

WebMD[®]

Health Highlights

Arthritis & PAIN

July/August 2012

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THIS
SUPPLEMENT
CONTAINS A SELECTION
OF ARTICLES FROM
WebMD
the Magazine

The Right Moves

Stiff from RA? Exercise is key




Q ▶ I have rheumatoid arthritis and want to minimize joint stiffness as much as possible. I know I should exercise, but won't that hurt my joints?

A ▶ Exercise may seem counterintuitive, but inactivity further decreases joint motion and flexibility. It can also lead to weak muscles. Regular exercise helps reduce joint stiffness, builds muscle, and boosts overall fitness. Talk to your doctor before you begin a new exercise regimen, but here are some general pointers:

Choose low-impact aerobics such as water aerobics, swimming, walking, and dancing, and cardio machines like the elliptical trainer. Start by exercising a few minutes a day, adding more time as you can, until you build up to a moderate pace, 30 to 60 minutes most days of the week.

Include resistance exercises with or without weights two to three times a week to improve muscle strength and mobility. Stronger muscles provide better support of the joints. Finally, regular stretching is important to increase flexibility and joint motion.

 Brunilda Nazario, MD
WebMD HEALTH EXPERT

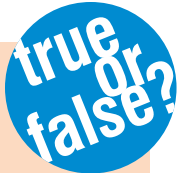
Does crack-
ing your
knuckles
cause arthritis?

Lots of people, especially children, like the sound of a good knuckle pop. But you can put your fears aside—the idea that knuckle cracking leads to arthritis is FALSE.

“There have been a few studies on this,” says Dimitrios Pappas, MD, assistant professor of medicine at Columbia University’s College of Physicians and Surgeons. “None of them shows any change in the occurrence of arthritis between people who habitually crack their knuckles and those who do not.”

But here’s a cool fact: The “pop” that comes when you compress your knuckles isn’t from bone snapping on bone. It happens because, as the bones are stretched apart, a gas bubble forms and then pops.

While cracking knuckles doesn’t lead to arthritis, medical journals do contain reports of people who injured their ligaments while cracking their knuckles. At least one study also found that the grip of people who habitually crack their knuckles may weaken over the years.




Q ▶ I've had mild to severe chronic pain in my muscles and joints for two years now. I manage it with heat therapy and avoiding my triggers. But picking up my 1-year-old baby is starting to agitate my chronic pain. What can I do?

A ▶ You could probably benefit by learning some new ways to lift and carry your baby without too much discomfort. (This is a problem for both moms and dads, by the way.)

The right physical or occupational therapist can help you develop the correct muscles and body mechanics to care for your baby with less pain. At my center we have a baby doll into which we can insert various sized weights. This allows our patients to simulate doing things with their child by gradually increasing the weights. They learn new ways to move and increase their strength.

In general, consider using medication when lifestyle changes aren’t enough to help you reach your goal of remaining active with your child.

Talk to your doctor about options, which include anti-inflammatory medications, certain anti-depressant and anti-seizure medications, and opioid-based drugs. One note: If you are breastfeeding or are of childbearing age, be sure to discuss any potential medication additions or changes with your doctor and pediatrician ahead of time.

 Peter Abaci, MD
WebMD PAIN MANAGEMENT EXPERT



July

A month of tips to boost your arthritis and pain smarts

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--|--|--|---|--|--|
| | | | 4 | 5 WARM UP Ease morning stiffness with a relaxing, warm shower. |  | |
| | | | Juvenile Arthritis Awareness Month begins July 1. Discover why arthritis isn't just an older person's disease at www.arthritis.org . | | | |
| | 8 LEAN ON ME If hips, knees, or feet hurt when you walk, try a cane. |  | 10 WALK ON To keep joints moving, enjoy a daily walk. |  | 11 FIGHT PAIN Ask your doctor about using acetaminophen or nonsteroidal anti-inflammatory drugs to curb pain. | 13 |
| | | | |  | 14 | |
| | | | 16 MORE SALSA This range-of-motion exercise helps keep you flexible. |  | 18 | 19 SPLISH-SPLASH Swim in a heated pool to ease pain and strengthen muscles. |
| | | | | |  | 20 HAND SAVERS Buy helpful gadgets for opening jars and turning doorknobs. |
| | | | 23 WEIGHT WATCHER Maintaining your ideal weight relieves stress and pain in your knees and hips. |  | 25 | 27 SLEEP SUPPORT Need support during slumber? Try a full-length body pillow. |
| | | | 30 HOT OR COLD Use a cold pack to reduce swelling and numb pain. | 31 | TO YOUR HEALTH Read up on the latest treatment news and expert tips for dealing with pain. Check out the Pain Management center at WebMD.com . | |

PAIN

Gains

An expert explains why you're really aching and what's ahead for treatment

By Christina Boufis, WebMD Contributing Writer

As with other subjective experiences, such as love, fear, or anger, there's no way to objectively measure pain. We asked Sean Mackey, MD, PhD, chief of the Pain Management Division and associate professor of anesthesia at Stanford University School of Medicine, to explain the unpleasant sensation we all feel in different ways.

Reviewed by
Louise Chang, MD
WebMD SENIOR MEDICAL EDITOR



1 WHAT IS PAIN?

Pain is such a simple word, but the problem is that what people think it means is not really what it means. All of my patients tend to associate what's going on in their arm or their back as pain out there in the body. But it's not. It's something we call nociception—electrochemical signals generated in our body in response to injury that get transmitted along nerve fibers to our spinal cord and up to our brain, where they're processed and become the experience of pain.

For example, if you cut your finger, that's not pain in your finger, that's nociception. But nociception is such a terrible word; it doesn't exactly roll off the tongue, and it's not easy for people to remember.

Pain can be an acute event, which signals there is harm and you need to get away from it. Unfortunately, when pain becomes chronic—when it's present for long periods of time after the tissue has healed—we can still have this perception of pain even though there is no obvious tissue damage or injury. At that point, pain fundamentally causes rewiring and alterations in our nervous system.

We need to think about pain as a disease in its own right—much like any other chronic disease, such as diabetes, asthma, or heart disease.

2 WHAT ARE COMMON MYTHS ABOUT PAIN?

One is that it's all in your head. This has some basis in truth, but we have to be careful. Yes, pain is all in our brain, but that doesn't mean it's made up. I spend a lot of time with my patients validating their experience of pain and then helping them understand how pain really is influenced in the brain by a multitude of factors—stress, anger, catastrophizing, anxiety, belief systems, expectations—all of these play a significant role in our experience of pain.

Another myth is that you have to live with it. We need to first find out if there are any medical causes that can be corrected for someone's pain, so it's not just a matter of telling someone you have to live with it. But it's up to us physicians to show people how to best manage that pain, whether through medication, surgery, physical and occupational therapy, or mind/body approaches—all of these show significant benefit in reducing patients' pain and helping them improve quality of life and physical functioning.

One other myth is that patients sometimes think medication is going to cure pain. Most of the time, medications help reduce or alleviate patients' pain, but in very few cases do they have disease-modifying properties. The truth is, for many of these chronic painful conditions, we haven't found specific

We need to think about pain as a disease in its own right—much like any other chronic disease.

cures for the pain, but we have found wonderful ways to manage it.

3 IS CHRONIC PAIN DIFFERENT FOR MEN AND WOMEN?

Yes. This is a hot topic right now. What we know is there's a larger percentage of women who experience chronic pain—the data in my clinic is two-thirds women to one-third men. Women are more likely to get certain chronic painful conditions, such as fibromyalgia and irritable bowel syndrome. Some conditions tend to affect men more, such as cluster headaches.

Women are also more sensitive to experimentally evoked pain (pain produced in a laboratory or research study)—heat, cold, electrical stimuli, pressure. But we have to be careful not to interpret this increase to mean that women are weaker than men because there are genetic, hormonal, and central brain differences in women that we believe may be playing a role.

4 WHAT PROMISING NEW DRUGS OR TREATMENTS ARE ON THE HORIZON?

There are drugs under investigation

that modulate [or adjust] the immune response in certain autoimmune diseases, like rheumatoid arthritis, that lead to chronic pain. Some of these are showing promise.

Researchers are working on gene therapy approaches to chronic pain, using viruses to turn on and off our own internal chemical plants to release pain-relieving substances. An example of this is when you get a runner's high: You can have gene therapy that turns that on continuously. These are still in the early stages, but they hold promise.

Scientists are investigating different ways of implanting stimulators into our nervous system and into our brain to turn off the signals responsible for pain. I think we're going to be seeing exciting treatments for chronic pain in the future.

5 WHAT DO WE NOW KNOW ABOUT PAIN THAT WE DIDN'T KNOW A FEW YEARS AGO?

The mind and body are very linked, and research is showing that linkage more and more.

We have technology [a type of MRI scan called fMRI, or functional magnetic resonance imaging] that allows us to focus on a specific region of the brain responsible for the perception of pain.

We had people think about their chronic pain as being this terrible, horrific experience. Then we asked them to think about it in a calming, soothing, pleasant manner. We found their brain activity went up and went down as a consequence. They could see their brain activity, and over time they would eventually learn how to control a specific area of their brain and their pain.

Even so, we're still predominantly using fMRI as a way of better understanding the brain and its relationship to pain, but it's not yet ready for prime time as a treatment. We're just at the tip of the iceberg in understanding the role of the brain in pain. ■



QUIZ

WHAT IS YOUR ARTHRITIS TYPE?

Samm73 has had “joint tenderness” in both index fingers, both thumbs, and two toes. **“The pain lets up once in awhile, but becomes worse throughout the day depending what I’m doing,”** Samm73 wrote recently in the WebMD osteoarthritis community. **“Does this sound like osteoarthritis?”** Samm73 has symptoms of both rheumatoid arthritis and osteoarthritis, so he needs to see a doctor for the correct diagnosis. Do you know the symptoms of these two conditions?

Osteoarthritis:

- Aching joints, especially with movement and most often relieved with rest
- Morning stiffness or after resting for an extended period of time, generally lasting less than 30 minutes
- Pain, most commonly in the hands, spine, hips, or knees
- Bony growths near finger joints
- “Creaking” or grating joints, accompanied by pain

Rheumatoid Arthritis:

- Joint pain, warmth, and swelling; the same joints on both sides of the body are usually affected
- Stiffness, especially for more than an hour in the morning or after resting for long periods
- Joint pain most commonly in the hands, wrists, and feet
- Fatigue and weakness
- Painless lumps or nodules under the skin of the elbows, spine, or other pressure points
- Weight loss, low-grade fever

Source: Centers for Disease Control and Prevention, the Arthritis Foundation, and the WebMD Arthritis Health Center

DID YOU KNOW?

Women are more likely than men to have arthritis.



QUESTIONS

- 1 How did you determine what type of arthritis I have?
- 2 What kind of medication will work best for me and my lifestyle?
- 3 What kind of exercise is best for me? How often should I exercise?
- 4 Are there any nutritional supplements or over-the-counter treatments that can help me?

CHRONIC PAIN NEWSLETTER

Sign up for the latest news and lifestyle management tips—delivered directly to your email inbox! Go to WebMD.com and search for “newsletters.”



arthritis

QUIZ

HOW MUCH DO YOU KNOW ABOUT CHRONIC PAIN?

For the millions of people who live with chronic pain, the social and emotional effects are sometimes as bad as the physical sensations. **“I know that I’ve been judged by other people who do not understand or want to understand what life is like with fibromyalgia,”** ggladieux writes in the WebMD pain management community. **“My sister-in-law thinks I’m just being lazy. Believe me, I wish it were that simple, but it isn’t.”** How much do you know about chronic pain? Take the quiz to find out.

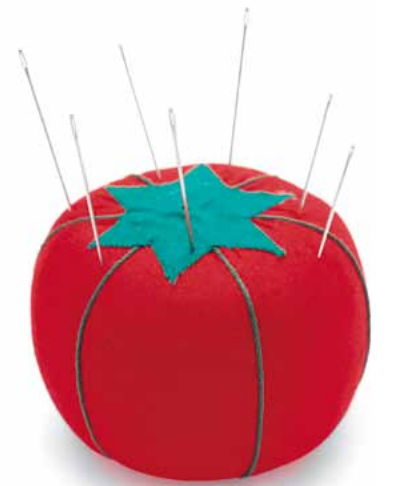
- 1 Migraines and severe headaches are most common among postmenopausal women.
 - True
 - False
- 2 The shoulder is the most common site of joint pain due to osteoarthritis.
 - True
 - False
- 3 Back pain is chronic if it persists for more than one month.
 - True
 - False
- 4 Uncontrolled diabetes can lead to chronic pain.
 - True
 - False

Answers: 1. False. These headaches are most common during women’s childbearing years. Migraines and severe headaches affect twice as many women as men—21% compared to 10%. 2. False. The most common sites of joint pain due to osteoarthritis are the knees, hips, and hands. But OA can also affect the shoulders. 3. False. Doctors consider back pain “chronic” if it lasts for more than three months. 4. True. Uncontrolled diabetes can lead to nerve damage that leads to chronic pain in hands, arms, feet, legs, and other areas.

Source: Centers for Disease Control and Prevention, National Institute of Neurological Disorders and Stroke, and the WebMD Pain Management Health Center

DID YOU KNOW?

People with chronic pain are at risk for sleep disorders and depression.



QUESTIONS

- 1 What is causing my chronic pain? Should I see a specialist?
- 2 Will medication, steroid injections, or surgery help my type of pain?
- 3 Are there alternative therapies that can help me? What about exercise?
- 4 Can counseling help me address pain-related emotional issues?

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pain relief