

Arthritis Pain

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Over 80% of older adults have osteoarthritis (OA), which is the most common cause of arthritis with older age. Rheumatoid arthritis (RA) is different and the second most common type of arthritis. These two arthritis conditions cause pain and can make it hard for older people to take care of themselves. Getting a careful evaluation and developing a plan for treatment with your primary care provider is key to improving quality of life.

Q . What is the difference between OA and RA?

A . OA is a degenerative disease caused by continued wearing down of the cartilage and connective tissues in the joints. OA usually affects the large joints that bear the weight of the body and may not affect the same joints on opposite sides of the body. OA pain is usually located in the knees, hips, feet, ankles, joints of the hands and neck and lower spine. RA is caused by inflammation that generally affects the same joints on opposite sides of the body (such as both hands). RA may also affect internal organs such as the heart, lungs and eyes. Both OA and RA can result in loss of physical function and can cause people to become disabled. OA causes stiffness on rising and discomfort while using the affected joints. RA is usually felt as pain, swelling, warmth and tenderness in various joints, with soreness and tiredness that may last throughout the day.

Q . Can my arthritis be cured?

A . There is no cure for arthritis. But, a treatment plan that includes drug and non-drug treatments (such as occupational therapy, physical therapy, psychological treatments, and education) can improve pain, function and overall quality of life.

Q . Do I just have to learn to live with my arthritis pain?

A . Although many people believe that arthritis pain is a result of aging and must be tolerated, living with the pain is not good for you. Untreated pain can have serious effects such as poor healing, weakness, breathing complications, depression, anger, as well as making overall quality of life worse. There are many treatment choices that can and should be explored to help relieve pain and its impact.

Q . Is there a difference in treatment between OA and RA?

A . Yes, treatments can differ depending on the type of arthritis.. Pain medicines and medicines to fight inflammation are most often used for OA, and are also useful in patients with RA. However, patients with RA are also treated with drugs that change the immune system.

Q . What can I do to help my arthritis?

A . One of the most important things you can do is to learn as much as possible about your disease, its treatment and ways to adjust your life to the disease. Older people who take charge of their disease (in a self-management program) can lower pain, improve their function and overall quality of life. Self-management programs focus on nutrition, exercise, physical therapies, coping skills, use of canes and walkers, pacing activity, scheduling activity, and stress management. When your self-management program, including over-the-counter medication, is not helping the pain, you should visit your primary care provider. Talk to your primary care provider about the best over-the-counter medications for you. Tylenol is safe for most people. Ask about topical creams made with capsaicin or menthol. Some over-the-counter medications called NSAIDS (such as ibuprofen) are harmful to older adults who have trouble with their hearts, kidneys or stomach ulcers.

Q . Are the nutrition therapies advertised in magazines, television and Internet useful to manage arthritis pain?

A . There are many advertised alternative nutrition therapies that have no scientific evidence to show they work. You should be cautious about these. However, some treatments have proven to be helpful for people with arthritis. Glucosamine sulfate is an example. There is no specific arthritis diet that has been shown to improve symptoms. However, keeping your body weight at a normal level, and following a balanced diet with the right amount of protein, fat, vitamins and minerals will help. Caffeine, nicotine and alcohol can interfere with sleep and also can impact your overall health and management of your disease.

Q . It seems that exercise would only make joints that already have arthritis worse and cause pain. Should I limit my activity?

A . Actually, keeping up physical activity is important for everyone. Although it may seem that exercise would hurt joints that are already painful, exercise is an important part of an arthritis treatment program. Motion and lubricating fluid in the joint improve with mild to moderate exercise. Low activity can add to the pain and stiffness, as well as loss of function that can result from arthritis. A carefully balanced program of activity is important.

Q . I had a small peptic ulcer years ago. Are there certain medications that are better choices for me?

A . Acetaminophen (such as Tylenol) is the first choice in pain medicines if your pain is mild, because acetaminophen does not have a risk of causing bleeding from the stomach. Discuss your options with your primary care provider.

Q . Are joint injections a good treatment option for my joint pain?

A . Injection of steroids into joints with arthritis may help patients with OA or RA who have worse or severe inflammation in one or a few joints. Injection of hyaluronic acid into the knee may be an option for people whose OA pain is not getting better with other pain medications. These injections replace or add to the body's natural lubrication in the joint.

Q . My doctor has tried numerous drug and non-drug treatments to control my arthritis pain, but I still have severe pain that prevents me from doing any of the activities that are important to me. Are there any other options?

A . Strong pain medicines, such as morphine, tramadol, oxycodone and hydrocodone, might be used if other drug and non-drug treatments have not given enough pain relief and your overall quality of life is made worse by the pain. Some find that using stronger pain medicine is needed to treat flares of pain that only last a day or a week to supplement other medicines. Surgical options, including joint replacement, are other alternatives to consider when drug and non-drug treatments are not helping you keep your current function and quality of life. Ask your health care provider about the best choice for you.

Reference:

American Pain Society. (2002). Guideline for the Management of Pain in Osteoarthritis, Rheumatoid Arthritis, and Juvenile Onset Arthritis. Clinical Practice Guideline No. 2. Glenview, IL: American Pain Society.

Additional Resources:

The Foundation for Health in Aging -
Eldercare at Home, Chapter 11 "Pain"
http://www.healthinaging.org/public_education/eldercare/11.xml

The American Pain Society
4700 W Lake Ave
Glenview, IL 60025
847-375-4715
<http://www.ampainsoc.org/>

Arthritis Foundation
1330 W. Peachtree
Atlanta, GA 30309
Ph: 1-800-283-7800, www.arthritis.org

National Chronic Pain Outreach
Association (NCPOA)
7979 Old Georgetown Road, Suite 100,
Bethesda, MD 20814-2429
Ph: 301-652-4948
Fax: 301-907-0745
<http://www.chronicpain.org/>

American Chronic Pain Association
P.O. Box 850
Rocklin, CA 95677
Ph: 800-533-3231
www.theacpa.org

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