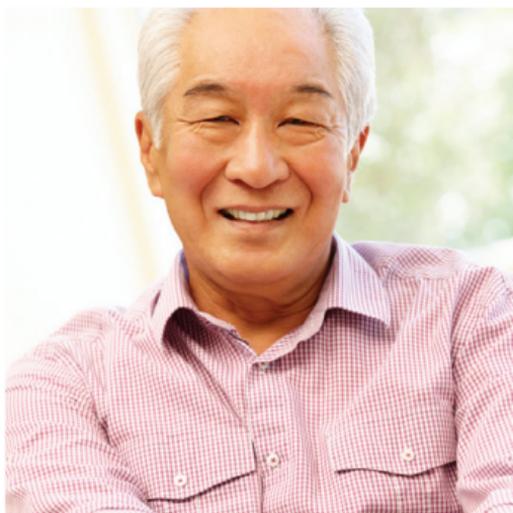


Arthritis Answers



**Symptoms, treatment,
prevention and risk**



**Arthritis
Foundation**SM

Is It Arthritis?

Chances are you or someone you know has arthritis or a related condition. Fifty million Americans, or one in five people, have been told by their doctors that they have arthritis. It affects people of all ages, including children. Arthritis and related conditions can cause pain, stiffness and swelling in or around joints. This can make it difficult to do normal everyday activities. Arthritis is usually chronic, meaning that it lasts a long time. For many people, it does not go away. But there are things you can do now to avoid arthritis or to reduce pain and keep moving.

Warning Signs

Pain from arthritis can be ongoing or can come and go. It may occur when you're moving or after you have been still for some time. You may feel pain in one spot or in many parts of your body.

Your joints may feel stiff and be hard to move. You may find that it is hard to do daily tasks you used to do easily, such as climbing stairs or opening a jar. Pain and stiffness usually will be worse in the morning or after periods of inactivity. In some types of arthritis, the skin over the joint may appear swollen and red, and feel warm to the touch. With some

types of arthritis, you may have fatigue, a poor appetite or fever. If you have any of these signs for more than two weeks, see your doctor. These symptoms can develop suddenly or slowly.

Causes

There are more than 100 types of arthritis and related conditions. The cause of most types of arthritis is unknown. Scientists are studying several major factors that are thought to be important in arthritis. These factors include: genetic factors that you inherit from your parents; the role of inflammation and the immune system in causing joint damage; and lifestyle factors, including injury to joints. The importance of these factors varies, depending on the type of arthritis.

Warning signs of arthritis

- Pain
- Stiffness
- Occasional swelling and/or tenderness
- Difficulty moving a joint
- Redness around a joint



How Is Arthritis Diagnosed?

It's important to find out what type of arthritis you have because treatments are different for the various types of arthritis. Early diagnosis and treatment are important to help slow or prevent damage to joints that can occur during the first few years with several types of arthritis.

Your primary-care doctor will likely tell you that it is important that you see a rheumatologist (roo-ma-TAHL-o-jist), a physician who specializes in diagnosis and treatment of arthritis and related conditions. See page 18 for more about rheumatologists. To find a rheumatologist in your area, visit the American College of Rheumatology's Web site, www.rheumatology.org, and click on "Find a Member."

When you see your doctor for the first time about your joint pain, expect at least three things to hap-

What to tell your doctor

You can help your doctor by writing down the answers to the following points before your appointment. Bring your answers when you see your doctor.

- Where it hurts
- When it hurts
- When it first began to hurt
- How long it has hurt
- If you have any swelling
- What daily tasks are hard to do now
- If you have ever hurt the joint in an accident or overused it on the job or in a hobby or sport
- If anyone in your family has had similar problems

What your doctor should tell you?

When you go to your doctor to get a diagnosis there are a few things you should learn.

- If you have arthritis or a related condition
- What type of arthritis it is
- What to expect
- What you can do about it

pen before you get an arthritis diagnosis:

- First, your doctor will talk to you about your symptoms and medical history.
- Next, your doctor will conduct a physical examination.
- Finally, your doctor may order X-rays and laboratory tests.

Your doctor will examine your joints to check for swelling and tender points, to see what movements cause pain, and to see if joints move through their normal ranges of motion. Your doctor also will check for other signs that may be found in some forms of arthritis including skin rashes, mouth sores, muscle weakness, eye problems or involvement of internal organs, such as the heart or lungs.

Your doctor also may do some laboratory tests. These may include tests of your blood, urine or joint fluid. The doctor also may order X-rays of your joints.

The results from your medical history, physical exam and tests help your doctor match your symptoms to the pattern of a specific disease or rule out other diseases.

Symptoms for some types of arthritis develop slowly and may appear similar to other types in early stages. It may take several visits before your doctor can tell what type of arthritis you have.

Assess Your Joint Health

Only a doctor can diagnose arthritis. However, by asking yourself the following questions you may be able to get a better idea of your joint health.

What's Your Risk?

[Circle Yes or No. Please answer each question the best you can.]

1. Are you 45 years of age or older?
Yes No
2. Have you ever had an injury to your knee severe enough to put you in bed; to force you to use a cane, crutch or brace; or to require surgery?
Yes No
3. Are you more than 10 pounds over weight?
Yes No
4. Have you in the past, or do you currently, participate in greater than 3 hours per day of heavy physical activities, such as bending, lifting, or carrying items on a regular basis?
Yes No
5. Did you have hip problems that caused you to limp as a child?
Yes No

What Are Your Symptoms?

[Circle Yes or No. Please answer each question the best you can.]

6. Has a doctor ever told you that you have arthritis?
Yes No
7. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint?
Yes No
8. In a typical month, were these symptoms present daily for at least half of the days in that month?
Yes No
9. Do you have pain in your knee or hip when climbing stairs or walking 2-3 blocks (1/4 mile) on flat ground?
Yes No
10. Do you have daily pain or stiffness in your hand joints?
Yes No
11. Are you now limited in any way in any activities because of joint symptoms (pain, aching, stiffness, loss of motion)?
Yes No

Can You Prevent Arthritis?

There are steps you can take to reduce your risk for getting certain types of arthritis or to reduce disability if you already have arthritis.

Prevention of Arthritis

It is important to stay at your recommended weight, especially as you get older. People who are overweight are more at risk for osteoarthritis (OA), the most common form of arthritis. Extra weight increases your risk for getting OA in the knees, and possibly in the hips. This is especially true for women. What if you're already overweight? Research shows that middle-aged and older women of average height who lose 11 pounds or more will decrease the risk of developing knee OA by half over time. To lose weight, exercise, eat foods low in calories and control the amount of food you eat. If you're having trouble with weight control, ask your doctor or a registered dietitian for help. Joint injuries caused by accidents, injuries or overuse can increase your risk for OA. Keeping the muscles around joints strong – especially the thigh muscles that support the knee – will help prevent injury.

If You Have Arthritis

What can you do to maintain your independence if you already have arthritis? Studies show that exercise helps reduce the pain and fatigue of many different kinds of arthritis and related diseases. Exercise keeps you moving, working and doing daily activities that help you remain independent. Read the “Physical Activity” section on page 23 of this booklet for tips to help you start or maintain an exercise program.

12. Because of joint symptoms, rate your ability to do the following:
- 0 - Without ANY Difficulty
 - 1 - With SOME Difficulty
 - 2 - With MUCH Difficulty
 - 3 - UNABLE To Do
- a. Dress yourself, including shoelaces and buttons?
- 0 1 2 3
- b. Stand up from an armless, straight chair?
- 0 1 2 3
- c. Get in and out of a car?
- 0 1 2 3
- d. Open a car door?
- 0 1 2 3

If you answered yes to any of questions 1-5, you are at risk for arthritis.

If you answered yes to two or more of questions 6-11, you might have symptoms of arthritis.

*Please add the numbers shown next to each of your answers for question 12 (a+b+c+d).

If you scored a 6 or more on question 12, you will likely benefit from seeing your health-care professional and should consider calling for an evaluation.

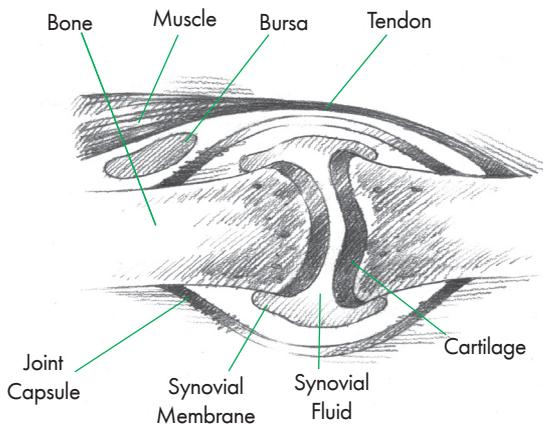
Discuss your symptoms with your health-care professional at your next appointment. If you're given a diagnosis of arthritis or a related condition, there's still good news. You can do something to help take control of your arthritis. Contact your local Arthritis Foundation office or visit the Arthritis Foundation's Web site, www.arthritis.org, to learn more about how you can live successfully with arthritis.

Which Type of Arthritis Do You Have?

There are more than 100 types of arthritis and related conditions, so it is important to know which type of arthritis or related disease you have so it can be treated properly. If you don't know which type you have, make an appointment with your doctor or ask during your next visit.

Arthritis most often affects areas in or around joints. Joints are where bones meet, such as your knee. The ends of the bones are covered by cartilage, a spongy material that keeps bones from rubbing together. The joint is enclosed in a capsule and lined with tissue called the synovium. This lining releases a slippery fluid that helps the joint move smoothly and easily. Muscles and tendons support the joint and help you move.

Different types of arthritis can affect one or more parts of a joint to produce pain and swelling, and limit use of the joint. Certain types of arthritis also can affect other parts of the body, such as the skin, eyes, mouth and internal organs (such as the heart, lungs or kidneys). Some common types of



Different types of arthritis can affect different parts of a joint.

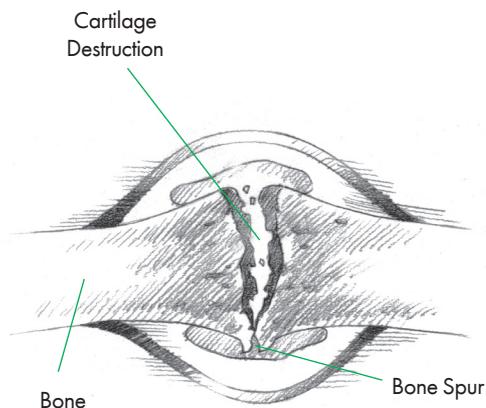
arthritis and related conditions are described on the following pages.

Osteoarthritis

The most common type of arthritis is osteoarthritis (ah-stee-oh-ar-THRY-tis), or OA. OA affects about 27 million Americans. OA is sometimes called degenerative arthritis or degenerative joint disease because it causes the breakdown of cartilage and bones over time, causing pain and stiffness. OA usually affects the fingers and weight-bearing joints, including the knees, hips, back and neck, but can affect other joints and the hands. It affects both men and women and usually occurs after age 44. Treatments for OA include medication, exercise, heat or cold, joint protection, pacing activities, weight loss if overweight, self-care skills and sometimes surgery.

Rheumatoid Arthritis

In rheumatoid arthritis (ROO-ma-toyd ar-THRY-tis), or RA, an abnormality in the body's immune system is associated with inflammation of the joints. However, the exact cause of the disease is unknown. Inflammation begins in the joint lining (synovium) and, over time, leads to damage

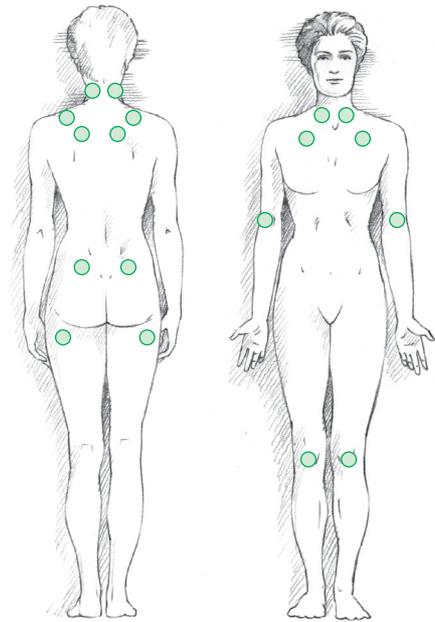


Joint with osteoarthritis

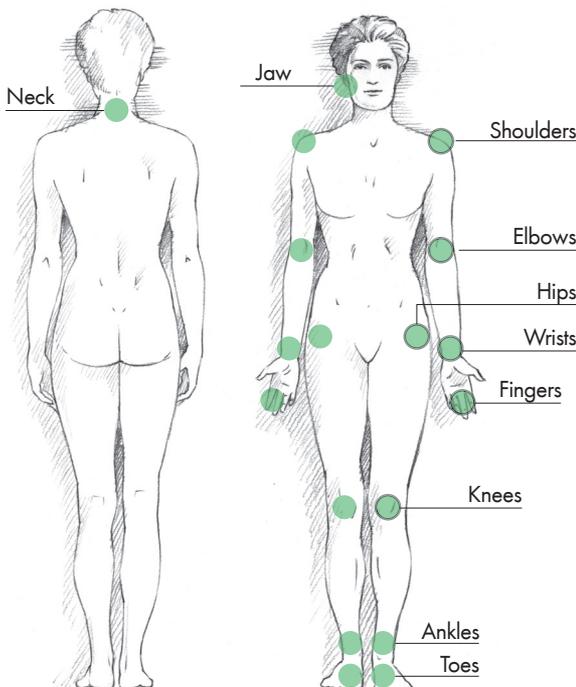
of both cartilage and bone. Rheumatoid arthritis often affects the same joints on both sides of the body. Hands, wrists, feet, knees, ankles, shoulders, neck, jaw and elbows can all have arthritis in them. RA affects about 1.5 million Americans and is more common in women than in men. Treatments include medications, exercise, rest, joint protection, pacing activities, self-management skills and sometimes surgery.

Fibromyalgia

In contrast to arthritis which is a disease of the joints, fibromyalgia does not affect joints but instead is a condition that involves pain in the muscles and soft tissues. Fibromyalgia (fy-bro-my-AL-ja) causes widespread pain and pain at distinct tender points. These are places on the body that are highly sensitive to touch and produce pain. People with fibromyalgia often have fatigue,



Some of the tender points that are common in fibromyalgia



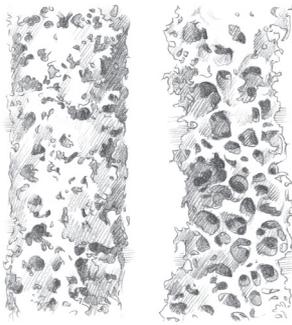
Some of the joints that may be affected by RA

disturbed sleep, low mood and stiffness. Fibromyalgia is a common condition that usually affects women. It does not cause muscle or joint damage. Treatments include exercise, antidepressants, tender point injections, muscle relaxants, pacing your activities and self-management skills.

Osteoporosis

Osteoporosis (ah-stee-oh-po-RO-sis) is one of the most common diseases related to arthritis. It causes bone to lose mass and become thin and brittle. This can lead to painful fractures, rounded shoulders and loss of height. It does not directly affect the joints as arthritis does.

Osteoporosis affects – or will affect – more than 40 million Americans, most of whom are women. It is the major cause of bone fractures in postmenopausal women and senior citizens, including men. People with some forms of arthritis (such as



Normal bone

Bone with
osteoporosis

Osteoporosis makes bones less dense and more susceptible to fractures.

rheumatoid arthritis or lupus) also are at risk for developing osteoporosis because certain medications called corticosteroids (such as prednisone) can cause osteoporosis. Many of the steps that you can take to prevent osteoporosis also can help treat it. These steps include increasing calcium and vitamin D intake, taking medication to reduce bone loss, exercising regularly and maintaining a healthy lifestyle. Your doctor can help determine which treatments are best for you.

Lupus

Lupus is a disease that affects the skin and joints. In some people, lupus also affects the internal organs such as the kidneys, lungs or heart. Lupus affects women about eight to 10 times more often than men. Symptoms often first appear in women between ages 18 and 45. Some of the common symptoms include:

- A rash over the cheeks and across the bridge of the nose
- Scaly, disc-shaped sores on the face, neck and/or chest
- Abnormal sun sensitivity
- Kidney problems

Lupus occurs more often in African Americans than in Caucasians, and also may occur more frequently in Asian and Latino populations.

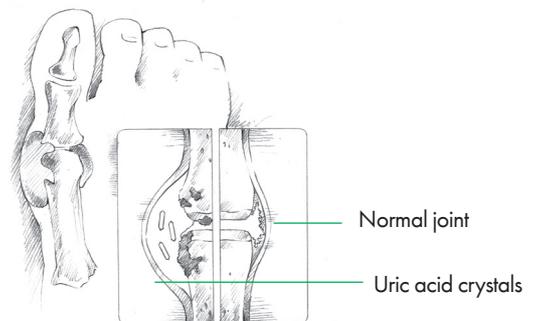
Treatments include taking medications to reduce inflammation or to reduce the immune system's activity, balancing rest with exercise and eating a proper diet.

Gout

Gout occurs when the body produces too much of a substance called uric acid. Gout also happens when your body can't get rid of uric acid. This leads to high levels of uric acid in the blood, which may lead to the formation of uric acid crystals in a joint, which causes severe pain and swelling.

Certain foods such as sardines, anchovies and organ meats, and alcohol, especially beer, also can raise the body's uric acid level.

Gout most commonly affects the big toes, ankles and knees. However, gout can develop in any joint. More men than women have gout. Treatments include anti-inflammatory and special gout drugs, weight loss if overweight, and limiting alcohol intake. According to the Centers for Disease Control and Prevention, about 8 million people in the United States have gout.



Joint with gout compared with a normal joint

Low Back Pain

Low back pain can be caused by a back strain or injury, or by certain types of arthritis, such as osteoarthritis and ankylosing spondylitis. Treatments include pain relievers or anti-inflammatory drugs, exercise, heat or cold, joint protection, weight loss if overweight, pacing activities and self-management skills. In addition, complementary therapies, such as yoga, acupuncture, massage and chiropractic treatment have been suggested as helpful.

Bursitis and Tendinitis

Bursitis and tendinitis may be caused by irritation from injuring or overusing a joint, but in many cases, occurs without a known cause. Bursitis affects a small sac called the bursa that helps cushion the muscles and tendons surrounding a joint. Tendinitis affects the tendons that attach muscle to bone. (See the illustration of a normal joint on page 10 to see where tendons and bursae are located.) Treatments include anti-inflammatory drugs, injections, heat or cold, and rest.

Polymyalgia Rheumatica

Polymyalgia rheumatica causes pain and stiffness in the neck, shoulders and hips. The pain and stiffness are caused by inflammation of the joints and surrounding tissues. Treatments include medication, exercise and rest.

Other Forms of Arthritis

There are many more types of arthritis and related conditions including vasculitis, scleroderma, juvenile idiopathic arthritis (JIA) and psoriatic arthritis. Contact the Arthritis Foundation at 800-283-7800 or www.arthritis.org for free, single copies of brochures on these diseases and other topics such as medication and lifestyle management.

Who Will Treat You?

Part of your treatment plan may involve working with health-care specialists such as those listed below.

Family physicians, primary-care physicians, general practitioners, internists and pediatricians provide general medical care for adults and for children with different types of arthritis. These doctors also can help you find a specialist.

Rheumatologists are specialists who treat people with arthritis and related diseases. Your primary-care doctor may refer you to this kind of specialist. Most rheumatologists are internists who have had two to three years of additional training in the care of people with arthritis and related diseases.

Pediatric rheumatologists are specialists in the diagnosis and treatment of children with arthritis and related diseases. Most pediatric rheumatologists are pediatricians who have advanced training in the care of children with arthritis and related diseases.

Orthopaedic surgeons have specialized training in performing surgery on the bones, joints, muscles and other parts of the musculoskeletal system. You would see an orthopaedic surgeon if you are considering a surgical procedure, such as joint replacement.

Physiatrists, or medical doctors in physical medicine, physical therapists and exercise physiologists can guide your physical therapy and rehabilitation and show you exercises to help keep your muscles strong and joints flexible. Occupational therapists can teach you how to reduce strain on your joints while doing everyday activities. They can also fit you with splints and other devices to help reduce stress on your joints.

Podiatrists are experts in foot care. If arthritis affects your feet, a podiatrist can prescribe special supports and shoes. Podiatrists also perform foot surgeries to correct foot abnormalities.

Psychiatrists and psychologists can help you manage the emotional and mental distress related to your disease.

Psychiatrists can prescribe medications for mood disorders that can be associated with chronic diseases.

Psychologists can help you develop coping skills to maximize your life as you manage your arthritis.

Ophthalmologists provide eye care and treatment. Several forms of arthritis or medications used in their treatment may cause eye problems. Once diagnosed you can talk to your doctor about how often you may need to get eye checkups.

Pharmacists fill prescriptions for medicines and can explain the drugs' actions and side effects. They also can tell you how different medicines work together and answer questions you have about either prescription or over-the-counter medicines.

Other health-care specialists you may see include nurses, nurse practitioners, physician assistants, social workers and dietitians. Nurse practitioners and physician assistants can provide prescriptions in most states many work closely with rheumatologists in the management of arthritis and related conditions.

What Treatments Work?

Before beginning your treatment, your doctor will diagnose which type of arthritis or related condition you have. There are many things that help reduce pain, relieve stiffness and keep you moving. Your care may involve more than one kind of treatment. Your doctor may prescribe medications, but there are many things you can do on your own to help manage pain and fatigue, and move more easily.

Finding the right treatment may take time. Be sure to let your doctor know if a treatment is not working. Your treatment may change as your arthritis changes. Treatments for arthritis can be divided into several categories, which are described on the following pages.

Medication

Many different drugs are used to treat arthritis and related diseases. The ones you should take will depend on the type of arthritis you have. Some medications are available without a prescription, but others must be prescribed by your doctor. You should always check with your doctor before taking any medication, including over-the-counter (OTC) drugs, and dietary and herbal supplements. Your doctor can tell you how much and when to take any of these for best relief. The doctor can also tell you how to avoid drug-related problems.

Nonsteroidal anti-inflammatory drugs (NSAIDs) reduce pain and swelling. Some NSAIDs, such as aspirin, ibuprofen (*Motrin, Advil*) and naproxen (*Aleve*), are available without a prescription. Others are available by only prescription. The most common side effect of these medications is stomach upset.

Call your doctor if you have continuous stomach pain. NSAIDs can carry a risk of stomach ulcers

and bleeding. A subcategory of NSAIDs, called COX-2 inhibitors, was designed to be safer for the stomach. Both traditional NSAIDs and COX-2 inhibitors carry a warning that they may increase the risk of heart attack and stroke. Talk to your doctor about risks before making a decision to take any medications.

Corticosteroids, such as prednisone and cortisone, may be prescribed to reduce severe pain and inflammation. They are available only by prescription. They may be given in pill form or by injection into the joint or soft tissues around the joint, the muscle, or into a vein. Joint injections can bring quick relief for many forms of arthritis, but they should be used carefully because in some patients they may weaken bone, tendons and cartilage. Your doctor will carefully monitor you for side effects.

Analgesics are prescribed for pain relief. Acetaminophen (*Tylenol*) is a non-opiate analgesic commonly used for the treatment of mild to moderate pain. Opiate analgesics, including codeine, may be used for more severe forms of arthritis pain. Analgesics do not reduce the inflammation or swelling that can be associated with some forms of arthritis, but they are helpful when pain is the main problem. They are generally considered to be safer than NSAIDs for most people.

Topical treatments such as ointments, creams and rubs that contain counterirritants, like Capsicum (*capsaicin*), or anti-inflammatory medications that can be used on the skin may provide pain relief. Talk to your doctor or pharmacist for more information.

Disease-modifying antirheumatic drugs (DMARDs) slow down the disease process and limit joint damage in RA and some other types of inflammatory arthritis. These medications include methotrexate, sulfasalazine, hydroxychloroquine, leflunomide, cyclosporine, azathioprine and penicillamine. They are available only by prescription and

may take several weeks or months to work. Your doctor will carefully monitor you for side effects from taking these powerful drugs.

Biologic response modifiers (BRMs), are drugs that help reduce pain and inflammation, increase physical function and slow the progression of or halt disease, especially rheumatoid arthritis and some other forms of inflammatory arthritis. Etanercept (*Enbrel*), infliximab (*Remicade*), anakinra (*Kineret*), adalimumab (*Humira*), golimumab (*Simponi*) certolizumab pegol (*Cimzia*) and tocilizumab (*Actemra*) do this by blocking the action of cytokines that are part of the immune system. There are also two medications approved for use in people who have not found relief from other treatments. They are also effective in slowing the disease process. Abatacept (*Orencia*) works by blocking one of the signals by which immune cells talk to each other, and thereby can modulate or break the cellular connections that may lead to inflammation, autoimmune responses and joint damage. Rituximab (*Rituxan*) works by depleting or getting rid of some immune cells in the blood. It looks for certain B cells. In a normal immune system, B cells usually help the body fight infection but may also be involved in the joint inflammation that occurs in RA. Talk with your doctor to learn more about biologics.

Sleep medications may help you sleep better and help your muscles relax. These drugs may be used to help people with fibromyalgia sleep better. They are available by prescription and are used at bedtime in a low dose, but taking them long-term should be avoided.

Antidepressants such as amitriptyline hydrochloride (*Elavil*), trazadone, escitalopram oxalate (*Lexapro*) are also sometimes used by people with arthritis or related conditions in low doses to relieve pain. They may also be used in higher doses to help with depression that can accompany chronic

disease. Medications such as sertraline (*Zoloft*) may be used to treat depression associated with rheumatoid arthritis and other chronic diseases. Talk to your doctor for more information on these medications.

Physical Activity

Being physically active every day can help to keep you moving and independent. It helps lessen pain, increase movement, reduce fatigue, prevent weight gain and helps you look and feel better. People with arthritis should try to be active or exercise at least 30 minutes each day in addition to their everyday activities. Physical therapists and exercise physiologists can assist in designing exercises that minimize joint injury. There are three main types of exercises:

1. Range-of-motion exercises keep your joints flexible by moving them to their fullest extent. You should try to do these exercises daily.
2. Resistance exercises increase or maintain muscle strength and endurance. Strong muscles help keep your joints stable and make them easier to move. Try to do these exercises daily or every other day.
3. Aerobic (endurance) exercises build fitness. They help keep your heart healthy and control your weight. You should do aerobic exercises for a total of 30 minutes, five times a week, at a pace that raises or sustains your heart rate. You can build your endurance by exercising for shorter periods several times a day. Examples of aerobic exercises include walking, swimming and riding a stationary bicycle.

Tips for Exercise

Exercise at the time of the day when you have less stiffness or pain. Start slowly. Build up the amount of time you exercise and the number of repetitions

you do. Exercise at a level that allows you to talk comfortably during the activity. If pain from exercise lasts more than two hours, you may have done too much. Reduce your level of activity next time. Stop exercising right away if you have chest pain, severe dizziness or shortness of breath, or if you feel sick to your stomach. Talk with your doctor before starting a new exercise routine.

Heat and Cold

Using heat or cold over joints or muscles may give you short-term relief from pain and stiffness. You also can use heat or cold to help prepare for exercise. Heat helps relax aching muscles. Sources of heat include heat packs, hot tubs or heated pools. Don't use heat with rubs or creams because this can cause skin burns. Cold numbs the area so you don't feel as much pain, and can decrease swelling and inflammation. You can apply cold with ice, cold packs or bags of frozen vegetables. It's important to use heat and cold safely. Don't use either treatment for more than 20 minutes at a time. Let your skin return to a normal temperature between applications.

Pacing Your Activities

Pacing yourself saves energy by switching between periods of activity and periods of rest. Pacing helps protect your joints from the stress of repeated tasks, and helps reduce fatigue. Alternate heavy or repeated tasks with easy ones. Change tasks often so that you don't hold joints in one position for a long time. Plan rest breaks during your daily activities.

Joint Protection

You can learn to protect your joints by using them in ways that avoid excess stress. Protecting your joints makes it easier to do daily tasks. Your rheumatologist may refer you to an occupational therapist for an assessment of your function and needs.

Here are three methods of joint protection:

1. Paying attention to joint position means using joints in the best way to avoid excess stress on them. Use larger or stronger joints to carry things. For instance, carry your grocery bags using your forearms or palms instead of your fingers.
2. Using walking or assistive devices can help keep stress off certain joints. Your doctor may suggest using a cane, crutches or a walker to reduce stress on your hips and knees. Many assistive devices have special features to help make tasks easier. Special features, such as extra-thick pens, make them easier to hold. Longer handles and reachers give you better leverage. Lightweight items, such as plastic dishes, are easier to carry than ceramics.
3. Weight control means staying close to your recommended weight, or losing weight if you are overweight now. Weight control helps reduce your risk for developing OA in the knees. If you already have knee OA, losing weight may lessen pain by reducing stress on your joints. Exercising and reducing calories will help you lose weight. If you need to lose a lot of weight, work with your doctor and a registered or licensed dietitian to find the best weight-loss program for you.

Complementary Therapies

Complementary therapies including supplements (like glucosamine and chondroitin sulfate for people with moderate to severe knee OA pain), vitamins, massage, yoga, acupuncture and more may also provide relief for you. Some of these nonconventional methods have been shown to be helpful for people with arthritis.

For more information or alternative therapies, call 800-283-7800 or go to www.arthritis.org. Be sure

to talk with your doctor about any complementary therapy you are taking or thinking about taking.

Surgery

Most people with arthritis will never need surgery. However, surgery can help in cases when other treatments have failed. It can reduce pain and improve function. Two common types of surgery for people with arthritis are synovectomy and total joint replacement. Synovectomy is the removal of the thickened joint membrane (synovium) that causes damage to joints in inflammatory forms of arthritis such as rheumatoid arthritis. Joint replacement replaces the damaged joint with an artificial joint. These procedures are usually effective in relieving pain and helping you maintain activities of daily living. For more information on joint surgery, call 800-283-7800 or go to www.afstore.org for a free copy of the Arthritis Foundation's Surgery and Arthritis brochure.

Self-Management Skills

Arthritis and related conditions may affect you in different ways, from what you can do to how you look. Daily tasks may be harder or may take longer.

You are the best manager of your arthritis. Being a good arthritis manager means understanding your disease and knowing what to expect. It also means planning your activities for when you feel best and learning to work with your doctor as a team. You can help yourself feel better by learning to manage your symptoms and how they affect your daily activities. You also can learn skills to help manage how arthritis affects your emotions and your family.

Symptom-management skills use problem-solving methods to help you identify and overcome difficulties with daily tasks. Coping skills can help you manage the changes arthritis and other diseases bring to your life. Speak with your doctor for references for where you can learn such techniques.



The Arthritis Foundation is the Champion of Yes.

We lead the fight for the arthritis community and help you conquer your everyday battles through life-changing information and resources, access to optimal care, advancements in science and community connections.

**Go to www.arthritis.org
or call 800-283-7800.**

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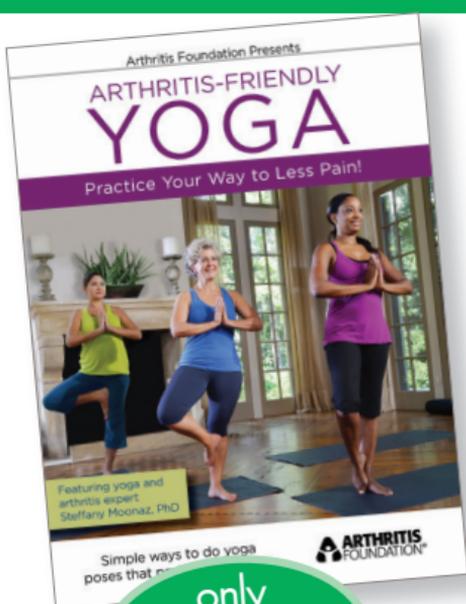
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