Living with Osteoarthritis
## Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>About this booklet</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>What is OA?</strong></td>
<td>4</td>
</tr>
<tr>
<td>How joints work</td>
<td>5</td>
</tr>
<tr>
<td>What causes OA?</td>
<td>6</td>
</tr>
<tr>
<td>What are the symptoms of OA?</td>
<td>10</td>
</tr>
<tr>
<td>How is OA diagnosed?</td>
<td>11</td>
</tr>
<tr>
<td>How is OA treated?</td>
<td>13</td>
</tr>
<tr>
<td>What to expect</td>
<td>14</td>
</tr>
<tr>
<td><strong>Managing your OA</strong></td>
<td>15</td>
</tr>
<tr>
<td>Getting the most from your healthcare team</td>
<td>16</td>
</tr>
<tr>
<td>Getting the most out of your GP appointment</td>
<td>17</td>
</tr>
<tr>
<td>Treatment versus prevention</td>
<td>18</td>
</tr>
<tr>
<td>Treatment with drugs</td>
<td>19</td>
</tr>
<tr>
<td>Tips for taking drugs</td>
<td>22</td>
</tr>
<tr>
<td>Surgery options</td>
<td>23</td>
</tr>
<tr>
<td><strong>Taking care of your joints</strong></td>
<td>24</td>
</tr>
<tr>
<td>Keeping mobile</td>
<td>24</td>
</tr>
<tr>
<td>Improving your posture</td>
<td>25</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>26</td>
</tr>
<tr>
<td>Balancing activity and rest</td>
<td>31</td>
</tr>
<tr>
<td>Exercising</td>
<td>28</td>
</tr>
<tr>
<td>Following a healthy diet</td>
<td>31</td>
</tr>
<tr>
<td>Taking supplements</td>
<td>32</td>
</tr>
<tr>
<td>Complementary therapies</td>
<td>35</td>
</tr>
<tr>
<td>Finding a good therapist</td>
<td>38</td>
</tr>
<tr>
<td><strong>Practicalities</strong></td>
<td>39</td>
</tr>
<tr>
<td>Adapting at home</td>
<td>39</td>
</tr>
<tr>
<td>Help with costs</td>
<td>41</td>
</tr>
<tr>
<td>In work or education</td>
<td>42</td>
</tr>
<tr>
<td>Public transport</td>
<td>43</td>
</tr>
<tr>
<td><strong>Caring for yourself</strong></td>
<td>44</td>
</tr>
<tr>
<td>Tips for living well</td>
<td>45</td>
</tr>
<tr>
<td><strong>Other useful organisations</strong></td>
<td>50</td>
</tr>
<tr>
<td><strong>How Arthritis Care can help you</strong></td>
<td>54</td>
</tr>
</tbody>
</table>
If you have osteoarthritis, there is a lot you can do to make daily living easier. Osteoarthritis (called OA throughout this booklet) is a condition of the joints affecting almost everyone as they get older. Around 8 out of 10 people over the age of 50 are affected, but younger people – even teenagers – may develop it. Most people are likely to experience some pain and mobility problems. An early diagnosis can help slow its progression and a lot can be done to ease the symptoms.

Image Credits: Arthritis Care: pp.5, 7 and 25; Fotolia: p. 1 diego cervo; p. 3 Tseytlin; pp. 8 and 19 Photographeree.eu; pp. 11 and 43(r) Monkey Business; p. 17 Andy Dean; p. 21 Andy Dean; p. 27 Magalice; p. 29 WavebreakmediaMicro; p. 31 Vitalina Rybakova; p. 35 jedi-master; p. 37 vkph; p. 39 michaelheim; p. 40 goodluz; p. 43(I) milkovasa; p. 47 psphotography.
What is OA?

OA is a condition that usually develops gradually, over several years, and affects a number of different joints.

For some people who develop OA, the changes are so subtle and develop over such a long period of time that they are barely noticeable. But others may experience gradually worsening problems, including pain and restricted movement, particularly in large joints such as the hip or knee.

In a joint, a coating of soft but tough tissue (cartilage) covers the surface of the bones and stops them from rubbing directly against each other (see opposite). In OA, this cartilage becomes pitted, brittle and thin. As it deteriorates, the bone underneath thickens and broadens out, forming bony outgrowths (osteophytes), which make the joint look knobbly.

Alterations in the bone structure and inflammation in the tissue of the joint lining causes pain, and the amount of synovial fluid can increase, often causing the joint to swell.
How joints work

A joint is where two bones meet, and are enabled to move in certain directions. The two bones are held together by ligaments. These are fibrous connective tissue and they act rather like elastic bands: as muscles lengthen and shorten to make the joint move, ligaments keep the bones in place. Tendons are fibrous connective tissue that join muscle to bone.

A coating of soft but tough tissue (cartilage) covers the surface of the bones and stops them from rubbing directly against each other. This helps the joint to work smoothly.

The joint is surrounded by a capsule (the joint cavity), and the space within this capsule contains synovial fluid. This fluid, which lubricates the joint and provides nutrients to the joint and cartilage, is produced by the synovial membrane (or synovium), which lines the joint cavity.

With arthritis, inflammation of an affected joint occurs when the joint lining thickens, the synovial fluid increases, and toxins are released into the joint. It is these changes that cause the characteristic stiffness and pain, and make movement of a joint difficult.
What causes OA?

Although research is constantly improving our understanding of arthritis, it is still not clear exactly what causes OA. The common explanation is that OA is a result of ‘wear and tear’, but studies of people who have led very similar lives show that some will have almost perfect joints, while others will have quite severe OA. Therefore, it seems that individuals may have an inbuilt susceptibility to, or protection against, OA.

Specific causes are hard to pin down, but several factors are known to increase the risk of developing OA:

**Age**

OA usually develops (often undiagnosed) in people aged over 50, although it can also develop in young people. It is not known exactly why older people are more likely to develop the condition, but it may be due to the bodily changes that come with ageing, such as weakening muscles, weight gain, and the body becoming less able to heal itself effectively.
**Gender**

OA is more common – and often more painful – for women, especially in the hands and knees. It often develops after the menopause, which can lead to it being seen as part of the ageing process, although research into this is ongoing.

**Obesity**

The effects of obesity on OA are well documented. Carrying extra weight puts pressure on weight-bearing joints, especially the hips, knees and spine. It also increases the chances of OA worsening once it has developed.

**Joint injury**

A major injury or an operation on a joint may lead to OA at that site later in life. Normal activity and exercise are good for the joints, but very hard, repetitive activity may injure joints. Exercising too soon after an injury has had time to heal properly may also lead to OA in that joint later on.

*Check with your doctor, physiotherapist or nurse when it is safe to exercise after you have sustained an injury.*
**Heredity**

In many forms of OA, heredity plays only a small part compared with obesity, ageing or joint injury. But there is one common form that runs strongly in families: nodal osteoarthritis. This particularly affects the hands of middle-aged women. There are some very rare forms of OA that start at a young age and run in families, and these are linked with single genes that affect collagen (an essential component of cartilage).

**Other conditions**

OA is sometimes caused by injury and damage from a different kind of joint condition. For example, people with rheumatoid arthritis can develop OA in the joints that were most affected by rheumatoid inflammation.
Other causes

There may be other causes for OA – we just don’t know what they are yet. But we do know enough to correct some common misconceptions:

Weather
Many people with arthritis observe that their joints tend to feel worse when the atmospheric pressure is falling – for example, just before it rains. The weather may indeed affect symptoms, but it does not affect the arthritis itself, and any benefits of warmer, drier weather are often temporary.

Diet and weight
Can a particular diet ease the symptoms of arthritis? Some people claim that certain foods can increase or lessen their pain or inflammation. Following a healthy diet can certainly help reduce the amount of arthritis medication needed. It is very important to keep your weight as close as possible to the ideal for your height and age, as excess weight puts extra strain on damaged joints. Eating a balanced diet will nourish muscles, cartilage and bone, reducing the risk of OA.

Warmer regions do not have lower incidences of arthritis than colder regions.

For more information, see our booklet: Healthy Eating and Arthritis
What are the symptoms of OA?

The signs of OA may be so mild that they are often easy to miss. The main symptoms are stiff and painful joints, with less than 30 minutes of morning stiffness, and the pain tending to be worse while exercising and at the end of the day.

Stiffness is common after inactivity such as sitting, but the joint may not move as freely or as far as normal, and may ‘creak’ or ‘crack’ when moved. The sensation of the joint ‘giving way’ usually indicates weak muscles that need strengthening.

Symptoms can vary and you may have bad patches of a few weeks or months followed by better periods. Your symptoms may be dependent on the amount and type of physical activity you do. Joints may appear swollen. In more advanced cases, there may be constant pain, with everyday tasks and movement becoming difficult. Low mood and sleep disturbance are common as OA pain persists.

It is important you visit your GP. Don’t ignore your symptoms, because early diagnosis will help prevent unnecessary damage.
How is OA diagnosed?

Your history
Your GP will ask you about your symptoms, and how and when they started. Make sure you tell your doctor exactly how you feel, giving a good description of pain, stiffness and joint function, how they have changed over time and how your work and daily life are affected. Finally, you will be asked about any other medical conditions you have and whether you are taking any medicines.

Physical examination
Your doctor will examine your joints and may check muscles, nerves and aspects of your general health, feeling for any bony swellings and creaking joints. They will also look for any restricted movement, joint tenderness and any thinning muscle, excess fluid or instability in the joints.

Referral
After a time, you may be referred to a physiotherapist or occupational therapist. They can give you special exercises to do and advice on how to relax, overcome mobility problems, avoid joint strain and cope with pain.

It is known that much of the damage caused by OA can happen in the first months and years of its onset. This is why it is vital to get the condition diagnosed and treated as early as possible.
If your arthritis is severe, you may be referred to a hospital specialist such as a rheumatologist or an orthopaedic surgeon.

**Testing for OA**

There is no blood test for OA although you may be given one to rule out other types of arthritis.

X-rays are not usually required to diagnose OA. X-rays do not determine how much your arthritis will affect you – an X-ray that shows severe changes does not necessarily mean that you will have a lot of pain or disability. Also, they may not show early OA damage.
How is OA treated?

Although there is no cure for OA, there are many effective treatments that can help you manage the condition, provide relief from the symptoms, and enable you to live a happy and healthy life.

The main treatment options that can help alleviate the symptoms of OA include:

- medication
- lifestyle modifications
- exercise
- diet
- complementary therapies

We will be looking at each of these options over the following pages.

As with other forms of arthritis, ongoing research is improving our understanding of the condition all the time.
What to expect

OA affects different joints in different ways, and the pain can range from being so mild that it is almost unnoticeable, to being so severe that mobility and quality of life are dramatically affected.

The spine and weight-bearing joints such as the knees, ankles and hips are most frequently affected by OA, making mobility (such as climbing stairs or getting out of seats) difficult. OA in the hands – especially in the fingers, thumbs and wrists – reduces grip strength and the ability to perform everyday tasks such as writing, opening jars, picking up small things up and fastening buttons.

Shoulder and elbow joints are also susceptible to arthritis although this is much rarer. Some people may experience a grinding feeling in the shoulder and a reduced range of movement. Elbows are very sensitive to injury, so very mild arthritis here can lead to quite a significant loss of mobility.
Managing your OA

There is a wide range of treatment options for arthritis, and it can take time to find the one that works best for you. Over time, your treatment may need to be adjusted to meet your changing needs.

Your doctor will aim to minimise the effects of your arthritis and to reduce the symptoms, especially the pain. There are many medicines available to help manage the pain of OA, including analgesics, non-steroidal anti-inflammatory drugs (NSAIDs) and steroids. These medicines cannot cure your arthritis, but they will reduce the symptoms and the pain.

If your arthritis becomes severe, particularly in your knees and hips, then your doctor may discuss with you the possibility of surgery, although this is usually considered only after all other suitable treatment possibilities have been explored. If you agree, you may be referred to see an orthopaedic surgeon with a view to having the joint replaced.
Getting the most from your healthcare team

You and your GP must work together to help you manage your arthritis and help you live as normal a life as possible. Ultimately, only you know how you feel and the difficulties you face.

Doctors are often rushed, but it is important that you make the most of your consultations. This will help you understand and feel confident about any treatment you are given. Before an appointment, write down any questions you would like to ask, or things they should know. This could include pre-existing health conditions, medication or supplements that you’re taking, or recent illnesses. Consider taking a friend or relative with you.

If you feel that you need more time with your doctor, you can always ask for another appointment or perhaps book a double appointment. Your local surgery can tell you about its particular rules, and you can ask if there is a GP with a particular interest in arthritis.
Managing your OA

Should your condition deteriorate to the point where your mobility is severely affected, you may be advised by your GP to see a physiotherapist or a rheumatologist. You may also be advised to see an orthopaedic specialist, to discuss the possibility of replacement surgery.

Try to develop a good relationship with your healthcare team, and read as much as you can on your condition, so you can have a two-way conversation. And don’t be afraid to discuss treatment options or to take on more responsibility for your own needs.

The National Institute of Health and Care Excellence (NICE) publishes guidelines for the management of OA in England and Wales. These guidelines should help your doctor support you to manage your condition. Call Arthritis Care’s Helpline to find out more or if you have any questions about your condition.
Reducing your risk of developing OA

Injuries to a joint can increase the risk of developing OA in the same joint, years later. However, maintaining a normal weight for your height and body type, keeping physically active and avoiding excessive stress on the joints as you get older, can reduce the severity and impact of OA.

Ways to reduce stress on the joints include:

- maintaining your ideal weight
- pacing yourself. Instead of attending to the chores that need doing all at once, spread them out
- wearing shoes with thick, soft soles can act as shock absorbers and reduce heavy impact
- using a walking stick can reduce the weight and stress on a painful hip or knee joint
- if you have arthritis in the leg joints, visit a podiatrist to see if you are walking correctly.
Treatment with drugs

As well as physical activity, drugs can sometimes help to reduce pain. Make sure you follow the dosage instructions on the packet.

The medication you are prescribed and how often you take it depends on your symptoms. Some of the most commonly used drugs for OA are listed below.

**Analgesics (painkillers)**

These are pain-relieving drugs that do not affect the arthritis, but help relieve the pain and stiffness. They come in varying strengths and the stronger ones are only available on prescription. Topical anti-inflammatory creams and gels (such as those containing ibuprofen and diclofenac) are safe and effective, but may require multiple daily applications.

Paracetamol, which is available over the counter, has been used for years and may help with the pain. Although side effects are uncommon, they increase with a higher dose and may be similar to those of
anti-inflammatory drugs (see below). Overdosing may cause liver damage. Stronger painkillers such as co-codamol and Tramadol are available on prescription. They contain codeine-like drugs. These are more likely to cause side effects, such as constipation, nausea, drowsiness or dizziness. Some anti-inflammatory drugs such as ibuprofen can be used as painkillers in low doses.

Non-steroidal anti-inflammatory drugs (NSAIDs)

Ibuprofen, naproxen and diclofenac are commonly used NSAIDs, but there are many others.

NSAIDs can cause mild side effects, such as indigestion and diarrhoea. They can also aggravate high blood pressure and heart disease. In rare instances, they can cause more serious problems, such as ulcers and bleeding from the gut. They can aggravate high blood pressure and heart disease. Your doctor will advise you which is the appropriate one to take, and the correct dose.

<table>
<thead>
<tr>
<th>Generic name</th>
<th>Brand name</th>
</tr>
</thead>
<tbody>
<tr>
<td>diclofenac</td>
<td>Voltarol/Diclomax</td>
</tr>
<tr>
<td>ibuprofen</td>
<td>Brufen/Nurofen and others</td>
</tr>
<tr>
<td>indometacin</td>
<td>Rimacid and others</td>
</tr>
<tr>
<td>nabumetone</td>
<td>Relifex</td>
</tr>
<tr>
<td>naproxen</td>
<td>Naprosyn and others</td>
</tr>
<tr>
<td>piroxicam</td>
<td>Feldene</td>
</tr>
</tbody>
</table>
Cox-2 inhibitors

Cox-2 inhibitors, such as celecoxib and etoricoxib, are a type of NSAID designed to be safer for the stomach. However, both the older type (such as ibuprofen and diclofenac) and the newer Cox-2 inhibitors are thought to increase the risk of cardiovascular (heart) disease and high blood pressure, especially in people with a history of heart disease or stroke. This risk may be increased when the drugs are used at higher doses for prolonged periods of time. Always ask your doctor or pharmacist about side effects and other concerns you may have.

Steroids

If you have moderate to severe pain from OA, you may be offered a steroid injection directly into a particular joint to reduce pain. This is very safe, but only provides short-term pain relief, so should be used in conjunction with muscle-strengthening exercises.
**Medication tips**

- Make sure that you are absolutely clear about how much you should be taking of any drug, how often and when.
- Ask when you should take them – whether they are best taken with or after meals, or whether they should be taken on an empty stomach.
- Ask whether the drug will act immediately.
- Ask about any possible side effects and be clear on what to do if they occur.

Other things to consider when taking medication:

- With some drugs, you need to avoid alcohol.
- If you are a woman thinking of having a baby, it is very important you discuss this with your doctor. You may need to cease taking some drugs several months before conception. Some drugs, such as methotrexate, can cause problems during pregnancy and breastfeeding, and you may need to stop taking them for three months prior to conception. Biologic drugs are not currently advised in pregnancy, and some drugs can affect your fertility – again, ask your doctor about this.
- If you are prescribed a new medicine, ask about the possibility of any negative interaction between it and anything else you might already be taking – including other medicines or herbal or food supplements.
- Keep a record of the drugs you are prescribed and take it with you to appointments with your GP or your rheumatologist.
Managing your OA

While some people with arthritis will never need to have surgery, others find it is very successful in relieving pain, improving mobility and reducing stiffness. Surgery is usually only considered after all other suitable treatment options have been explored. You should be referred for surgery if your symptoms (pain, joint stiffness and reduced joint function) are having a substantial impact on your quality of life – and before there is further damage to your joints.

Surgery can be minor or it can be more intrusive – to replace or to fuse a joint. It is important to recognise that there is a risk the operation won’t work, or may even lead to further complications. Recovery may take longer than you anticipate.

However, many people decide that the positive effects on their lifestyle will outweigh any risks. Having surgery could bring about a dramatic improvement in your pain levels and quality of life. Surgery can also prevent joints deteriorating further and avoid disability.
Taking care of your joints

Most people can lead a full, active life with OA by correctly managing the condition and making small, common sense alterations to their life, but inflamed or damaged joints need to be cared for and protected. There are many things that can be done to help alleviate the symptoms and prevent the condition from progressing.

Keeping mobile

Regular physical activity can help to control the pain experienced by many people with OA. Don’t be afraid to use your joints. Exercise such as swimming or using an exercise bike or cross-trainer can help. Walking laps in a swimming pool is great for strengthening muscles.

Other things that can alleviate the stress on your joints include maintaining a healthy weight, which can be achieved through having a balanced diet.

Also, it can help to give thought to the clothes and shoes you wear (such as wearing loose clothing and supportive cushioned insoles), to the way you lift, grip and carry things, and to the way you arrange your home or place of work. An occupational therapist can help with all of this.
Slouching (left) is a sure sign of poor posture. Good posture (right) will put less strain on the joints throughout your body.

Improving your posture

If you have arthritis, you will find that developing and maintaining good posture can really help to put less strain on your body. Good posture aligns the body. It can be hard work to maintain good posture, but improvements can be achieved in a short space of time.

Think about your posture throughout the day. Check yourself while walking, at work, while driving, or while sitting watching television. If you can increase your body awareness during daily activities, your good posture will quickly become a habit.

When your posture is good, your body will feel more relaxed.

For more information on exercises that can help you manage your OA, see our booklet: **Exercise and Arthritis**.
Occupational therapists

Occupational therapists (OTs) can help if you are having difficulty with day-to-day tasks like washing, dressing, cooking and cleaning. They can also advise on ways to improve your work environment.

OTs are experts on advising and supplying equipment and making adaptations. They can give you ideas on how to improve your strength and movement.

Your GP or hospital consultant can put you in touch with an OT. This may be at your local hospital or they may visit you at home. If you are having trouble getting a referral to an OT, then you can refer yourself by phoning your local social services department and asking for an assessment.
Balancing activity and rest

While resting painful joints will make them more comfortable, too much rest may make them stiff. It is important to strike a balance between rest and activity.

The benefits of physical activity for those with OA can be enormous. It can:

- protect your joints by keeping your muscles strong
- reduce pain
- decrease stress levels
- help you to lose any extra weight.

When following any exercise programme, it is important to pace yourself, especially when joints are inflamed or particularly painful.

For more information on exercises that can help you manage your OA, see our booklet: *Exercise and Arthritis.*
Exercising

It is important to choose the level of physical activity that is right for you. You can ask your GP to refer you to a physiotherapist, who will help you work out a programme combining range of movement, strengthening and/or aerobic exercises.

Range of movement (ROM)

Range of movement exercises form the backbone of every exercise programme. Everyone should do these as they help maintain flexibility, and are important for good posture and strength. The exercises involve taking joints through their comfortable range of movement and then easing them just a little further. ROM exercises are done smoothly and gently, so they can be done even when in pain.

Strengthening exercises

These are especially beneficial, because they help to strengthen the muscles which move, protect and support your joints. Many people become less active when they develop arthritis because of the pain and fear of causing damage; this can lead to muscle wastage and weaker joints.
Taking care of your joints

Start slowly and gradually increase the number of movements. As the muscles get used to doing more, they become stronger.

The type of exercises you do will depend on which joints are affected and how severe your condition is.

**Aerobic**

‘Aerobic’ just means physical activity that raises your heart rate. This type of exercise burns off calories, speeds up the body’s metabolism, helps maintain a strong heart and allows muscles to work more effectively. It can help you to gain and maintain a healthy weight, and can improve your sleep, strengthen your bones and improve your emotional wellbeing.

These exercises done correctly and consistently will provide some relief from the pain of arthritis, help with good posture, and increase your energy and vitality.
Warm water exercise

Gentle exercise can be carried out in hydrotherapy pools that will usually be heated to around 34 degrees centigrade. The warm water soothes the joints, relieves stiffness, and promotes better circulation. The water enables gentle and low-impact exercise, and also offers the resistance needed to keep muscles and joints in shape.

Your doctor may refer you for hydrotherapy – exercising in a heated pool under the supervision of a physiotherapist. Because the water supports your weight, the range of movement in your joints should increase and pain decrease. Most hydrotherapy pools have a shallow end. If you cannot lower yourself into the water, there will usually be a hoist. Hydrotherapy sessions may be held in your local hospital.
Following a healthy diet

Your body needs a range of nutrients, so make sure you eat a healthy, balanced diet. Include lots of fruit, vegetables, starchy carbohydrates and protein, with a small amount of dairy or dairy alternatives (such as soya drinks and yoghurts).

There are many theories on what is ‘good’ and ‘bad’ to consume when you have arthritis. Be wary of these claims and discuss any major lifestyle changes with a healthcare professional before starting them. Studies on essential fatty acids (found in oily fish) show that they can ease joint pain and stiffness. Try to include more of these in your diet, or you could take a supplement.

Some people claim that some foods seem to make their inflammation or pain worse. If you can work out which food is the trigger, talk to your doctor for advice. It is important you don’t miss out on essential nutrients. Research in this area is complicated and much more is needed.

Beware of diets that claim to cure OA, and never begin a diet that involves stopping medication without discussing it with your doctor.
Taking supplements

People with arthritis take a huge range of supplements including herbal remedies, homeopathic medicines, vitamins, minerals and dietary supplements.

Many people with OA benefit from them, although there is little clinical evidence that they improve arthritis or its symptoms. However, findings for long-chain omega-3 fatty acids are promising.

Before you start taking supplements:
• do some research into the supplement(s) you plan to take
• remember that supplements will not cure arthritis
• check with your doctor or pharmacist for interactions with prescription drugs
• let your doctor know and report any side effects immediately
• keep a diary of how you feel; it will then be easier to tell if the supplement(s) are having an effect
• buy brands from reputable manufacturers
• consider the cost – taking supplements can be expensive.
Below are a few of the supplements most commonly taken by people with OA.

**Glucosamine**
Glucosamine is popular with people who have OA. It is a natural substance extracted from crab, lobster or prawn shells. Some people believe it helps to ease the pain and stiffness of OA, especially in the knees. If you haven’t witnessed an improvement in symptoms after two months of taking glucosamine, it is unlikely to have any effect.

There are no known major side effects, but lesser ones include nausea and indigestion. Glucosamine, which comes in capsule form, is often taken in combination with chondroitin.

**Chondroitin**
Chondroitin sulphate exists naturally in our bodies. It is thought to give cartilage elasticity and to slow its breakdown.
Don’t expect to see any improvement for at least two months. If you have severe cartilage loss you probably won’t get any benefit. Evidence on the effectiveness of chondroitin is conflicting and better studies are required. There do not seem to be any serious side effects, but minor ones include nausea and indigestion. It could increase the chances of bleeding if you are taking any blood-thinning drugs. The long-term effects are not known.

**Fish oils – long-chain omega-3 fats**

The main source of long-chain omega-3 fats are fish oils, which can produce a modest improvement in joint pain and stiffness. Research has shown that taking fish oil results in some improvement in the systems of rheumatoid arthritis, but there needs to be more scientific research to find out how effective they are for OA.

A daily dose, often in capsule form, must be taken for at least three to six months. Any benefit is lost when you stop taking it. Care should be taken not to exceed safe levels of vitamin A when taking supplements.
Complementary therapies

Many people with arthritis have tried a range of complementary therapies in addition to the conventional drugs prescribed by their doctor. However, what works for one person may not work for another.

There are a multitude of different therapies, such as acupuncture and the Alexander Technique. Some are thoroughly reputable and are regulated by statutory bodies. Other therapies make highly dubious claims with little or no evidence to back them up.

Complementary therapies can generally be used alongside orthodox treatments, although doctors may vary in their attitudes to them. Any practitioner of these therapies who advises you to stop using conventional medications should be regarded with extreme caution.

Some complementary therapies are available on the NHS and some private health insurance companies will pay for treatment. However, the majority of people pay for their own treatment, which can be costly.
Complementary therapies can help alleviate some of the symptoms of arthritis, such as pain and stiffness, as well as helping to manage some of the unwanted effects of taking medication.

Complementary therapies can play an important role in encouraging positive changes in lifestyle and outlook, such as increased self-reliance, a positive attitude, learning relaxation techniques and appropriate exercises. Such changes can help to stabilise or improve your arthritis.

Some of the most popular therapies are listed here:

- **Acupuncture** may be useful for OA. It claims to restore the natural balance of health by inserting fine needles into specific acupoints in the body to correct imbalances in the flow of energy, thereby relieving pain.

- **The Alexander technique** concentrates on how you use your body in everyday life. By learning to stand and move correctly, people can alleviate conditions that are exacerbated by poor posture.
• **Aromatherapy** uses essential oils obtained from plants to promote health and wellbeing. The oils can be vaporised, inhaled, used in baths or a burner, or as part of an aromatherapy massage.

• **Massage** can loosen stiff muscles, ease tension, improve muscle tone, and increase the flow of blood and lymph. A good massage leaves you feeling relaxed and cared for.

• **Osteopaths and chiropractors** manually adjust the alignment of the body and apply pressure to the soft tissues of the body. This corrects structural and mechanical faults, improves mobility, relieves pain and allows the body to heal itself.

• **Tai Chi** is a non-combative martial art designed to calm the mind and promote self-healing through sequences of slow, graceful movements.

▶ For more information, see our booklet: *Complementary Therapies*. 
Finding a good therapist

Some therapies are available on the NHS, so it is worth asking your GP if they can recommend a therapist or a particular therapy. Ask other people with OA if they can recommend a therapist, but remember that what works for someone else may not suit you.

The Institute for Complementary and Natural Medicine can also help you find a qualified therapist. Ask how much treatment will cost, and how many sessions you will need to feel a benefit. Ask if the therapist is a member of a professional body, what kind of training they have had and how long they have been practising. Ask if they have insurance, in case something goes wrong. They should take a full medical history from you.

Tell your therapist about any drugs you are taking, and your doctor about the therapy. Don’t stop taking prescribed drugs without talking to your doctor first.
Living with OA may not be easy, but there are plenty of sources of help. The first step is finding out what is on offer and what your rights are. The organisations listed on pages 46–49 also have a wealth of information to share.

Adapting at home

There are lots of handy gadgets that can help you around the home, and some fairly simple adaptations can be a huge help. In the kitchen, for instance, consider:

- rearranging cupboards and drawers so the things you use the most are nearby
- switching to lightweight pans, mugs or kettle
- having equipment with easy-to-use buttons and switches
- changing from a manual to an electric tin opener, or using a cap gripper, and knives and peelers with padded handles
- having a stool in the kitchen so you can sit while you are preparing food, or a trolley for moving heavy items across the room
- changing twist-top taps for the easy-to-use lever type.
It makes sense to try out a gadget before you buy it – you could save a lot of money in the long run. Alternatively, make a list of criteria that the gadget must meet to avoid a bad purchase.

If you find you are doing a lot of work around the home, what about getting someone to help? Friends and family may be able to lend a hand.

You could also think about paying a cleaner or a handyperson for bigger tasks. Local organisations may be able to put you in touch with volunteers to help you with jobs around the house. Speak to your local council, Citizens Advice or local library for contact details.

▶ There is a lot more information about home life and getting out and about in Arthritis Care’s *Independent Living and Arthritis* booklet.
Help with costs

Your local social services department (social work department in Scotland, health and social security agency in Northern Ireland) may be able to help with equipment or adaptations to your home. You are entitled to have your needs assessed to see whether you are eligible for help.

There is no hard and fast rule on what you will get: eligibility varies throughout the UK and you may have to contribute towards the cost. You may also have to wait a long time for an assessment or to get equipment. If your needs change, contact the social services department so they can move you up the waiting list.

Some equipment may also be available on the NHS. Local home improvement agencies and voluntary organisations also offer help or funding for equipment and adaptations.
In work or education

Your arthritis may not significantly affect your work at all, but struggling on if you have difficulties could make your arthritis worse. Smarter ways of working will help protect your joints and conserve energy, including:

- organising your work – rearranging your work area, using computer equipment correctly, taking regular breaks, relaxing, pacing yourself and varying tasks
- flexibility – perhaps working a shorter day or different hours, or being based at home some of the time if that fits in with your job.

Contact your local JobCentre Plus for information about Access to Work – a government initiative to help people overcome barriers to starting or keeping a job.

If you are going into higher education, you may be eligible for a Disabled Students’ Allowance. The allowance covers any extra costs or expenses students have because of a disability. For more information, visit the Disability Rights UK website (see page 48).
Public transport

Public transport is becoming more accessible, although it can still be difficult to use. Some local authorities produce guides to accessible bus, train and minicab services, and some run their own transport schemes.

Information is available on the National Rail website about station accessibility, train and station facilities, and assistance options. Transport for London offers similar information on their website, and have produced a guide to avoiding stairs on the London Tube network. In addition, all their bus routes are served by low-floor vehicles, but this may not be the case in all areas. Contact your local bus company to ask for information about specific routes.

Your local disability organisation or local newspaper may have local information, including schemes run by the Community Transport Association or other organisations.

Most public transport is covered by UK and European legislation, but there are still a lot of improvements to be made.
Caring for yourself

Arthritis is often described as an invisible condition. If you are having a flare-up, it’s not always obvious to those around you. It’s natural to feel angry and frustrated.

The emotional effects of arthritis can have just as much of an impact as the physical symptoms. It’s important to take what steps you can to promote your emotional health, as this helps to find purpose in all that you do and engage with the world around you. This, in turn, can increase your confidence. If you have a long-term condition such as arthritis this is especially important, because maintaining a positive mental attitude can help you cope with change, uncertainty and potentially stressful situations.

If you’re having a hard time with emotions or thoughts, talk to someone who can help.

For information on the emotional aspect of living with a long-term health condition, see Arthritis Care’s booklet Feelings matter: Emotional wellbeing and arthritis.

arthritiscare.org.uk
free Helpline: 0808 800 4050
Tips for living well

From time to time, your arthritis will get on top of you. Anger, frustration, uncertainty, depression and fear are all very understandable and very common. The good news is that there are plenty of things you can do to prevent OA taking over your life. There is a lot of help available.

Some things to keep in mind for living well include:

• Try to build a good relationship with your health professionals.
• Find out as much as you can about your arthritis. Being well informed can make you feel less worried about the future.
• Accept your limitations. Think about what you can do and enjoy, rather than the things you can’t do.
• Try to make space for your social life.
• Include regular exercise in your day-to-day life. It will build your strength, help you to keep flexible and boost your mood.
• Talk to somebody who understands how you are feeling. This could be someone close to you or someone else with arthritis. Sharing your experiences with others in the same position as you can provide valuable mutual support.
• Relationships may come under a bit of strain. If you have a partner, talk to them openly and honestly about how you feel, both physically and emotionally, and encourage them to ask questions.
Other useful organisations

**General**

**Arthritis Research UK**
Funds medical research into arthritis and produces information.
Tel: 0800 5200 520
[arthritisresearchuk.org](http://arthritisresearchuk.org)

**Health services**

**NHS**
NHS Choices: for links to NHS services in your area,
NHS 111 Service:
Tel: 111
[nhs.uk](http://nhs.uk)
NHS Inform (Scotland):
Tel: 0800 224488
[nhsinform.scot](http://nhsinform.scot)
NHS Direct (Wales):
Tel: 0845 4647
[nhsdirect.wales.nhs.uk](http://nhsdirect.wales.nhs.uk)

**British Association/College of Occupational Therapists**
Details on local practitioners.
Tel: 020 7357 6480
[cot.org.uk](http://cot.org.uk)
Daily life

Disabled Living Foundation
Advice and information on equipment.
Tel: 020 7289 6111
Helpline: 0300 999 0004
dlff.org.uk

DIAL UK (SCOPE)
Details of your nearest disability advice and information service.
Tel: 0808 8000 3333
scope.org.uk

Rica
Consumer guides on products and services for disabled people.
Tel: 020 7427 2460
rica.org.uk

Complementary therapies

Institute for Complementary and Natural Medicine
Umbrella body. Can help you find qualified practitioners locally.
Tel: 0207 922 7980
icnm.org.uk

Complementary and Natural Healthcare Council (CNHC)
Voluntary regulator for complementary healthcare practitioners.
Tel: 020 3668 0406
cnhc.org.uk
Getting around

Motability
Provides cars and powered wheelchairs through the Motability scheme.
Tel: 0300 456 4566
motability.co.uk

Forum of Mobility Centres
A network of organisations across the UK offering advice to individuals who have a condition that might affect their ability to drive.
Tel: 0800 559 3636
mobility-centres.org.uk

Financial support

Disability Rights UK
Now incorporating the work of RADAR and SKILL and provides advice on independent living, continuing education, training, and employment.
Tel: 020 7250 8181 (Helpline)
disabilityrightsuk.org

Disability Benefits Centre Helplines
For AA: 0345 605 6055
For DLA: 0345 605 6055 (if born on or before 8/4/1948)
0345 712 3456 (if born after 8/4/1948)
For PIP: 0345 850 3322
gov.uk/disability-benefits-helpline
The NI Benefit Enquiry Line is run by the Social Security Agency.
Tel: 0800 220 674
Pain management

The British Pain Society
Information about chronic pain and pain clinics.
Tel: 020 7269 7840
britishpainsociety.org

Pain Concern
Information and helpline.
Helpline: 0300 123 0789
painconcern.org.uk

Pregnancy and parenting

Disability Pregnancy and Parenthood
Information and advice for disabled parents.
Helpline: 0800 018 4730
disabledparent.org.uk

Rights and discrimination

Equality Advisory and Support Service
These numbers apply to England, Scotland and Wales.
Phone 0808 800 0082
Textphone 0808 800 0084
equalityadvisoryservice.com

Equality Commission
Northern Ireland
Tel: 028 90 500 600
equalityni.org
How Arthritis Care can help you

Want to talk to someone about your arthritis?
Or read more about the condition?

Call our free, confidential helpline on 0808 800 4050 for information and support. We’re open weekdays from 09:30 to 17:00 – we’d really like to hear from you.

We have over 40 free booklets and factsheets on various aspects of arthritis, from diet and surgery, to managing pain and fatigue. These can be sent to you in the post – just ask our helpline staff for details.

---

Go online

You can download all our booklets and factsheets as a PDF at arthritiscare.org.uk/information

We also have an online community, where you can chat to others with arthritis, and can be reached at arthritiscareforum.org.uk

---

Talk to others

There are Arthritis Care branches and groups all over the country, where you can chat to other people with arthritis, in a social setting. Call the helpline or visit arthritiscare.org.uk to find your nearest branch or group.
How Arthritis Care can help you

Become a member of Arthritis Care and receive *Inspire*, our quarterly magazine on how to live well with arthritis.

**Share your experience**

Want to share your story to help others live well with arthritis? Contact our helpline if you would like to get your story heard.

**Raise awareness**

Could you help us raise awareness of arthritis? Whether it’s putting up posters in your local supermarket, handing out leaflets or organising a bake sale, we would really appreciate your time.

**Donate**

Arthritis Care and Arthritis Research UK have joined together to help more people live well with arthritis. Read how at arthritisresearchuk.org/merger. All donations will now go to Arthritis Research UK and be used to help people with arthritis live full and active lives in communities across England and Wales, Scotland, and Northern Ireland.

**Gifts in Wills**

Gifts in Wills help us reach over half the people we support.

For more information about remembering Arthritis Care in your will, visit arthritiscare.org.uk/wills or call 0330 2002 0311
We believe there is always something you can do to reduce the impact of arthritis. Call our free and confidential helpline. Talking about arthritis, sharing your concerns and how you feel, can really help.

There are free publications that you can find on our website or order by post. Or you may prefer to visit our online community where you can chat to others about the things that matter to you.

To find out more about arthritis and Arthritis Care call:

0808 800 4050
(open weekdays 09.30–17.00)

arthritiscare.org.uk

Twitter: @arthritis_care
Facebook: facebook.com/arthritiscareuk
Instagram: @arthritiscareuk

Arthritis Care, Floor 4, Linen Court, London N1 6AD
Registered Charity Nos. 206563 and SC038693

Please check our website for up-to-date information and reference sources or call 020 7380 6577.

Arthritis Care is a certified member of The Information Standard. This means that you can be confident that Arthritis Care is a reliable and trustworthy source of health and social care information.