Arthritis affects more than 50 million Americans and is the most common reason for disability in the United States.

Once considered an ailment of the elderly, we now know that arthritis is a complex family of musculoskeletal disorders that encompasses over 100 different diseases. More than two-thirds of those affected are less than 65 years old.

While arthritis can take many forms, some of the most common and well-known presentations are osteoarthritis (OA), rheumatoid arthritis (RA), gout, and juvenile arthritis.

In the U.S., over 44 million office visits and almost 1 million hospitalizations occur each year due to arthritic complications. As such, arthritis contributes significantly to the growing burden on both the health care system and economy in America.

As of today, there are treatments available to manage both the pain associated with arthritis flares and to prevent the reoccurrence of those acute episodes, gone are the days of suffering in silence!

In this newsletter, you will find information pertinent to understanding and managing both osteoarthritis and gout. For each, you will discover that eating right and exercise along with medications when appropriate will make life with arthritis enjoyable...again!

INSIDE THIS ISSUE:
2. Osteoarthritis: Diagnosis & Treatments
3. Gout & Hyperuricemia
DRUG THERAPIES FOR OA:

Acetaminophen (Tylenol) – preferred treatment option for patients with OA who are just beginning therapy. This medication is available over-the-counter (OTC) and results in decreased joint pain and stiffness with minimum side effects. Unlike with other uses of this medication such as fever, it is recommended that acetaminophen be taken on a regular basis versus as needed. A typical regimen of acetaminophen for a patient with OA <65 years old would normally be 1,000 mg every 6 hours. Patients ≥65 years old or those who abuse alcohol should consult a physician and limit daily use of acetaminophen to <3,000 mg per day.

Alternatives to Acetaminophen

1. **NSAIDs** – available as both OTC and prescription, these drugs are safe and effective therapies for patients who have attempted scheduled doses of acetaminophen and failed to show benefit. Patients 65 and older or those with history of GI bleeds should be cautious when using this drug. Common examples include Naproxen, Ibuprofen, Celebrex, and Nabumetone.

2. **Topical Creams/Ointments** – can be used with oral therapies when adequate relief of pain and stiffness is not experienced. Examples include Icy Hot, Capzasin, and Bengay.

3. **Intra-articular Injections** – these injections are given by trained physicians directly into the affected knee or hip joint spaces. While effective, they are usually reserved for patients not experiencing relief with other therapies.

OSTEOARTHRITIS: DIAGNOSIS AND TREATMENTS

Osteoarthritis (OA) is a slowly progressive disorder of the weight-bearing joints that results in deterioration or loss of joint cartilage, pain, limited range of motion, deformity, and disability of the joint.

OA may affect only one or several joints throughout the body. The most commonly affected joints are found in the hands, feet, knees, and spine.

The predominant symptom of OA is deep, aching, localized pain affecting one or more of the joints mentioned above. Additionally, patients suffering from OA may experience swelling, redness, limited use, and cracking or popping of the affected joints. Also typical of OA is joint stiffness that improves with movement of the joint.

Patients at risk for the development of OA include those who have experienced trauma to their joints at some time, suffer from obesity, have repetitive use of the joint through either work or leisure activities, and those who are genetically predisposed.

Diagnosis is most commonly made on a number of findings and laboratory tests used by the physician or other healthcare practitioner to confirm OA. The first criteria for diagnosis is deep, localized pain in the joint. Additional criteria include joint deformities found on physical exam or radiographic findings. There are also several laboratory tests to exclude the possibility of other causes of the pain, including rheumatoid arthritis (RA).

The treatment of OA includes regimens to decrease joint pain and
stiffness, maintain mobility, and preserve quality of life. Both lifestyle interventions and the use of drug therapies are used in the management of OA.

For overweight patients, weight loss is recommended to decrease or alleviate joint pain. These patients should use a balanced approach to weight loss including both dietary changes and exercise regimens.

All patients with OA will benefit from exercise regimens of a minimum of 30 minutes a day, 5 days a week. Isometric exercises, which target small muscle contractions without movement of the joint, can improve joint mobility and reduce pain. Hot or cold compresses can also reduce pain.

There are a number of OTC and prescription medications available to reduce pain associated with OA. Topical creams and ointments, OTC pain relievers such as Tylenol and Aleve, and prescription medications such as Celebrex or steroid injections into the joint space. (See left of page 2.)

GOUT AND HYPERURICEMIA

Hyperuricemia is the underlying disorder most closely associated with gout. It is defined as serum urate concentration >7 mg/dL in men and >6 mg/dL in women. While hyperuricemia commonly leads to the development of gout, many times it goes undetected, as the patient has no symptoms. Gout develops as urate reaches such high levels in the blood stream that the molecules begin to precipitate out of the blood to form urate crystals. These crystals commonly collect in the small joints of the feet and toes, and lead to the development of inflammation, pain, tenderness, and immobility. Gout can also affect the joints of the ankles, knees, wrists, fingers, and elbows.

Gout: Presentation and Treatment

Patients with gout will most commonly have complaints of abrupt pain, swelling, and inflammation. This often occurs in only one joint, mainly of the large toe. However, progression can occur leading to several other joints becoming inflamed and painful.

Drug therapy for gout includes both medications for the management of acute gout attacks as well as medications to prevent the reoccurrence of future gout attacks.

Therapies for the management of acute gout attacks include NSAIDs, corticosteroids, and Colchicine. Corticosteroids and colchicine are both available only by prescription from your physician. Colchicine can only be initiated if the time since the onset of the acute attack is <48 hours.

There are two classes of medications to help prevent the reoccurrence of acute gout attacks. Examples of these drugs are allopurinol and probenecid, both of which are available only by prescription from your physician.

Patients with gout should also be aware that diet heavily influences the development and reoccurrence of attacks. Sufferers of gout should limit saturated fats and purine-rich meats, alcohol, and should consume adequate amounts of water.
GOUT FRIENDLY DIET PYRAMID

REFERENCES:


