# Hughston Health Alert

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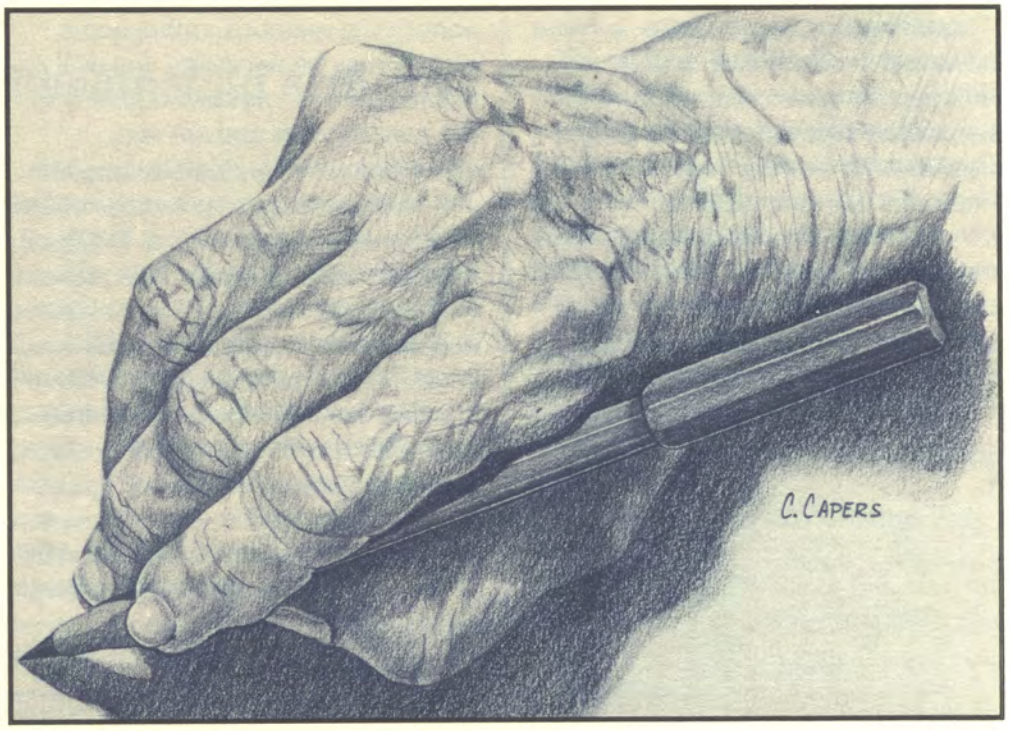
## Arthritis – An Overview

Do you have pain, stiffness, or redness in one or more of your joints? Are your fingers swollen and deformed? Is your hip or knee sore and stiff after you've been walking or exercising? Have you ever experienced a sudden attack of pain and swelling in your big toe in the middle of the night?

All of these symptoms may be caused by arthritis, a condition that affects millions of people of all ages and from all walks of life. The questions are what kind of arthritis and what can be done to treat these aches and pains, the stiffness and swelling, and the difficulty in moving fingers, knees, or hips?




This issue of the Hughston Health Alert is dedicated to answering these questions for you and giving you a better understanding of what arthritis is, what the major types of arthritis are, what their causes are, how they can affect you, and what your doctor can offer you in the form of nonsurgical and surgical treatment.

The more you know about your disease, the better you will be able to adapt. It is helpful to know that most people with arthritis are able to lead productive lives, although activities may need to be modified to help preserve joint function.

### What is arthritis?

Arthritis is not a single disorder but a general term used to describe a number of different conditions that cause acute or chronic inflammation of one or more joints. These conditions are usually accompanied by pain, swelling, stiffness, redness, and, frequently, changes in the joint's physical structure. The most common forms of arthritis are osteoarthritis, rheumatoid arthritis, and gout.

Arthritis affects people in different

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ways. Depending on its form and severity, one joint or many may be involved. The pain can vary from mild to severe. Some individuals may have long periods of no pain interspersed with episodes of sudden, unexpected attacks. Others may experience long-term mild aches, stiffness, and inconvenience. Some people may suffer severe pain, joint deformity, and difficulty walking or using their fingers.

**How can arthritis be treated?**

Treatment is tailored to the individual needs of each patient. Although there is no known cure for the primary types of arthritis, early diagnosis can be very important. Treatment can help reduce inflammation, alleviate pain, maintain and improve joint function, correct joint deformity, and minimize subsequent disabilities. A comprehensive treatment program includes ***medications, diet therapy, physical therapy, and occupational therapy.***

***Anti-inflammatory drugs*** are frequently used to provide relief from the pain and to reduce the inflammation associated with osteoarthritis and rheumatoid arthritis. For severe cases of inflammation, a corticosteroid may be injected directly into the affected joint to relieve pain and to restore mobility. However, because these injections can have adverse effects on the joint cartilage, they must be used cautiously. Specific medications, along with ***diet therapy*** (see Diet, pg. 5), may be used to control gout.

***Physical therapy*** may include supervised exercises to strengthen your muscles and to help you to maintain joint flexibility; various types of heat and cold therapy; guidelines for balancing exercise with rest; and posture rules to assist you in standing, sitting, and lying correctly. People who are obese are advised to lose weight if they have arthritis in any of their weight-bearing joints, such as the hips or knees.

***Occupational therapy*** is directed at helping you adapt to a lifestyle within the limitations of your condition and at minimizing the stresses placed on the involved joints. Special assistive devices can be used to achieve these goals.

For patients whose joints are so badly damaged or unstable that their pain cannot be controlled or their disabilities cannot be corrected by nonsurgical methods, orthopaedic surgery may be necessary. Surgical techniques have advanced greatly in the past 10 years and are very effective in relieving debilitating pain and in improving the patient's level of activity. The type of surgery that is selected depends on the patient's individual condition. Diseased tissue may be removed from the arthritic joints, bones in the joint may be fused together (arthrodesis), or the joint may be replaced with an artificial substitute (arthroplasty).

*Fred C. Flandry, M.D.*
*Columbus, Georgia*

# Osteoarthritis

Osteoarthritis (OA), or degenerative joint disease, is the most common musculoskeletal problem in people over the age of 50, especially in women. In individuals under the age of 40, OA is usually the result of an injury, from sports or occupational strain or of congenital abnormalities. OA most often develops in the weight-bearing joints, such as the hips, knees, and spine, and in the "repetitive use" joints, such as the fingers. Although most people over 50 show signs of having degenerative joint disease, many never have symptoms.

OA is characterized by the destruction of joint cartilage, the firm, rubbery material that covers the end of each bone. Normally, cartilage acts as a cushion which provides a smooth surface between the bones. With OA, the cartilage gradually breaks down, its surface becomes thin and uneven, and eventually, the ends of the bones may be left unprotected (Fig. 1). If

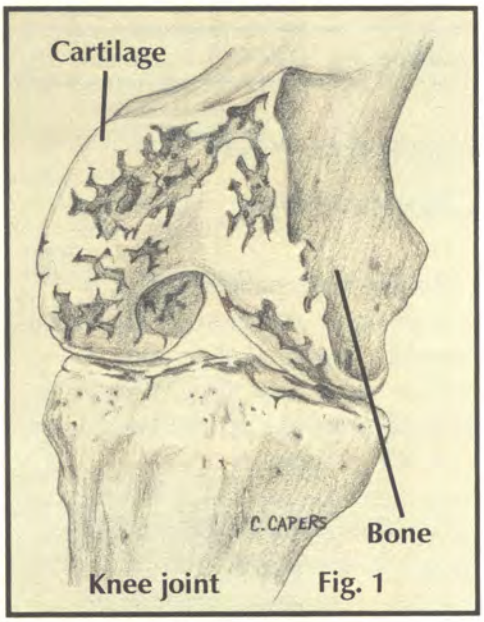

Fig. 1

this happens, the bones grind against one another and cause pain. When the pain becomes significant, people tend to use the joint less which leads to muscle weakness and joint stiffness. Changes in the surrounding bone, such as bone spur formation, can also occur.

OA is commonly referred to as the "wear and tear" arthritis, and three things contribute to its progression: overuse or injury, time, and weight. Overuse and injury speed up the process of joint changes by breaking down cartilage. Over time, normal wear and tear on susceptible joint tissues also affects the development of OA. Obesity contributes to the stress placed on the joints and, as a result, may damage them prematurely. People who are overweight are prone to develop OA, especially in the hips and knees.

Pain, the most common symptom of OA, is described as an aching feeling when the affected joint is used but often is relieved when the joint is rested. OA does not always become worse, but if it does, the pain may become more constant. The fatigue, fever, swollen lymph nodes, and prolonged morning stiffness associated with rheumatoid arthritis are not common symptoms of OA. However, after periods of inactivity, you can expect to experience joint stiffness or "gelling." Injuries, such as minor sprains and strains, can aggravate symptoms in affected joints. As the disease process progresses, there is a decrease in the ability to move the joint through normal range of motion.

A physical examination reveals tenderness of the affected joint or joints and decreased range of motion. Swelling also may be noted. Moving the joints may produce crepitus, which is a popping, clicking, or grating sound. Bony enlargements at the end joints of the fingers (Heberden's nodes) or middle joints (Bouchard's nodes) often are present (Fig. 2). These bony enlargements are usually painful when they first develop, but the pain tends to disappear over time. X-rays help the physician assess the degree of joint degeneration. However, the severity of the joint destruction as seen on x-rays does not always relate to the amount of pain the patient feels.

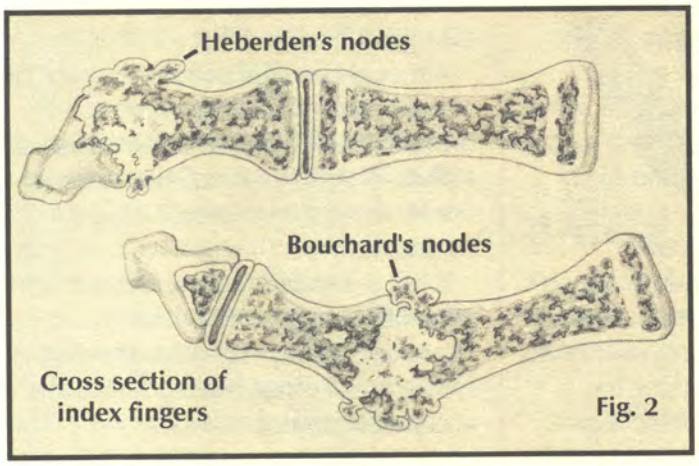

Fig. 2

Although all of us are likely to develop some degree of degenerative bone disease as we get older, it is important to remember that OA is not a life-threatening disorder and seldomly causes severe disability. If you have painful or troublesome symptoms, a variety of treatments are available that bring relief and allow you to lead a normal, productive life.

*Robert Fowler, M.D.*
*Columbus, Georgia*

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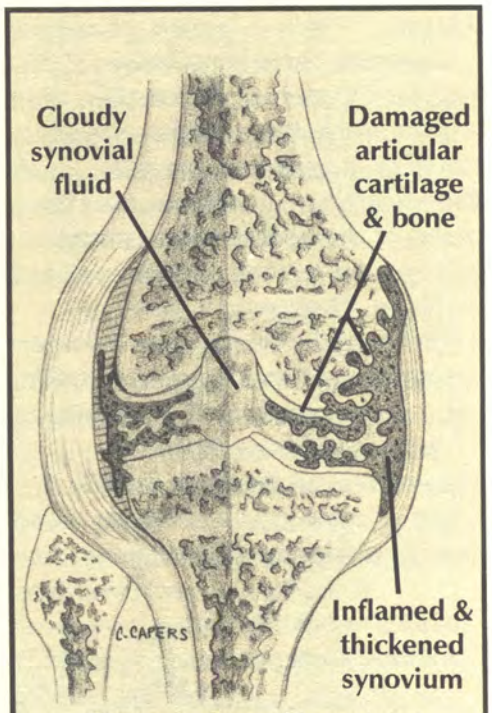
## Rheumatoid Arthritis

Rheumatoid arthritis (RA), the most severe form of inflammatory joint disease, is characterized by painful, swollen, and inflamed joints. It affects all races equally and women two to three times more often than men. People of all ages can develop RA, but it is most commonly seen between the ages of 40 and 50 years. Although its cause remains a mystery, researchers now believe that an unknown, virus-like agent triggers the development of RA in people who have a genetic, or inherited, tendency for the disease.

RA most often develops in the hands, wrists, knees, and feet. People will usually have symptoms in the same joints on both sides of the body (that is, both hands, both feet, and so on). Although symptoms are usually related to joint inflammation, RA may also affect other parts of the body such as the muscles, lungs, heart, skin, blood vessels, nerves, and eyes. It is this feature that often distinguishes it from osteoarthritis, which involves only the joints.

RA is a chronic disorder that progresses gradually over a period of weeks or months. Although it usually takes the form of recurring moderate attacks, RA is unpredictable and behaves differently in each person. It is an illness of "ups and downs." Some individuals only experience occasional symptoms and no joint deformity. Others may have long symptom-free periods with occasional episodes of severely painful attacks. And still others may suffer intense pain for long periods of time and develop crippling joint deformities.

The disease starts in the synovium (the tissue that lines the inside of the joint) which becomes inflamed and thickened (Fig. 1). The inflammatory process may then spread to the cartilage and, finally, to underlying bone. Damage to these tissues changes the shape of the joints.



Cross section of knee joint
Fig. 1

Onset is usually gradual. Early in the disease, vague symptoms, such as generalized aches and pains, mild fever, decreased appetite, and weight

loss, often precede specific joint symptoms. As the disease progresses, the classic symptoms of RA appear. Affected joints become swollen, stiff, and tender, and full movement is difficult and painful. The joints may appear red and feel warm to the touch. Symptoms most often are worse in the morning and after extended periods of sitting or inactivity.

Because RA usually develops over a long period of time and is characterized by periods of remission, it may take your doctor some time to discover what is causing your problems. The diagnosis is not based on one symptom or one test but on the overall pattern of symptoms and findings from physical exams, lab tests, and x-rays. Once your doctor knows that you have RA, specific lab tests and x-rays can be used to monitor the progression of the disease.

At present, there is no known treatment to stop or reverse the process of RA. It is a lifetime illness. However, a treatment program started early and continued over the course of the disease helps control damage and minimize future problems. Thus, serious joint deformity and disability often can be prevented, and most people with RA enjoy near-normal levels of activity. For people with severe RA, adjustments can be made in daily activities to overcome problems associated with the disease.

*Paul Baumert, M.D.*
*Columbus, Georgia*

## Gout

Gout is a form of arthritis in which uric acid accumulates in the joint as crystals. It is characterized by sudden attacks of severe pain, tenderness, swelling, and redness of a single joint. Gouty arthritis is much more common in men than women and is seen more often in blacks than whites. It usually attacks middle-aged and elderly people but is occasionally seen in younger adults.

**What is uric acid?**

Uric acid is the product of two of the body's normal processes: digestion of food and replacement of cells. It is normally carried by the bloodstream to the kidneys and excreted in the urine. In most people, this formation and excretion occurs without any problem.

However, in people with gout, the uric acid forms crystals in the fluids of joints and causes the synovium (joint lining) to become irritated and inflamed. After several years, the crystals can form large deposits (tophi) that can damage the joint if not treated. These deposits can also form kidney stones.

Why uric acid crystals form in the joints of some people and not in others is not well understood. In some people, it is because the level of uric acid in the bloodstream is too high, but gout can also occur in people with normal levels of uric acid.

In years past, people thought of gout as "the disease of the rich" because it seemed to be caused by eating rich foods and drinking too much alcohol. Although these can play a role, they are not the cause of the disorder. Other factors associated with gout include obesity, high blood pressure, medications such as diuretics, surgery, severe illness, and sudden loss of weight.

Gout affects everyone differently. Some people have one attack and never have any other problems with it. Others have several attacks along with lasting joint pain and damage. Attacks usually begin at night with moderate pain that increases in intensity to the point where no body position provides relief. The classic location is the joint at the base of the big toe, but gout also may affect the ankles, knees, elbows, wrists, or joints of the hands.

**The extent of the pain is illustrated by the story of the man who sat in his room with his foot propped up to control the pain. When he heard a fly buzzing around, he became terrified - thinking it might land on his inflamed toe.**

Blood tests can show the level of uric acid in the blood, and urine tests can demonstrate the amount of uric acid being excreted. However, the only sure way to confirm that a person has gout is by withdrawing some of the joint fluid and studying it under a special microscope to see if crystals are present. X-rays may be taken to see the effect of the arthritis on the bones of the joint, but the uric acid crystals cannot be seen on x-ray.

**Can gout be cured?**

Although there is no cure for gout, it can be controlled. Treatment is broken down into two phases: first, to reduce the pain and inflammation of the acute attack; second, to prevent future attacks.

If left untreated, attacks of gout will generally subside within one week. However, most people usually are in so much pain that waiting is not an acceptable choice. Various medications can be used to alleviate the pain. In addition, the painful joint may be wrapped in cotton, elevated, and supported on a pillow.

Once the acute attack has been brought under control, prevention of

later attacks centers on reducing the level of uric acid in the blood. This may include modifying your diet, adjusting medications you may be taking for other conditions, and taking drugs which either inhibit the formation of uric acid or increase its elimination. Once these medications are started, they are usually taken for the rest of your life.

Although gout can be extremely painful, early diagnosis and treatment can quickly alleviate the symptoms. If you experience repeated attacks, appropriate measures can minimize the chances of recurrence and prevent long-term damage to the joint.

*Neil Snoddy, M.D.*
*Columbus, Georgia*

## Diet Guidelines for People with Gout

If you are one of the many people who has gouty arthritis, then you should know that what you eat can trigger your next attack. For this reason, an important part of the treatment plan to make sure you do not experience future painful attacks is controlling your diet.

**The primary goal of diet control is to reduce the intake of foods that cause an increase of uric acid in the blood.** Diet therapy is most effective when used along with medications your doctor may prescribe.

The following dietary guidelines can help you to manage your gout:

● **Maintain ideal weight and avoid rapid, unsupervised weight loss.** High blood levels of uric acid are commonly seen in overweight people. However, rapid, extreme weight loss increases uric acid levels and may induce gout attacks. A registered dietician can help you develop a safe, sensible weight-loss program if you are overweight.

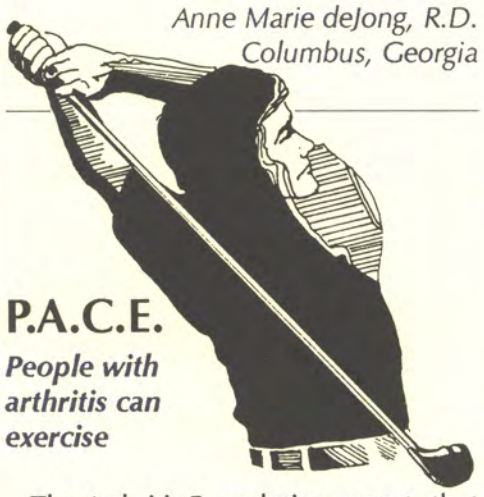
● **Avoid or limit eating foods that may raise uric acid levels.** Specific foods to avoid or limit include anchovies, gravies, liver, kidney, brains, sweetbread, sardines, shrimp, mackerel, meat extracts, dried legumes, beer, and wine.

● **Limit your intake of alcohol.** When alcohol is consumed in moderation with food, the blood's uric acid level changes only a little. However, when you drink too much alcohol, you may raise your uric acid level to the point where an attack of gout will occur. Ask your doctor what amount of alcohol you may consume safely.

● **Drink at least 10 to 12 eight-ounce glasses of non-alcoholic liquids daily.** Liquids help to flush uric acid crystals from your body. In the past, patients were advised to eliminate coffee, tea, and cocoa from their diets. However, there is no scientific proof that these liquids raise uric acid levels.

● **Eat a balanced diet by consuming a variety of foods.**

*Anne Marie deJong, R.D.*
*Columbus, Georgia*



## P.A.C.E.

***People with arthritis can exercise***

The Arthritis Foundation reports that the disease of arthritis affects 1 out of 7 people. Exercise plays an important role in the health care of a person with arthritis. Exercise programs have been developed by the Arthritis Foundation and by many physicians, occupational therapists, and physical therapists to help manage this crippling disease. Proper exercise promotes joint flexibility, muscle strength, muscle endurance, cardiovascular endurance, and coordination.

There are three different types of exercise for arthritis:

**1. Therapeutic Activities**

Therapeutic activities prescribed by a physician or therapist are designed to strengthen and improve range of motion. These exercises address the specific needs and problems of each individual.

**2. Activities of Daily Living (ADL)**

Activities of Daily Living (ADL) are tasks performed on a daily basis such as dressing, cooking, housework, and stair climbing.

**3. Recreational Activities**

Recreational activities include hobbies, games, and sports, such as swimming, biking, or golf.

ADLs and recreational activities help you to maintain muscle tone and endurance but should not replace therapeutic activities. Each type of exercise has certain benefits and should be included in a complete exercise program.

The P.A.C.E. (People With Arthritis Can Exercise) Program and the Arthritis Aquatics Program can play an important role in the treatment of arthritis. Both P.A.C.E. and Arthritis Aquatics are community-based programs that promote group participation. These programs include activities to improve physical limitations, while the group atmosphere provides emotional support and enhances self-esteem.

Both programs are designed for persons with rheumatoid diseases and take into consideration that pain, fatigue, and decreased strength and motion often accompany flare-ups of the disease. P.A.C.E. accommodates individuals with limitations and encourages participation in activities

that may relieve arthritic symptoms. Arthritis Aquatics takes place in a warm-water pool. The buoyancy and resistance of the water helps to improve joint flexibility and strength and to relieve stiffness and pain.

For the person who has arthritis, these different approaches provide options for developing an exercise program and can help to maintain motivation for life-long exercise.

*LeAnn Thompson*
*Columbus, Georgia*

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# Occupational Therapy Devices for Arthritis

Arthritis is primarily a disease of the joints, but it can affect the entire musculoskeletal system. The neck, shoulders, elbows, hands, back, and hips are the parts of the body most often affected by the arthritic symptoms of pain, swelling, stiffness, limited movement, and decreased strength and endurance. Deformities can also develop -- the knotted and gnarled appearance most commonly associated with the hands, for instance. Because of these effects, people with arthritis sometimes find it difficult or impossible to do simple household chores, such as cooking and washing dishes, or to take care of personal needs, such as bathing and dressing. Being unable to do things for yourself can result in loss of independence and self-esteem.

Occupational therapy is the professional health care field that addresses the needs of people with physical limitations and disabilities. Occupational therapy provides new methods and skills for coping with the activities of daily living. The goals of the arthritic patient are 1) to improve functional independence, 2) to reduce pain and stress on the joints, 3) to minimize the limitations of deformities by working around them, 4) to make grasping with the hands possible, 5) to compensate for loss of motion and weak or absent motor function, 6) to prevent prolonged muscle contraction, 7) to use equipment that enables work or activity, and 8) to prevent accidents. An occupational therapist works with the patient to devise a plan for energy conservation, work simplification, joint protection techniques, adaptive equipment, and **assistive,** or **self-help devices.**

Although self-help devices call attention to a handicap, they encourage independence and help people with arthritis do things on their own. These devices also help you to maintain muscle tone and build up endurance through continued participation in the activity.

There are numerous self-help devices that can be purchased, while others can be made at home. When selecting assistive or adaptive aids, consider the following guidelines:

1) Some self-help devices may affect other joints of the body.

2) Many patients need help only at certain times of the day. If you have morning stiffness, for example, your equipment needs in the morning may differ from those required later in the day or at night.

3) "Convenience" appliances may not be helpful if the person with the disability is unable to push the buttons that operate the device.

Ask your physician for a referral to an occupational therapist for evaluation and development of an individualized treatment plan. Further information is available through your state and local chapters of the Arthritis Foundation.

*Gretchen M. Hinson, OTR/L*
*Columbus, Georgia*

## ASSISTIVE DEVICES

***Bathroom***
raised toilet seat, safety rails or grab bars for toilet and bathtub, shower or tub benches, hand-held shower head with flexible hose, short reacher for toilet paper

***Kitchen***
long-handled eating utensils, built-up eating utensils, extended drinking straws, built-up faucet handles, electric appliances (can openers, mixers, etc.), jar openers, non-slip pads for stabilizing mixing bowls and plates, forearm strap loops to open refrigerator, stove, and drawers

***Workplace***
telephone receiver holder, manuscript copyholder (for typing or word processing), book holder, built-up writing instruments

***General***
cervical pillows, long-handled and built-up hairbrushes, toothbrushes, backbrushes, reachers, dress-ing sticks, buttoners, velcro closures and button hooks rather than buttons and snaps, elastic shoe laces, electric toothbrushes, key holders, car door openers, elevated chairs, sock dressers, extended shoe horns, built-up and padded grips for walkers, crutches, and canes

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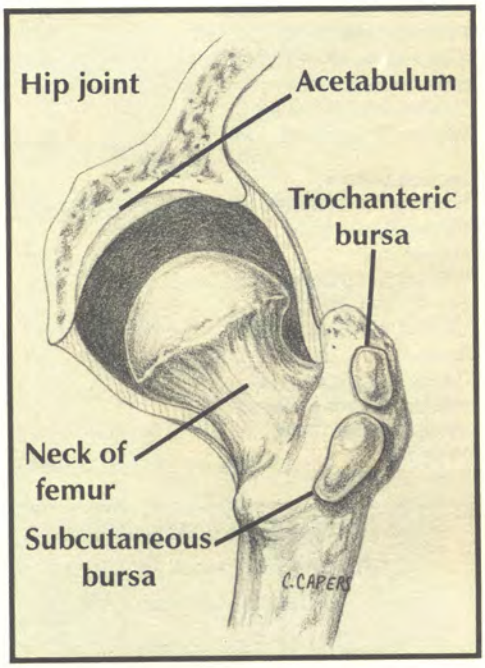
# Trochanteric Bursitis

***A real pain in the hip!***

"Doc, it hurts right here," said Mrs. Jones while pointing to her right hip. "It's a dull ache, and it hurts every time I walk. I can't even sleep on that side because it hurts so much." Sound familiar to you? You may be suffering from trochanteric bursitis, which is a common cause of hip pain.

Damage to a bursa can cause hip pain. A bursa is a thin, fluid-filled lining that exists where tendons or muscles glide near the bone and acts as a cushion to relieve pressure between moving parts. If an injury occurs as the result of a direct fall, blow, or overuse, the bursa becomes inflamed, tender, and swollen (see figure below).




A physical examination usually reveals tenderness over the hip bone and, in severe cases, swelling. Some patients are disabled by the pain and may limp or require crutches. Trochanteric bursitis can make walking, standing, or turning on the affected leg impossible. In elderly people with osteoporosis, x-rays may be needed to rule out a hip fracture.

The treatment for trochanteric bursitis is rest, heat, and medication, such as aspirin or ibuprofen. In some cases, injections can be helpful. Physical therapy helps you to restore and maintain the strength of the hip muscles. With early recognition, evaluation, and treatment, full recovery can be expected.

*Tanya Hrabal, M.D.*
*Columbus, Georgia*

# Hip Strengthening Exercises

Is your hip sore and stiff? Do you walk with a limp? Have you noticed a decrease in your ability to move your hip normally? The reason for these problems may be weak hip muscles. Weak hip muscles can lead to degenerative changes in your hip joint.

The muscles surrounding the hip joint not only help in the movement of the hip but also support and guide the movement of the bones in the joint. Proper contraction of the muscles removes stress from the neck of the femur (the thigh bone) and keeps the bones gliding smoothly in the acetabulum (the hip socket). When the muscles are tired, internal movements are less controlled, and bones begin to grind together.

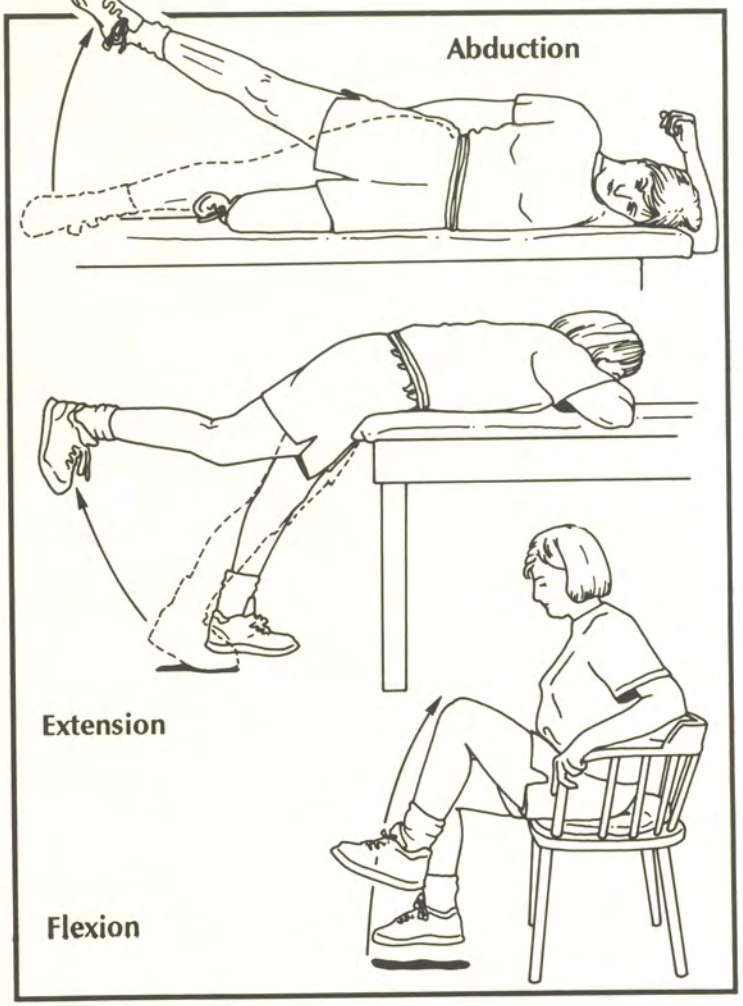
So what can be done to condition your hip muscles? The following 3 exercises done on a daily basis, at least 2 times each day, will increase the strength and endurance of the supporting muscles.

The number of times you do the exercise (repetitions) is more important than the amount of weight used for the exercise. Begin by doing 20 repetitions of each exercise with no weight. Work your way up to 50 repetitions (or 5 sets of 10 repetitions).

Once you can complete the maximum number of repetitions without strain, add 1 pound of weight to your ankle. When you add weight, decrease the number of repetitions and gradually build back up to the maximum number of repetitions. The increase in weight should be gradual and should not exceed 1 pound at a time.

Following this exercise program should help you alleviate the problems caused by weak hip muscles. However, if you find that the exercises seem to aggravate the condition or if your symptoms continue despite the exercises, you should see an orthopaedic surgeon who can evaluate your particular problem.

*Kenny Crofford, A.T.,C.*
*Atlanta, Georgia*



## NEW BOOKS

***ARTHRITIS***

***by Dr. James F. Fries, Reading, MA: Addison-Wesley, 1979. $10.53***

If you have been diagnosed with arthritis or know of someone suffering from the symptoms of arthritis, this book may be helpful. Dr. Fries is an advocate of patient education and refers to the book as *"a series of conversations with your physician."* He stresses the importance of knowing what is happening to your body and what you can do about it.

The text is divided into understanding arthritis, managing arthritis, and solving problems associated with arthritis. Topics range from explaining the different types of arthritis and defeating pain to understanding various tests and treatments.

Arthritis is easy to read and filled with practical suggestions. *"This book is about resources; medical resources, community resources and, most importantly, your own resources."*

*Beth Kraeger*
*Columbus, Georgia*

For more information about arthritis call or write the national headquarters:

**Arthritis Foundation**
**1314 Spring Street NW**
**Atlanta, Georgia 30309**
**1-800-282-7023**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## UPCOMING EVENTS

**Callaway Gardens Triathlon**
Saturday, September 5th

**Hughston Sports Medicine Center 10K Classic**
Saturday, October 17th
1 mile starts @ 8:00 a.m.
10K starts @ 8:30 a.m.
For more information, contact Bob Carter, 576-2180


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