

A GUIDE FOR PEOPLE WHO HAVE OSTEOARTHRITIS



FOR PATIENTS WITH JOINT PAIN

How to seek help for your osteoarthritis
How your health care professional can support you
Who to talk to about your joint pain
Feeling positive
Further information

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This booklet has been updated in line with NICE 2014 guidance and findings from the MOSAICS study, and is designed for use by adults with OA aged over 45 years of age.

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Introduction

Joint pain and stiffness are very common in people after middle age and whilst pain usually goes away with rest, stiffness may get worse. The term osteoarthritis or OA is often used to describe these type of joint symptoms. Typically, OA affects the joints such as the hip, knee also small joints found in hands and feet. OA is one of the major causes of reduced mobility and it particularly has an impact on people's ability to continue with their everyday activities such as employment, leisure activities or hobbies. This guidebook has been written by patients and healthcare professionals for patients and carers, and will offer information on managing symptoms and different treatments.

All the comments in italics are what people have told researchers about their experience of having osteoarthritis type joint pain. Reading about their experiences may help you. For example, it may make you feel more confident to try out different ways of managing your symptoms, or reassure you that others have had similar experiences to you. People's circumstances vary enormously and it may be that you will identify more with some individual experiences than with others. This is the third version of the Osteoarthritis Guidebook and is now available in several different formats – there is a short version, and online text version and an online flipbook version, which you can find here: www.jigsaw-e.com/patient-focus/guidebook/ It has also been translated into several different European languages.

This easy to read guidebook concerns osteoarthritis, and draws on both the knowledge and experiences of patients and health professionals. We hope that you will be able to understand the reasoning behind the advice that is given and that you will see how to use it to fit into your own life.

- ***Professor Christian Mallen, Head of School of Primary, Community and Social Care, NIHR Research Professor in General Practice***

I was diagnosed with osteoarthritis in my knees about 15 years ago and more recently I have increasing pain in my thumbs. It is sometimes very difficult to carry on with my normal lifestyle because I am a very keen gardener, but since the onset of osteoarthritis, this guidebook has shown me how to structure my time in a way where I can do heavy work when I am feeling good, and light work when I am not so good.

This guidebook is a comprehensive guide to understanding and managing your pain, and has been co-written by experts – patients who have osteoarthritis. We are the experts in our condition and we know what we need to help us manage our pain. Over the years I have constantly referred to this guidebook to manage my osteoarthritis, one particular section that I feel is very important is the section on Feeling Positive. It is easy to feel depressed about your condition, but this chapter shows you how to carry on your normal life, it urges you to stay positive, do gentle exercise, find ways around problems and encourages you to do something that usually brings enjoyment if you are in a low mood. Overall, the guidebook offers lots of advice on managing and treating joint pain, it gives advice on what kind of exercise is good for you and even talks about footwear, weight management and using distraction and relaxation to reduce pain.

I hope you find it as useful as I have.

- ***John Murphy, Keele osteoarthritis patient champion***

Chapter 1 - Personal experiences of joint pain

This chapter describes OA from the point of view of people who have it.

■ Experiencing symptoms

Joint pain and stiffness are very common in people after middle age. While pain usually goes away with rest, stiffness may get worse. Some people's symptoms start so very gradually that they find it difficult to pinpoint precisely when their problem began. Others find the symptoms start quite suddenly, perhaps after an accident such as a fall.

"What I think started it off, I tripped over, somebody had left a filing drawer open and I tripped over it, from then on I had this pain. I went to the doctor and he said, 'You've got the start of arthritis in your knee.'"

Quite often the symptoms come and go rather than always being present. This is quite common in the early stages when there may be a mild problem for a while, which then goes. Even later on the symptoms may come and go. People usually come to understand the kinds of things that trigger them.

"If there's a change in the weather, if I do too much or more than usual shall we say, sometimes if I just put too much pressure on a joint it'll start it up."

Nevertheless, people say they can be taken unawares.

"I pick the cup up as normal, but it might just 'go' that part of the hand. It annoys me, but it doesn't stop me."

Many older people, while they recognise that not everyone has OA in later life, tend to accept joint pain as part of growing older.

"I think aches and pains are one of those kind of things; I'm getting older...I suppose, in a way, I'm supposed to expect this kind of thing to happen."



This is particularly so if they had a job that has involved putting a lot of stress on their joints.

“I worked in the motor trade all my life. So I mean from the age of sixteen, seventeen they (joints) were hauling and lifting – lifting wheels, lifting gear boxes, straining”

Those people who start with symptoms earlier in life, in their forties for example, do not necessarily accept joint pain as being natural for their time of life.

“I went to the doctors a few times with knee pain when I was in my late forties. They sent me for an X-ray and the doctor said it was osteoarthritis, wear and tear, in keeping with my age. I was shocked. I thought this was what old people got. I felt like I’d got old quickly.”

■ Coping with joint pain and stiffness

Pain and stiffness in a joint can make life difficult when people find they cannot do the everyday tasks they need to do or are used to doing. When the symptoms are in the leg, climbing stairs or getting in and out of a car may become a problem. OA in the hand can make it difficult to grip things, or to make fine movements such as doing up buttons. However, people who have joint pain often find a way round their difficulties and learn different ways of doing jobs.

“Well, if I’m doing something on the ground, I use a couple of pads-- always got something as cushioning. But I find that I have to keep moving. It does go stiff and painful when I’m actually kneeling-down on my knees and I’ll have to keep changing the position that I’m in.”



Keeping active with usual activities and adaptations

People with OA also speak of their need to mentally adjust their approach to doing things.

“Instead of doing everything at 100 miles an hour like I used to do, I just take my time now, and sit down and think, “There’s always tomorrow”. Whereas before, I used to think, “Well, there’s no tomorrow. I want it done today.” And you have to adjust yourself and change your way of life, don’t you?”

Some people, patients and health professionals, refer to doing everyday activities in stages rather than all at once as pacing. Similarly, when a joint is painful, people said they needed to find their own balance between rest and activity until it was feeling better.

“Aches, and pains, they may go after a few days, if you just give your joint a rest and just give it a gentle massage and walk about with it. And I think over the period you’re using it, you’re getting it right; you’re keeping it active; you’re going as far as you can.”

However, for people who are in employment, or responsible for caring for others, it is not always possible to pace activities.

“I was caring for my wife and you’ve got to get on with it, keep going. You’ve got to, there’s no other way. So, all these things may have been contributing to my joint problem; carrying weights, carrying on looking after my wife, when I really should have been seeking a bit more help myself perhaps”

■ **Keeping independent**

Nearly everyone who has joint pain feels that it is most important for them to keep as independent as possible.

“I have done everything for myself you know. I have said to my children I don’t want any assistance unless I can’t do it for myself.”

Sometimes people hide or downplay the difficulties that their joint causes them, often because they do not want to be seen as complaining or disabled and in need of help.

“I can live with the discomfort, I can live with the pain; but what I don’t like is sometimes I limp and people say, ‘Ooh! Have you hurt your leg?’ It’s not vanity – it’s part of the image you have to portray in business.”

“Aches, and pains, they may go after a few days,…”

“...I really should have been seeking a bit more help myself perhaps.”

■ **The future – concerns for the future**

Some become apprehensive about what their future holds. This may happen when painful joints start at a relatively young age, or if people have experience of a family member or friend becoming disabled through arthritis.

“My mother was very much the same and she was in a wheel chair at the end of her life. That worries me a bit. If I’m like this now, what am I going to be like in another ten years?”

Many, though, do not expect to become disabled as a result of OA since their symptoms level out or even improve.

“Latterly it’s improved. The only thing I have now with my knee is a twinge now and again where I say, ‘Ooh, I shall have to be careful.’”

A change of occupation or retirement may result in the symptoms easing off altogether.

“My hands were very badly affected, but since I’ve retired and not doing the manual part of nursing, you know, the humping and that, they seem to have improved and I can now knit again.”

■ **Consulting the doctor**

It is quite common for people with a joint problem to decide not to consult a doctor. They may believe that there is little that can be done about it and that they do not want to waste their doctor’s time. Amongst those who do consult, some say they are told that their problem is just ‘wear and tear’.

“With the doctor telling me it was, sort of ‘wear and tear,’ that meant he couldn’t do anything, I suppose. But I don’t know whether they can or not.”

When this happens patients may think that their doctor is telling them that they have to accept that joint pain is inevitable in later life and that there is nothing a doctor can do. This can make some people reluctant to consult their doctor for a second time about a joint problem.

Some patients believe that painkillers are the main treatment offered by doctors.

“I haven’t been to the doctors about it because I can’t see any point because they can’t operate and all they’ll say is, ‘We’ll give you some more tablets.’”

In practice many people try to limit the number of painkillers they take and they may combine tablet and non-tablet ways of managing their symptoms.

“I swear by my TENS machine, my pain killers and my heat pads.”

Some people have other health problems as well as OA and they have to take these into account when managing their joint problem. When these include other joint or muscle conditions, it can be difficult to know whether it is OA or a different problem which is causing their symptoms.

“I could say, “Oh well, if the pain’s due to the arthritis perhaps I could go swimming because I think that may help me. But, I can’t go dancing. It’s a wonderful thing for osteoporosis, but it’s no good for my back problem, because I can’t jump or jar it.”

In this situation patients want reassurance that what they do for OA is best for them, and is also helpful for any other condition they have and vice versa.

■ **The importance of keeping going**

Whatever people’s circumstances, one message that came out clearly from conversations with people who have joint pain is how important it is to stay as active as possible.

“And my daughter-in-law’s auntie has got arthritis. They told her she’d got arthritis, and she just sat and she’s now in a wheel chair. She stiffened up everywhere. I’m not going to do that. I think exercise is the best thing for you. Keep going!”

“I want to be as active as possible for as long as possible and I am quite happy to exercise even if it’s a bit uncomfortable you know. I don’t totally go along with the no pain - no gain thing, but equally you can’t expect to just wave a magic wand and it will disappear. So it would be nice to know what could be done, apart from medication, that could be beneficial and not harmful”



© Newcastle-under-Lyme Borough Council - keeping active via local walking groups

There are many things that people who have OA can do to stay active and independent, and these will be discussed in chapters 4 and 5. The next chapter will look at OA from a more medical perspective so that the reasoning behind the advice becomes clear.

■ *Things to remember*

1. While joint pain and stiffness can make life difficult, people usually find a way around their difficulties and maintain their independence.
2. Some people believe that OA is something that they just have to put up with, and that there is nothing that can be done. However, as you read on you will see that this is not the case.
3. If you have medical problems in addition to OA, you may need extra guidance and reassurance that what you do to manage one health condition is good for another.
4. Many people with joint pain say they have found out from experience the importance of keeping physically active.



Chapter 2 - Understanding OA and joint pain as a diagnosis

■ *What is OA?*

OA has been identified in skeletons of humans and animals that lived hundreds of years ago. Any of the joints in the body can be affected, though it is most common in the hands, knees, hips and spine.

Joint pain is more common amongst people in certain occupations. For example, OA of the hip is more common amongst farmers. This suggests that the way a joint is used over a long period of time is a factor in the development of OA. But it is not correct to think of OA as simply being the result of 'wear and tear', that is, the wearing away of a joint through use. A living joint is not the same as a moving part in a machine. A joint in the body can repair itself. 'Wear and repair' is a more apt phrase than 'wear and tear'. It is the repair process itself that can cause a problem when, for example, in trying to repair a joint the bone overgrows. In the hands bony nodules (formed when bone overgrows) can often be seen on finger joints. So, OA can be thought of as the process by which the joint tries to repair itself that can then lead to problems.

Quite a lot of research has been done into knee pain, but much less on other joints such as those in the hands or feet, for example. Medical understanding about the nature of OA is changing. In the past it was thought to be the result of thinning and loss of cartilage. (Cartilage covers the ends of the bones in the joints allowing the bones to slide over one another.) But now OA is thought to be a disease that affects the whole joint, and not just the cartilage.

■ *Why do doctors sometimes diagnose joint pain and other times osteoarthritis*

OA is found mostly in people over 45, but younger people can also be affected. It is very common for older people to have changes to their joints which are typical of OA. Most people over 55 years of age have X- ray evidence of hand OA, for example. But, only around one in five of them experience any symptoms. Similarly, the X-rays of people who reported pain in their knees showed that about a third of them had no signs of OA changes to the joint.

So there is an incomplete match between symptoms of pain and X-ray evidence of joint damage. Because it can be difficult to decide where the joint ends and OA begins, doctors may talk about joint pain rather than OA.

Although most joint pain in older people is due to OA, there are some other causes. Once these have been ruled out, it is treated the same, whether the doctor calls it OA or joint pain.

■ ***What causes OA and joint pain and what makes it worse?***

In some cases the condition is inherited, though the specific genes involved have not been identified. Apart from genetic make up, there are four factors that can make people more vulnerable to developing joint pain:

1. Some medical conditions that people have, such as childhood hip disorders, or rheumatoid arthritis, which damage joints.
2. Injury to a joint, either through an accident or as a result of surgery.
3. The types of job or sports that people do, or have done in the past.
4. Being overweight in the case of knee pain, and possibly also for hip and for hand pain.

For people who have joints in which there are changes indicating OA, there are things that seem to increase the risk of the OA getting worse. This can happen in knee OA, for example, if the joint is injured, or is out of line, or if the muscles above the knee are weak. Doctors think that increased pressure on the joint, through being overweight or through injury, may increase both the likelihood of developing knee OA and speeding up its progression.

■ ***Does OA get worse and worse over time?***

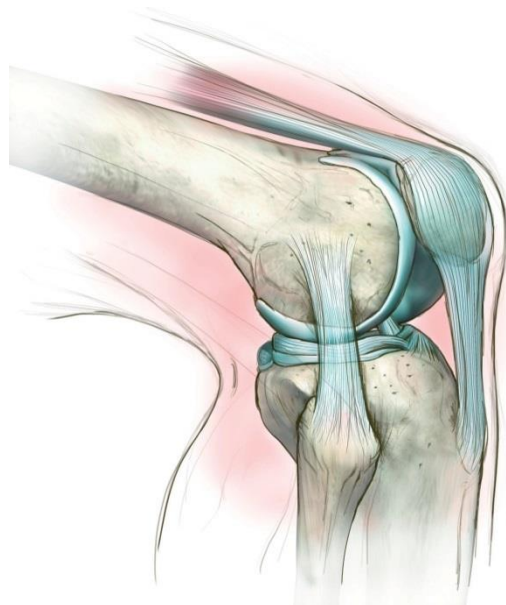
Although a great many people have some mild joint damage, very few will progress to the point where there is severe damage of the joints, and serious disability. This is because the repair process (remember that OA is the process by which the joint tries to repair itself) often successfully limits the damage. Even so, it is difficult to predict whether an individual person will be in the minority of those who have OA which gets worse, or in the vast majority where it does not.

People can go through a phase where joints are painful, followed by one where the pain eases off. This can happen in the hand when a person may have tender finger nodules and painful finger joints that are very uncomfortable for a few months, followed by a spell when the discomfort settles down. Some people find that damp cold weather can trigger their symptoms. The weather, though, does not cause damage to joints.

Very heavy physical activity, such as that found in some types of sport like football or in certain occupations like the building trade, can be a factor in causing joint pain in later life, but a lack of physical activity is also bad for joints. Not using a joint can cause wasting of muscles and weakening of other tissues, and that in turn can increase pain and stiffness. Keeping a joint moving is vital for its health, so long as you do not overdo it.

■ ***Things to remember***

1. OA is a condition of the whole joint, not just the cartilage, and is probably the result of the joint trying to repair itself.
2. In the vast majority of people joint pain will not get progressively worse.
3. How painful a joint feels bears little relationship to the amount of joint damage. In other words, severe pain does not necessarily mean severe damage.
4. Joints need to be exercised regularly to keep them healthy.



A healthy knee joint

Chapter 3 - Seeking professional help

About one in six of all consultations with GPs is for joint or muscle pain. In a one-year period about a half of people aged over 50 have a spell of knee pain, though only one in three of them see their doctor about their problem. Many people who have painful joints do not consult their doctor. There can be several reasons for this. Some think that there is little that their doctor can do or that their problem is not serious enough to warrant a visit to the doctor. Others find their pain comes and goes and when it has gone they forget about it.

"I should go to the doctors really. If it's paining me, I think I will go to the doctors, but by the time (I come to make an appointment), well it's gone off then you see, and I have forgotten all about it"

If someone has concerns about their condition, or despite doing their usual things to manage the problem it continues to have quite an effect on their life, then it is a good idea to consult a doctor. It is not wasting a doctor's time. You should seek help if you have significant changes to your symptoms, for example if pain worsens and does not respond to your usual remedies, or your joints become hot and swollen, or you feel generally unwell. Most of the time people manage a joint problem by themselves but sometimes they may need to consult their GP. Pharmacists, nurses, physiotherapists, podiatrists (chiropodists) occupational therapists and NHS Direct are other sources of health advice.



■ Making a diagnosis

People often go to the doctor first with pain, stiffness or restricted movement in a joint. When making a diagnosis doctors look for certain signs and symptoms:

- Joint pain following activity and which gets better with rest
- Short-lived stiffness in the morning or after rest
- Reduced range of movement of the joint
- Bony swelling

They also check that other symptoms are not present in order to make sure that there is not a more serious diagnosis which may need fast referral for treatment by a specialist. The GP also has to rule out other common reasons for joint pain, such as gout, by taking a careful history and examination. Doctors may say that a patient has 'a touch of arthritis' or an 'arthritis type' joint pain. What this means is that they have ruled out other diagnoses and they are going to treat the joint pain as osteoarthritis.

As we have seen in the previous chapter, not all patients who have OA-type pain and stiffness have changes to their joints which show up on an X-ray, and not all those who have X-ray evidence of joint damage experience pain. However, whether there is X-ray evidence of OA or not, doctors manage this kind of joint pain in the same way. Doctors question the need to routinely do clinical tests to confirm a diagnosis if the tests make no difference to the way they treat the symptoms.

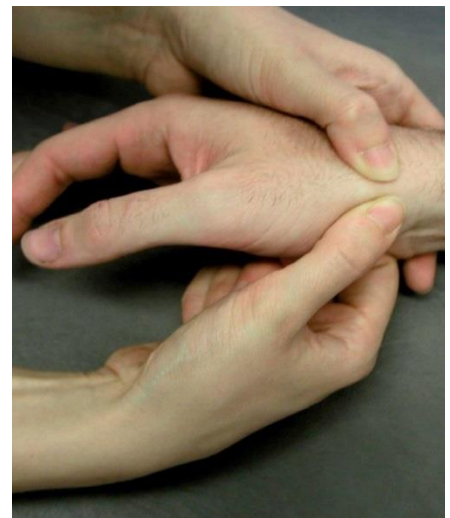
So, X-rays have only a limited role to play in the diagnosis and ongoing care of the vast majority of patients who have OA. GPs request an X-ray of a joint if the results of the X-ray will help decide on a course of treatment. For example, a GP may arrange for an X-ray before referring a patient for joint replacement surgery, to see how much the joint is affected.

■ *What can the GP do?*

Firstly, a GP can diagnose the type of joint pain and decide whether this is an OA-type problem that can be managed within general practice, or something that needs further investigation by a specialist. If it is the former, then a GP can discuss the kinds of things that patients can do to help maintain their independence, prevent their joint problem worsening and manage the pain.

If pain is the main problem, then a GP may prescribe painkillers, but this is not the only way of managing pain. You should also be advised how any other conditions you might have could affect your joint pain and its treatment. Reassurance and advice may be all that you need. If, though, the problem continues or worsens, then you should go back to your doctor to check that OA is still the likely diagnosis, or what other treatment could be offered.

GPs can refer you to other therapists in the primary health care team, such as physiotherapists, occupational therapists (OTs), podiatrists (chiropractors) and dieticians, or to exercise schemes such as exercise on referral. For the small number of people whose joint problems cause severe pain and disability, and do not respond to treatment, the GP can refer the person to specialist care.



National Institute for Health and Care Excellence (NICE) OA guidance was updated in 2014

Your GP should discuss with you the following options as part of a self-management plan.

Written information on OA

- Exercise
- Weight loss if you are overweight
- Suitable footwear
- Pain relief

Specialist care includes nurse specialists, physiotherapists or GPs who have an interest in musculoskeletal pain, rheumatologists, orthopaedic surgeons or pain management programmes.



Physiotherapist examination of knee joint

■ **Community physiotherapists, practice nurses, occupational therapists, podiatrists and pharmacists**

Physiotherapists are skilled at diagnosing and treating, stiff and painful joints. They have been in short supply in general practice, and after being referred, patients often had to wait a long time to see one. The position is changing. Patients can now refer themselves to a physiotherapist. The physiotherapist is likely to become the first port of call for people who have problems with their joints. In some areas there is also a telephone service called Physio Direct. Patients can be assessed and receive advice over the phone and, if necessary, offered an appointment with a physiotherapist or referred to other services.

Nurses who work at GP surgeries also see patients with chronic conditions like joint pain, and can offer support and advice. OTs (occupational therapists) can advise on painful joints in the hand, and podiatrists (chiropodists) on painful joints in the foot. If you want to find out which medicines are best for easing joint pain, then your local pharmacist can help.

If you are in a position to pay for your own treatment, there are a large number of physiotherapists and podiatrists (chiropodists) across the UK offering treatment at private clinics, as well as many who will treat people in their own homes.

■ **Things to remember**

1. Most people's joint pain can be managed in general practice.
2. GPs diagnose OA by looking for certain signs and symptoms and ruling out other musculoskeletal conditions.
3. X-rays of joints are not useful in the diagnosing and management of most patients' OA.
4. If symptoms worsen or new ones arise then people should seek medical advice.
5. Apart from GPs there are other health professionals who can give advice about joint pain and its management. Physiotherapists have particular expertise.

Chapter 4 - Managing and treating joint pain: Examining the essentials

The main concern of most people who have joint pain is to continue to be active, and to be able to do the things they want to do, despite problems with their joints. This chapter will consider basic ways of dealing with the symptoms of OA. You may not think of these as treatments because they are everyday things that you can do for yourself, without the need to see a doctor. The chapter will also look at the evidence as to whether these ‘treatments’ work.

■ 1. Physical activity to ease joint pain and increase mobility

As we saw in the first chapter, people who have OA have found out for themselves how important it is to keep active.

“One of the ladies in work said that her fingers went stiff and she couldn’t bend her fingers. And I said, ‘Yeah but the longer you keep them still the worse it is going to get. I find that if I move the pain goes away.’ By dinnertime she came across and she said, ‘You’re right. I’ve got going and the pain’s gone.’”

Evidence from research confirms the importance of physical activity in helping to relieve pain and stiffness, and keep people independent. (See the box to right)



EXTRACTS FROM: The MOVE consensus

Published in Rheumatology 2005, volume 44, pages 67-73.

Drawn up by health professionals who work in the field of OA.

Supported by research on exercise for lower limb OA by Uthman and colleagues in The BMJ 2013;347:f5555

Research has shown that amongst people with knee OA, both muscle strengthening and aerobic exercise (physical activity that makes the heart beat faster) can reduce pain and improve the ability to do everyday tasks. Both home based exercises and hydrotherapy (exercising in warm water) are effective. Only a few studies have looked at the value of exercise in relation to OA in other joints.

Experts in OA have concluded that exercise is safe. Experts see both aerobic and muscle strengthening exercise as an essential part of the treatment of every patient with hip or knee OA. There are very few reasons why people with OA would be advised not to do aerobic or muscle strengthening exercises.

Research has shown that group and home-based exercises are equally effective. Patients, though, may have a preference for one over the other. Experts emphasise that it is important to keep up exercise routines in order to continue to get benefit.

Experts think that improving the strength and use of muscles around the knee and hip may play a role in preventing the progression of OA.



© Walking the Way to Health Initiative

Which physical activities are suitable?

Physical activity can be the general sort that causes your heart rate to increase (aerobic exercise) – such as walking, cycling and swimming. Or it can be the sort that works on a particular joint in order to increase the strength of muscles and improve the range of movement, for example, exercises like straightening your knee while sitting in a chair, making a fist or flexing the wrist, moving the head from side to side. Both sorts are beneficial.

Walking, swimming and cycling are good forms of exercise for people with joint pain. Physical activity, particularly that which involves getting out and about with other people, helps not only with joint pain and other health problems, but also with a general feeling of wellbeing.

“I go to town with a friend who is, she’s ninety actually, and we do that. We go and have a coffee. It’s just you know have a look round, have a coffee and get the bus home, which is quite nice. So it is just a break, really.”

However, to be of benefit, physical activity has to be ongoing. If it stops, the good work it does, stops too. Sometimes though, it can be hard to stay motivated for all sorts of reasons. People have told researchers about the kinds of things they found help, or hinder, keeping up physically activity.

Things that help people to keep physically active:

- **Doing activities that can be easily incorporated into everyday life.** Walking is probably the easiest activity to build into everyday life. Some people are happy to walk for the sake of walking but others are not. If you are one of the latter then try increasing the amount of walking you do as a natural part of your everyday life, for example, taking the stairs rather than the lift, walking rather than using the car for local errands or getting off the bus one stop earlier.

“I don’t actually take physical exercise but I walk – it’s not that I wouldn’t go to the gym. Every morning, I walk down, maybe a quarter of a mile, to the bus. The simple reason for that is, there’s no buses when I go out in the morning, and it’s become a habit now that instead of catching the bus that’ll drop me right outside here, I’ll take the other one and I’ll walk down.”

British weather and living in a hilly area can make walking outdoors a challenge.

“I mean this is what the nurse said at the surgery. She lives round this area. ‘You’re in an awkward place. There’s not a lot of flat.’ But what I have done I’ll walk up as far as the post box and back. It’s a walk isn’t it?”

Active housework, gardening and climbing stairs are also forms of exercise. Muscle strengthening and range of motion exercises can be done while watching TV, in bed, or while taking a bath.

- **Activities that are part of a person’s usual lifestyle.** Different people have different feelings about what is right for them. Some people would not, for example, see gyms and fitness centres as the kind of place they would go to, whereas others feel quite at home there.



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- **Social support and having fun.** Doing exercise with someone else is usually more enjoyable, and having someone take an interest gives encouragement.

“He (GP) showed me in the surgery what exercises to do. And I’ve got a daughter who is a fitness fanatic. So, you know, she said, ‘Are you doing those exercises?’ I’ve been okay with them.”

Many people attending group activity sessions say that the social interaction is as important as the exercise.

- **Local facilities and opportunities.** Having opportunities for physical activity close to home, particularly if they are led by someone who is experienced in working with people who have joint problems, makes it easier to keep going.

“ . . . Different people have different feelings about what is right for them. . . ”

Walking aids can help by giving people the confidence to move about, and this in turn will help prevent falls. Muscle strengthening exercises can be done while sitting down.

- **Having other health problems in addition to OA.** People who have several health problems often find their own way to continue to be active. Where there is concern that exercising to help ease OA symptoms may make another medical condition worse, a physiotherapist or a GP can tailor advice about exercise to meet specific needs.

Getting started

If it is some time since you have done very much physical activity, perhaps start by joining a gentle walking group. As a result of a national programme to encourage walking, many local authorities have organised such groups. Water based exercise sessions are also suitable because water supports the body, making it easier to move. Some arthritis support groups hire hydrotherapy pools at a local hospital; some swimming pools have special sessions for older people to exercise under the guidance of an instructor.



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HYDROTHERAPY

Hydrotherapy involves doing exercises in a pool where the water is maintained close to body temperature. Some hospitals have their own small pools with steps and handrails to enable those who have restricted movement to get in and out easily. Some public pools also offer hydrotherapy. The warmth and the support of the water relaxes muscles and eases pain, making exercise easier.

'I feel a great warmth throughout my body after I have been in the pool, which alleviates the pain in my spine'

The Telford and Wrekin Arthritis Support Group hires the hydrotherapy pool at its local hospital weekly, and pays for a physiotherapist to attend every two weeks to advise on exercise programmes. Volunteers from the support group are specially trained to supervise the sessions and offer help with exercising if so desired.

Those who use the pool say that they experience an improvement in their mobility and relief from pain and stiffness.

'I have missed two sessions at the pool and have noticed that I have had more pains in my legs'

Exercising in a group in this way has the added bonus of social contact.

'I enjoy the company because I get lonely and down when I don't see anybody. I always think I walk out better than when I walk in'

(April 2007)

Many social centres for older people offer group activities such as keep fit or a gentle exercise called Tai Chi. Those who take the classes adapt their instruction according to what people feel able to do. So if you don't feel able to do an activity standing up, then you can do it sitting down. Organisers know that some people worry about going along to a session for the first time - particularly if they are on their own - and those leading a group ensure that one or two of the regulars take care of someone new.

■ 2. The best kind of footwear



There is a strong medical opinion that shoes which have a thick shock-absorbing sole, very low heels, wide fronts (so that toes can splay out when walking) deep soft uppers, and which fasten, are most suitable. Trainers are a type of shoe that fits this description. Several shoe manufacturers make shoes with these features. It is also possible to buy cushioned insoles to put into ordinary shoes.

Some companies sell insoles which are moulded to realign the feet and thus influence posture. This they claim will relieve pain from arthritis. However, their suitability depends on the foot being out of line in the first place. If the foot is not out of line then the padding could potentially make a back or leg problem worse. Only try these if you can get advice, from a physiotherapist or podiatrist (chiroprapist), about their suitability for you.

■ 3. Using warmth to relieve pain, and cold to relieve swelling



Warmth has been used for thousands of years to relieve pain and stiffness. A warm bath or shower is part of some people's daily routine for managing OA. There are also different sorts of heat packs on the market. Some wheat or gel filled pads can be warmed in the microwave or on a radiator, while others warm up by themselves on exposure to air. They can be wrapped around an affected joint, or a hand/foot can be placed inside. Some are reusable.

"I've got a knee pad. You stick it in the microwave, you warm it and you pop it on the knee. Obviously what it's doing it's masking the pain."

People who attend hospital clinics with hand pain may be offered heat treatment with a wax bath prior to exercise. Wax baths can be prepared at home but are fiddly and time consuming to set up, unless an electrical wax bath with a heat control is used. Warm water can work just as well; and washing up incorporates warmth and exercise for the hands.

Packs like wheat/gel pads can be made warm or cold. Cold can relieve swelling and thus help ease pain. An ice pack (or bag of frozen vegetables) can be applied over the joint for up to twenty minutes every couple of hours. Do not apply ice directly to the skin as it can cause an ice burn – wrap the pack in a tea towel. Some people use heat and cold alternately. By a process of trial and error you can find out what works best for you.

■ 4. Body weight and joint pain

There is evidence that for those who have knee OA being overweight can make the joint damage worse. If your doctor thinks that your weight is affecting your health, for example, making your joint problem worse, then he or she will probably raise the matter with you. Ask about any local support to lose weight that the NHS or local authority offer.

Many people would like to be thinner than they are. Sometimes this is because people feel better about themselves if they have a slimmer body shape, and sometimes it is for health reasons.

“My son and daughter-in-law said they were going to a slimming club, so I said I’ll tag along, it’s worth a try. And I’ve lost half a stone in four weeks and I can honestly say I haven’t been hungry. But the weight had to go because I’d put on so much.”

For some people though, losing weight can be a bit of a struggle. Trying to do it just by eating less does not work as well as combining dieting with increased levels of activity. Those who have OA in their knees can be in the vicious circle of finding it difficult to get their weight down because it is painful to move, and being overweight making their joint pain worse. If this applies to you, taking painkillers before doing physical activity can help you break out of the circle.

The good news is that after losing some weight your knees are likely to become less painful, so you may no longer need to take painkillers before exercising.

“One and a half stone weight loss has made such a difference to my mobility and energy levels! At the moment I am feeling very positive – aches and pains are almost a thing of the past.”



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■ 5. Using distraction and relaxation to reduce pain

The source of pain in OA is not well understood. How people experience any pain is complex and involves not just physical changes to the body but also how people are feeling in themselves, and what other things are going on in their lives.

“And if you’re feeling interested and happy, and the sun’s shining then you don’t focus on the pain so much. If you retreat into yourself, I suppose it must be more intense because there’s nothing else for you to think about. Any distraction lessens what’s happening to you, doesn’t it? Something else takes your attention.”

When anxious or stressed it is common for people to tense their muscles – particularly in the neck, shoulders and back - often without realising that they are doing so. Pain feels worse when muscles are tense, so learning to relax muscles can help ease pain.

One way to do this is by deep slow breathing. Breathe in through the nose, hold the breath briefly and then let the breath out slowly through pursed lips. Another way is to learn muscle relaxation techniques. The Expert Patients Programme teaches relaxation (see page 52) or you can buy/borrow DVDs to learn to do this. It may take some time before relaxing comes naturally.

■ 6. Can eating certain foods help?

Quite simply we don’t know! There are lots of claims made for foods that cure arthritis.

“There was a big piece in the newspaper the other day, on the medical page, about rose hip syrup. Well, I used to give that to my boys when they were little, and they took it off the market because they said it rotted their teeth. Now they put all this in the paper about this is good for your arthritis.”



It is often not clear whether such claims refer to OA or to rheumatoid arthritis. Many people with joint pain are interested in the question of whether certain foods can make a difference. Nearly all the research that has been done on this topic has looked at individual constituents of foods, such as particular vitamins or fatty acids. There is very little research on whether or not OA can be affected by a diet rich in the foods in which such constituents are found naturally.

Often the research studies have not been well designed, and so the findings are open to dispute. Diet is an area where further research is needed before it can be said if a particular diet is likely to help ease the symptoms of OA, and/or affect the underlying joint problem.

There is a lack of scientific evidence that either cod liver oil or honey is beneficial for OA.

Food supplements and herbal remedies can interact with prescribed medicines. Pharmacists have information on the active ingredient in herbal and other such remedies and can advise whether they could present a problem to someone taking other medicines.

What about glucosamine and chondroitin?

Some of the food constituents that have been tested are thought of as drugs in some countries, but as food supplements in others. In the UK they are classified as food supplements and this means they can be bought from health food shops.

Glucosamine and chondroitin are two such substances. They are involved in producing certain types of proteins and fats in the human body that, in turn, form part of the tissue in a joint. There is no evidence that either substance can alter the structure of a joint or help to relieve pain.

Some doctors have prescribed glucosamine in the past. The National Institute of Health and Care Excellence (NICE) has advised doctors not to prescribe glucosamine (chloride or sulphate) because they could find no evidence that it helped joint pain.

Since there is no evidence that chondroitin is helpful for joint pain, NICE do not recommend trying combined preparations.



■ 7. *Do elastic bandages, collars and knee straps help?*

Some people use elastic bandages on a painful wrist, knee or ankle to help ease the pain and protect the joint. However, doctors, nurses and physiotherapists advise against the regular use of bandages or neck collars, as this will cause muscles to become weak, which will make movement more difficult.

There is also a strap which can be put around a knee. Advertisements claim it will relieve knee pain by pushing up the kneecap, thereby bringing the knee into line with the rest of the leg. Whether the knee strap could possibly help depends on whether the pain is caused by the knee being out of line in the first place. However, it is unlikely to do any harm if you think it is worth a try.

■ 8. *Courses in self-management*

In many areas of the country there are self-management courses that are part of the NHS Expert Patient Programme. The course involves six 2 ½ hour group sessions. They are led by tutors who themselves have long term illnesses, and who have been specially trained to deliver the course. The tutors cover many topics including the following:

- Dealing with pain and extreme tiredness
- Coping with feelings of depression
- Relaxation techniques and exercise
- Healthy eating
- Communicating with family, friends and professionals

Meeting other members of the group and having an opportunity to talk over experiences and share ideas can also be a boost.

■ *Things to remember*

1. Both general physical activity and specific exercises for joints are an essential part of managing OA. Build up slowly and take rests when needed, but try to be physically active every day.
2. If you normally exercise regularly then keep it going.
3. Pain when exercising is not an indicator that a joint is being damaged. Using a painkiller like paracetamol may make doing physical activity more comfortable.
4. When trying to lose weight it is better to combine eating less with being physically more active.
5. There are many ways to manage joint pain and stiffness, such as applying warmth, relaxation and distraction. Different approaches can be combined. Keep a record of the things you try.



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Chapter 5 - Managing and treating joint pain: Adding to the essentials

National Institute for Health and Care Excellence (NICE) guidance

February 2014

While some individuals may experience a worsening of symptoms the vast majority of people, including those severely affected, will not have any adverse reaction to controlled exercise. For example, patients with significant osteoarthritis can ride a bicycle, go swimming or exercise at a gym with often no or minimal discomfort.



The treatments described in this chapter will probably sound more like ‘medical treatments’ than those described in chapter 4. They are not, however, meant to replace those essential ways of managing joint pain for which there is evidence of effectiveness – physical activity, suitable footwear, losing weight if overweight, heat and cold, and distraction and relaxation. If despite doing the essential basics you are still finding it difficult to manage, then you and your GP might want to talk about some of the following treatments.

■ 1. Physiotherapy

A key message of this guidebook is that regular physical activity is an effective way of managing the symptoms of OA.

If, though, your symptoms get worse after doing appropriate physical activity, this does not mean that you should stop exercising but you may need to seek further advice. If you want an exercise programme tailored to your particular problem or simply want further advice and reassurance about taking exercise, then a physiotherapist can help.

Physiotherapists can devise suitable exercise programmes - land and water based - as well as advising more generally on aerobic exercise, such as walking and swimming. Physiotherapists also use manual therapy (manipulation and stretching) to help improve the working of joints affected by OA and to alleviate pain. This is especially effective for hip pain. Manual therapy is not usually offered on its own but as part of a package of care with exercise.

■ 2. Electrotherapy

TENS (Transcutaneous Electrical Nerve Stimulation) is a machine that sends electrical pulses through the skin, which some people find helps relieve pain and stiffness. There are different makes and models of TENS with a range of prices. Physiotherapists can advise about the different kinds of machine and how best to use them.

They may also be able to lend one out for a trial period. If a TENS machine does not seem to be helping then try experimenting with different pulse strengths and length of time of application.

■ 3. Aids and devices

Walking aids

Walking aids are useful for some people, providing a feel of security and stability. Whilst some people don't like the idea of using a walking stick because it makes them feel old, other options are available. Others feel that even if a stick is seen as a symbol of old age, the benefit it brings, in giving them the confidence to walk, outweighs the disadvantages.

"I used to walk very briskly. Well, I'm not doing so now. Mind you, as I say, I'm using a stick – in fact I've got two sticks but it makes me feel old and doddering if I have two. But I do find that it makes me a bit more sprightly if I've got a stick"

A walking stick needs to be adjusted to the appropriate length for the user. The retailer supplying the stick should do this. Sticks come with different types of handles, so that people who have painful hands can select one that is most comfortable for them. The tip has a rubber grip to prevent the stick from slipping, which will need to be replaced from time to time.

Often, people are advised to use a walking stick on the side opposite to the affected leg, and that the stick and the affected leg should move forward together. Using a walking stick in this way reduces the pressure on the painful leg joint. However, some people use their stick as a 'third leg' in case their leg gives way, and to do this they use the stick on the same side as the leg with the problem. So, if the purpose of the walking stick is to help you reduce pressure on the hip or knee then use it on the side opposite to the affected leg. However, if the purpose is to improve your balance and to feel safer when walking then use the stick on the same side as the problem leg.

Recently there has been interest in the use of Nordic walking poles for people with OA of the hip or knee. A Nordic walking pole is longer than a walking stick and has a loop or grip for holding. They are used in a style of walking that is described as cross-country skiing without skis (or snow!). There are claims that posture and walking is improved, the pressure on knee joints is reduced, and more energy is burned during Nordic than ordinary walking. (So in theory Nordic walking could help with weight loss.)

In the *SMooth* trial carried out by researchers at Keele University, people with hand OA who had joint protection education from occupational therapists were more likely to have improved than people who did not have joint protection. They also felt more confident in managing their hand pain.

Published by Dziedzic and colleagues in *Annals of the Rheumatic Diseases* 2015;74(1):108-18.

Assistive devices and joint protection

There are lots of gadgets on the market to help with everyday tasks and hobbies. Some may prove to be useful and some may not. Joint protection approaches can be beneficial for hand pain and OA. Occupational therapists have particular expertise in this area. It is best to get advice before buying specialist equipment. Some local authorities, hospital trusts and voluntary organisations have set up independent living centres, (See Assist UK page 51), which do not sell equipment, but where there are people who can advise on the suitability of different products, and where equipment can be tried out.

Insoles, supports, splints and braces

In OA the joint may be out of line. Shoe insoles, braces for hip and knee, and thumb splints may help correct a misalignment and provide support. It is thought this can help decrease the pain and improve physical function. Physiotherapists, podiatrists (chiropodists) or occupational therapists can assess whether or not such products are suitable.

■ 4. Medicines for managing pain

From a patient's point of view, medicines are often the least preferred way to manage pain.

"I think you're frightened of getting used to drugs and you rely on them. I'd rather take them when I really need them. At the moment I think I can cope all right"

However, even when patients would ideally like to be able to manage without medicines, some find they need to take them.

"I used to stride out and I can't do that anymore. I seem as though my joints are stiff. But if I take the tablets I get an easing...I get a loosening in my joints. Whether it's because I don't feel the pain, I don't know but when I take them I'm a lot better."



WHAT KINDS OF PAINKILLERS (ANALGESICS) ARE SUITABLE?

There are different types of medicine that can help manage pain from OA.

A group of medicines called non-steroidal anti-inflammatory drugs (NSAIDs) have both an analgesic and an inflammation-reducing effect. OA does not often involve inflammation, so it is mainly the analgesic effect of an NSAID that is beneficial to someone who has joint pain. NSAIDs come in a cream form that is applied to the skin over the affected joint – these are called topical NSAIDs. They also come in a tablet form to be taken by mouth.

a. Topical creams

NSAIDs in a cream form (topical NSAIDs)

While a few topical NSAIDs are available only on prescription, there are a number, most of them containing an NSAID called ibuprofen, which are on sale to the public. There is evidence that they may help relieve pain in knee and hand OA. They should be applied with a gentle massage, using only the amount specified on the information leaflet. (The massage alone can help ease pain.)

Pain relief is most effective during the first two weeks of using the cream. They can be used in conjunction with paracetamol. Topical NSAIDs are not associated with the side effects of NSAIDs taken by mouth, which are described below. For this reason health professionals think that topical NSAIDs are the preferable treatment for hand and knee OA.



Creams containing Capsaicin

An age-old remedy for painful joints is to rub in lotions which have a stinging effect. There is evidence that capsaicin cream, whose active ingredient is an extract of chillies, can help relieve pain. It may burn at first, but after several days use can give a useful numbing effect. It does not work for everyone, and for some the initial burning puts them off using it. However, it can be particularly effective for the small joints of the hand, such as the base of the thumb, as well as for knee OA.

Capsaicin is available in the UK on prescription only. It should be applied with gentle massage onto skin that is not inflamed or broken. Hot baths or showers should be avoided just before and just after applying it.

The use of topical NSAIDs or capsaicin, and along with regular exercising of affected joints, can help people to cope with flare ups of joint pain.

b. NSAIDs tablets



Most NSAIDs that are taken by mouth are available only on prescription. Ibuprofen is an exception, for it is an NSAID that can be bought in shops and pharmacies. The pain-relieving effects of an NSAID should start to work quite quickly. If an NSAID is not having an effect on pain after a week or two, then it is probably not going to be effective.

NSAIDs have been in use for many years and have been associated with serious side effects. Diclofenac (brand names include Diclomax and Voltarol), and naproxen (brand names include Synflex) are examples of these older NSAIDs.

More recently a different type of NSAID, called a COX-2, has been developed which it was thought would have fewer side effects. Celecoxib (Celebrex) is an example of a COX-2. As more has been learned about the action of NSAIDs and COX-2 on the body, it has been realised that they are not as distinctly different as was first thought. (From now on the word 'NSAID' will refer to COX-2 as well as the older NSAIDs.)

NSAIDs can cause side effects, the most common of which is stomach problems. With long term use and high doses, NSAIDs, particularly the older type, can cause stomach ulcers or inflammation, which can cause bleeding. A medicine to lessen stomach problems is usually prescribed with an NSAID. NSAIDs can worsen kidney function and blood pressure control. Older people are more at risk than are younger people. They are also associated with a very small increased risk of heart attacks and strokes.

Ibuprofen taken in the dose and way recommended on the package is less likely to cause problems.

If any new symptoms develop while taking an NSAID, no more doses should be taken and advice should be sought from a doctor or pharmacist as soon as possible.

The advice that is given to doctors about NSAIDs is to prescribe the lowest effective dose for the shortest possible time to control symptoms.

They should be taken with or after food, as that reduces the likelihood of stomach side effects. Only one brand of NSAID should be taken at a time, and taking an NSAID along with a low dose of aspirin may increase the risk of stomach problems and reduce the benefit from the aspirin. For some people who have asthma, NSAIDs can bring on symptoms of asthma.

c. Paracetamol

Paracetamol is sometimes offered by doctors. For most adults, two 500mg tablets can be taken up to four times in 24 hours (do not take more than this because an overdose may cause irreversible damage to the liver). If paracetamol is not effective for you there are other medicines that your doctor may prescribe.

d. Opioids

Opioids are a type of painkiller that were first made from the juice of the opium poppy. Nowadays many are synthetic – they are manufactured in a laboratory. They are used for moderate to severe pain.

Some types of opioid are stronger than others. Morphine is an example of a strong opioid and codeine of a weak one. Some types of weak opioid can be bought over the counter at shops and pharmacies.

Long term use of opioid analgesics may cause people to become dependent on them. Some people have said they make them feel 'woozy'. Constipation is also a common side effect with opioids taken by mouth. People should not drink alcohol when taking opioids.

e. Cortisone injections

An injection into a joint may give temporary benefit to those with moderate to severe pain.

Your GP should offer you an annual review if:

- *your joint pain is troublesome*
- *you take tablets regularly for pain relief*
- *you have co-existing health problems*
- *your joint pain is at more than one site*

■ 5. Complementary and alternative medicine

Complementary and alternative medicine includes a wide range of therapies. Amongst the best known are acupuncture, osteopathy, chiropractic, homeopathy, herbal medicine, aromatherapy and massage. Surveys have found that complementary therapies are popular with people who have osteoarthritis-type joint problems.

Most people use this kind of treatment not to find a cure but to help ease the symptoms, particularly the pain, and so lead as normal a life as possible. Often they seek help from a complementary therapist after they have seen their doctor and have tried out any treatments offered there. Many people continue to see their GP alongside a complementary therapist.

Complementary medicine is seen by many who try it to have several advantages over conventional medicine:

- Complementary medicine often looks at a medical problem in the context of the whole person and does not focus solely on treating symptoms
- Concern that conventional medicine often involves taking drugs whose side effects may be as problematical as the symptoms they are treating
- Complementary therapists may have more time and take account of personal issues that might also be affecting a health condition

Acupuncture is not recommended by NICE for the treatment of osteoarthritis. Osteopathy and homeopathy may be available on the NHS.

Two drawbacks to getting care from a complementary therapist are:

- Getting assurance that the therapist is reputable
- The cost

For all of the therapies listed below there is an official body which registers those that have undertaken a recognised course of training in their field. It is quite in order to phone a therapist before starting treatment to ask about the cost, the likely number of treatment sessions and details of what the treatment will involve.

Whether people continue to seek care from a complementary therapist or not depends on whether the therapy is felt to be effective. Most people adopt a try and see it approach; if the therapy does not seem to make any difference to their problem after four or five sessions they stop it, and perhaps try something else. (A therapy such as the Alexander Technique will require more than five sessions to teach the method.)



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A list of common complementary therapies used by people with OA

Therapy	Description
Chiropractic	Treatment consists of a wide range of manipulative techniques designed to improve the function of the joints, and so relieve pain and muscle spasm. Ice, heat or massage treatment may be recommended. Chiropractors also offer individual advice about lifestyle, work and exercise that help to manage the condition and prevent a reoccurrence.
Homeopathy	Based on the idea that the body is thought to naturally heal itself. Homeopathic medicines contain substances in very dilute form that cause the same symptoms as the problem being treated and which, it is claimed, stimulate the body's healing process. Choice of remedy depends not only on the symptoms but also on the nature of the person who has the condition.
Osteopathy	Based on the notion that problems or pain associated with the structure of the body can also affect the working of the body. Osteopaths use their hands to stretch, massage and touch the body in a variety of ways using a mixture of gentle and forceful techniques. The aim for those who have OA is to increase the circulation and drainage from the affected joints, to reduce any inflammation present and to enable the joints to move as well as they are able to. This, it is thought, helps reduce the stress that is placed on the affected joints.
Alexander Technique	This is a movement therapy designed to identify posture problems in the body and to teach appropriate ways of standing, sitting and moving that reduce strain and muscular tension. Movements (to be practised at home) are taught, that aim to increase body awareness, correct posture and to help movement. Particular attention is paid to the way that the head is held and to freeing the spine and enabling muscles to lengthen.

■ 6. Surgery

Most people who have OA will not need surgery. Usually joint replacement surgery is only considered when symptoms are having a substantial effect on an individual's ability to do everyday activities, and after a patient has tried at least the basic forms of treatment described in chapter 4. If your doctor does not mention surgery, you should not assume that it has been ruled out. If you want to know whether joint replacement is something that might be appropriate in your case, you should ask directly. Surgeons recommend that patients be referred to them before developing prolonged disability and severe pain.

Sometimes people who are offered surgery do not take up the offer straightaway. This can be for a variety of reasons, including concerns about how they will carry out caring responsibilities during rehabilitation, and how long the artificial joint will last.

“And like I say because my sister was poorly I decided that I would put the operation off. --They tell you these knees only last ten to twelve years. Well I am sixty four this year, so if they last twelve years I am going to have to have it done again when I am seventy six.”

Do raise concerns such as these with a GP, so that they can form part of the discussion about whether or not it is appropriate and timely to be referred for surgery.

■ Things to remember

1. Physiotherapists can devise tailor made exercise programmes and help support patients to continue with their exercises. They can also advise on the use of insoles, supports and braces, and TENS machines.
2. Creams for hand and knee OA containing NSAID are the preferred medicine to manage pain. If these are not effective then doctors can prescribe other medicines, though there are concerns about the long-term use of some of these.
3. There are many special gadgets to help with everyday tasks. Before buying take independent advice, and try out the equipment to make sure it is suitable.
4. Many people try complementary therapies.
5. Only a small number of people with OA will require surgery.

Chapter 6 - Feeling positive

■ *Adjusting to change*

Having joint pain may affect a person's ability to get out and about, carry out tasks at work and in the home, and pursue hobbies and interests. This understandably can lead to feelings of frustration and depression.

"I knew I was depressed, but I went with the understanding that the depressive stage I was in was because of the lack of mobility and the pain in my feet when I walk or anything. I think what has happened like is my mobility has got me down really, I think I'm frustrated that I can't do the things that I want"



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Feeling low, can in turn, make it seem an even bigger effort to get out, meet people and do things.

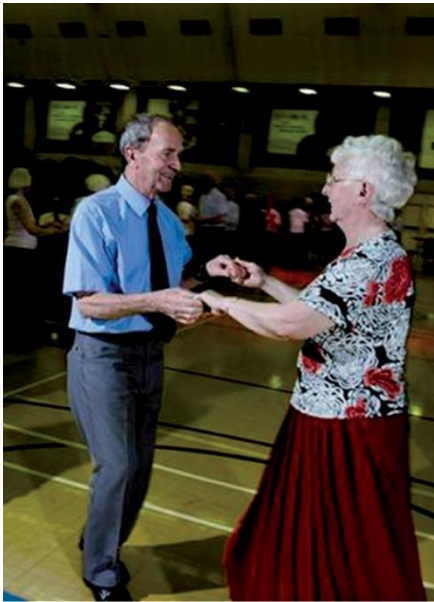
Some people have talked about the mental adjustment they had to make in order to come to terms with having a long term condition like OA, and accept some of the limitations that it can cause.

"I'm a bit philosophical, really. I mean, you can't expect to do the things that you did when you were younger and you have to learn to grow old gracefully - more or less. It's a bit frustrating on occasions because inside I don't feel any different than I did when I was 20. It's only the (outside) frame- work that's changed. 'The spirit's there, but the flesh is weak,' I suppose."

It is common for people, as they grow older, to say that they feel younger on the inside than they appear on the outside. Because having painful joints is commonly associated in people's minds with old age, some people, particularly those in employment, are often reluctant to tell others that they suffer from painful joints. The downside of this is that they miss out on the opportunity to see if there is a way that their work can be reorganised to make it easier for them.

When researchers asked people how they managed to be positive, these are some of the things they said:

"Just carry on with life and try. Some people are worse off than me aren't they?"



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“The more exercise you do - it’s painful - but you feel better for it. You feel ‘Wow, I’ve achieved something I never thought I’d be able to do!’”

“Get involved with doing things for other people because it does take your mind off your own problems. Okay, it’s painful when you’re doing things, but you get so much enjoyment”

■ Socialising and having interests

OA symptoms may coincide with life changes such as retirement, and that in itself can mean that people are less active, and that social contact is reduced, as people do not then meet with work colleagues on a daily basis. As a result joint problems may feel worse both because people are sitting more and because there is less to distract the mind.

“I think to myself, ‘As long as I can keep working, it’s making me more mobile, I can keep going.’ Whereas, I think if I stayed at home I would perhaps be sitting too much, and I think you get more problems if you sit about a lot.”

A vicious circle of pain and low mood – feeling down - may result. One way out of this circle is to do something that usually brings enjoyment.

The importance of feeling valued, of having a purpose in life, and friendships help prevent people from feeling low and leave them better able to cope with health problems. This is well recognised. One GP in South London has developed a novel way of working with patients who he feels would benefit more from involvement with other people than from medication. (See the box below.)

TIME BANK AT RUSHEY GREEN HEALTH CENTRE IN LONDON

A time bank is like a blood bank or babysitting club: *“Help a neighbour and then, when you need it, a neighbour - most likely a different one - will help you. The system is based on equality: one hour of help means one time dollar, whether the task is grocery shopping or making out a tax return”*

Dr Byng, a GP at Rushey Green Health Centre in London, was convinced that many of his patients who presented with symptoms of depression and isolation could be helped by increasing their contact with other people and finding a framework in which they could feel useful to society and needed by others – the Time Bank provides this structure.

continued

... Time Bank continued

The Time Bank allows patients to provide support and help for each other. Ultimately, where it makes sense, the GPs are able to prescribe a friendly face or a lift to the shops once a week, instead of medication. The Time Bank there was launched in March 2000 and now has more than 60 active participants, regularly doing visiting, dog-walking, baby-sitting, shopping or anything from writing poetry to accompanying blind people shopping.

“When I transferred to Rushey Green Group Practice I was invited to join Time Bank, which has proved to be magnificent. Soon after joining, I had a successful total hip replacement. Besides exercises, I was told to begin walking again – that’s easy indoors, first with a zimmer, then two crutches, and now one crutch. But, I longed to go out after being indoors for over two years. Time Bank came to my rescue; they were quick off the mark! The Time Bank Broker arranged for a lovely caring lady to “collect me” and take me for short walks, once or twice a week. Ah, lovely fresh air and sunshine and such kindness. I am walking much better now. Thank you Time Bank.” Mrs Treen, Time Bank Member

(Taken from London Time Bank Newsletter 2007)

People often find it difficult to ask for help, even from family because they feel that they are being a burden. The Time Bank approach makes it easier to ask for help.

Unfortunately, there are not Time Banks running in every area of the country.

However, there are other opportunities to mix with people and feel valued, through giving as well as receiving help. For example, the Beth Johnson Foundation, which is based in Stoke-on-Trent, runs a programme called ‘Active in Age’. People who are over the age of fifty can learn how to put on gentle movement and exercise sessions, do falls prevention or reminiscence work with older people in their community. Your local Age UK office may be able to point you in the right direction to find out what is available in your area.



© Sport

■ Finding ways round problems

Leisure activities and hobbies are another important source of well-being. Pain or stiffness from OA can interfere with a pastime such as needlework or gardening, for example. However, this does not mean the end of doing such activities.

By observing people who have joint problems doing everyday activities, occupational therapists (OTs) can work out which step or steps prove difficult. They devise alternative ways of carrying out that particular step, in order to get round the difficulty.



For example, when sewing, if it is the fine movements needed to use pins or thread needles that is the stumbling block, then long pins with large heads and a threading device may make a difference. Accepting that symptoms of pain and stiffness mean everyday tasks have to be done in different ways is not giving in to the condition, but working with it.

“You find different ways of doing a job. I’ve been and bought myself an electric sander for one of the jobs that I do when making models, because it makes my hand ache too much to scrape the bits all off by hand.”

Occupational Therapists (OTs) work in the NHS, although you will need to be referred to see one. Independent Living Centres may have OT expertise available. However, people with joint pain, or their family and friends, can often identify and sort out the problem themselves. By slightly altering a technique, using an assistive device, accepting that progress is slower or taking part in a different way, people who have OA do manage to continue their hobbies and leisure interests. A man with OA in both knees, who had been a keen rugby player, missed not being able to go out running with his rugby friends. He explained how he maintained his link with a rugby club for which he had played in the past.

“I know I’m on the periphery... a man that used to play---but it gives me so much pleasure seeing these young men play, and mixing with the company, and getting in the field. Like I’ve been marking the pitches out, cutting the grass and doing that kind of thing this morning.”

■ **Things to remember**

1. Feeling down and frustrated is a natural and understandable reaction if pain and stiffness make it hard to get out and about, socialise and do usual things.
2. Those in employment can get advice from OTs on how to reorganise and adapt their work/workplace to meet their needs.
2. Continuing to join in social activities and do valued pastimes is important for giving structure and purpose to daily life. This in turn helps lift mood and makes it easier to cope with symptoms of OA.
3. People are resourceful and find ways round the restrictions that joint pain may cause in everyday living.

Summary

For most people who have OA, their joint problem will not get worse. The most important thing that they can do is to continue to be socially and physically active, which is vital both for a sense of wellbeing and physical health. It may not be necessary to see a health professional very often about joint pain. This does not mean though, that people should feel that they are not entitled to seek medical help and advice if they have worries and uncertainties about their joint problem.

There follows a list of suggestions that have appeared in this guidebook that could help you manage your joint problem. You may like to keep a record of things that you have tried, both for your personal benefit and to show a health professional if you need to consult one.

Personal record of things

Things to try	What I did	When	What happened
<p>Aerobic activity e.g. cycling, swimming, walking:</p> <p>Fitness Classes e.g. Tai Chi, aerobics</p> <p>Exercise on referral</p>			
<p>Specific exercises (e.g. as devised by physiotherapist):</p> <p>Type of exercises</p> <p>Getting into a daily routine</p> <p>Finding exercises in everyday tasks</p> <p>Exercise group</p> <p>Hydrotherapy</p>			
<p>Getting out and about:</p> <p>Take part in leisure/education opportunities</p> <p>Become a volunteer</p>			
<p>Walking aids:</p> <p>Walking stick(s)</p> <p>Wheeled walkers</p> <p>Nordic walking</p>			
<p>Losing weight:</p> <p>NHS Group</p> <p>Private group e.g. Weightwatchers</p> <p>My own method</p>			
<p>Footwear:</p> <p>Change to roomier, soft shoes/trainers with no heels</p> <p>Use insoles</p>			

Things to try	What I did	When	What happened
Creams and ointments: Topical NSAIDs Capsaicin cream			
Pain relieving medicines Use before physical activity			
TENS Machine			
Warmth/cold: Warm and cold packs			
Learning to relax muscles Deep breathing Using a relaxation tape			
Learning more about OA: Expert Patient Programme Support group			
Complementary therapy: Chiropractic Homeopathy Osteopathy Alexander Technique			
Being a problem solver: Break down activities into steps to work out which is the problem step Pacing activities Accept a need to do things differently Get independent advice on assistive devices and benefits			

NHS THERAPISTS OFFICIAL BODIES

Telephone or visit the web sites to find a therapist in your area.

Physiotherapy:

The Chartered Society of Physiotherapy (CSP)
14 Bedford Row
London WC1R 4ED
Telephone: 020 7306 6666
Website: www.csp.org.uk

Occupational Therapy:

Royal College of Occupational Therapists
106-114 Borough High Street
Southwark
London SE1 1LB.
Telephone: 020 7357 6480
Website: www.rcot.co.uk

Chiropody/Podiatry:

The Institute of Chiropodists and Podiatrists
150, Lord Street,
Southport,
Merseyside PR9 0NP
Telephone: 01704 546141
Website: www.iocp.org.uk

The College of Podiatry
2nd Floor,
Quartz House,
207 Providence Square,
Mill Street,
London SE1 2EW
Telephone: 020 7234 8620
Website: www.scpod.org

COMPLEMENTARY THERAPIES - OFFICIAL BODIES

Telephone or visit the web sites to find a therapist in your area.

<u>Therapy</u>	<u>Name of Body</u>	<u>Address</u>	<u>Telephone</u>	<u>Website</u>
Chiropractic	The British Chiropractic Association (BCA)	59 Castle Street Reading Berkshire RG1 7SN	0118 950 5950	www.chiropractic-uk.co.uk
Chiropractic	The General Chiropractic Council (GCC)	Park House, 189 Kennington Park Road, London SE11 4BU	020 7713 5155	www.gcc-uk.org
Homeopathy	Alliance of Registered Homeopaths (ARH)	Millbrook Hill Nutley East Sussex TN22 3PJ	01825 714506	www.a-r-h.org
Homeopathy	The Society of Homeopaths (SH)	11 Brookfield Duncan Close Moulton Park Northampton NN3 6WL	01604817 890	www.homeopathy-soh.org
Osteopathy	General Osteopathic Council (GOsC)	176 Tower Bridge Rd London SE1 3LU	020 7357 6655	www.osteopathy.org.uk
Alexander Technique	Alexander Technique	Grove Business Centre, Unit W48 560 – 568 High Road, London N17 9TA	0208885 6524	www.alexandertechnique.co.uk

Age UK

Age UK works nationally and locally to support all people over 50 in the UK. At a national level Age UK runs a free information line 365 days a year from 8am to 7pm, has written information on numerous topics such as health care, housing, benefits, and helps support local branches of Age UK. Most of Age UK's work is done locally. You can find your local branch by visiting Age UK's website, looking in your telephone directory, or contacting the helpline. Local branches offer a wide range of services including opportunities for staying active.

Age UK England
Tavis House
1 - 6 Tavistock Square
LONDON WC1H 9NA

Free helpline: 0800 169 6565

Website: www.ageuk.org.uk
email: contact@ageuk.org.uk

Nordic Walking UK

There is a national group called Nordic Walking UK that trains instructors to run classes; the trained instructors run classes across the UK. Nordic walking poles cost upward of £50 (though they can be hired), and there is a charge for the classes and organised walks. The Nordic Walking website gives details about classes, as well as links to shops which not only sell the poles but also offer taster sessions.

Exercise Anywhere Ltd.
Head Office,
French Grass Works,
Kingston Road,
Worth Matravers,
Dorset,
BH19 3JP

Telephone: 01392 956856
Website: www.nordicwalking.co.uk

Self Management UK

Self Management UK is a leading charity in self-management support for people living with long-term health conditions. They work with people with long-term conditions, carers, healthcare professionals, clinicians and commissioners. They create sustainable communities where people have the skills and confidence to live better lives.

Freephone 0800 988 5560 or if dialling from a mobile use 03333 445 840.

hello@selfmanagementuk.org

1A Trident Business Park,
Daten Avenue,
Warrington,
WA3 6AX

www.selfmanagementuk.org

University of the Third Age (U3A)

U3As are a national network of groups who are members of the Third Age Trust. The purpose of the Trust is to give opportunities for sharing learning, not for qualifications but for fun, for older people who are no longer in full time work. (Don't be put off by the word university - it simply means 'a bringing together of people' rather than an institute of higher education.) You can find your nearest U3A group by visiting the U3A website or contacting the Third Age Trust.

U3A National Office,
52, Lant Street,
SE1 1RB

Telephone: 020 8466 6139
(Phone Lines Open: Mon & Fri 9.30am to 1.30pm,
Tues to Thurs 9.30am to 5pm)
Website: www.u3a.org.uk

Walking for Health (WFH)

Walking for Health is an initiative of Natural England and aims to get more people walking in their own communities, particularly those who take little exercise or who live in areas of poor health. There are 500 walking schemes across England. Trained volunteers lead the walks. To find out about walks in your area visit the website or phone the WHI team.

Telephone: 0300 060 2287

Website: www.walkingforhealth.org.uk

Versus Arthritis

Arthritis Care and Arthritis Research UK joined forces to create Versus Arthritis in 2018. They work alongside volunteers, healthcare professionals, researchers and friends to do everything they can to 'push back' against arthritis. They work together to develop breakthrough treatments, campaign for arthritis to be seen as a priority and provide support.

Versus Arthritis

Copeman House, St Mary's Court

St Mary's Gate

Chesterfield S41 7TD

Phone: [0300 790 0400](tel:03007900400)

Email: enquiries@versusarthritis.org

Disabled Living Foundation

A national charity providing impartial advice, information and training on equipment for independent living since 1969. It is a founder member of the Information Standard, a certification scheme for health and social care information.

Disabled Living Foundation,

Unit 1, 34 Chatfield Road,

Wandsworth,

London

SW11 3SE

Email: info@dlf.org.uk

Tel: 020 7289 6111, 9am - 5pm, Mon-Fri

www.dlf.org.uk



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