Arthritis

Arthritis comprises more than 100 different rheumatic diseases and conditions, the most common of which is osteoarthritis. Other frequently occurring forms of arthritis include rheumatoid arthritis, lupus, fibromyalgia, and gout. Common symptoms include pain, aching, stiffness, and swelling in or around the joints. Some forms of arthritis, such as rheumatoid arthritis and lupus, can affect multiple organs and cause widespread symptoms. Although arthritis is more common among adults aged 65 years or older, people of all ages (including children) can be affected. Nearly two-thirds of people with arthritis are younger than age 65 years. Arthritis is more common among women (24.3%) than men (18.7%) in every age group, and it affects members of all racial and ethnic groups. Arthritis is also more common among adults who are obese than among those who are normal weight or underweight.

Symptoms of arthritis

The pattern and location of symptoms can vary depending on the type of arthritis. Generally, people with arthritis feel pain and stiffness in and around one or more joints. The onset of arthritis symptoms can develop gradually or suddenly. Arthritis is most often a chronic disease, so symptoms may come and go, or persist over time.

Diagnosis of arthritis

Diagnosing arthritis often requires a detailed medical history of current and past symptoms, physical examination, x-rays, and blood work. It is possible to have more than one form of arthritis at the same time.

Risk Factors

Certain factors have been shown to be associated with a greater risk of arthritis. Some of these risk factors are modifiable while others are not.

Non-modifiable risk factors

- **Age:** The risk of developing most types of arthritis increases with age.
- **Gender:** Most types of arthritis are more common in women; 60% of all people with arthritis are women. Gout is more common in men.
- **Genetic:** Specific genes are associated with a higher risk of certain types of arthritis, such as rheumatoid arthritis (RA), systemic lupus erythematous (SLE), and ankylosing spondylitis.

Modifiable risk factors

- **Overweight and Obesity:** Excess weight can contribute to both the onset and progression of knee osteoarthritis.
- **Joint Injuries:** Damage to a joint can contribute to the development of osteoarthritis in that joint.
- **Infection:** Many microbial agents can infect joints and potentially cause the development of various forms of arthritis.
- **Occupation:** Certain occupations involving repetitive knee bending and squatting are associated with osteoarthritis of the knee.

What Can Be Done to Address Arthritis?

Be physically active. For people with arthritis, physical activities such as walking, bicycling, and swimming have been shown to have significant benefits, including reducing pain and improving physical function, mental health, and quality of life. Make sure you get at least 30 minutes of moderate physical activity at least 5 days a week. You can get activity in 10-minute intervals

Maintain a healthy weight and protect your joints. Weight control and injury prevention measures can lower a person's risk of developing osteoarthritis. Weight loss also can reduce symptoms for overweight or obese people with knee osteoarthritis. A loss of just 11 pounds can decrease the occurrence (incidence) of new knee osteoarthritis and a modest weight loss (55) can help reduce pain and disability.

Consult a physician. Although there is no cure for most types of arthritis, early diagnosis and appropriate management is important, especially for inflammatory types of arthritis. For example, early use of disease-modifying drugs can affect the course of rheumatoid arthritis. If you have symptoms of arthritis, see your doctor and begin appropriate management of your condition

Protect Your Joints—Joint injury can lead to osteoarthritis. People who experience sports or occupational injuries or have jobs with repetitive motions like repeated knee bending have more osteoarthritis. Avoid joint injury to reduce your risk of developing osteoarthritis.

Management

The focus of treatment for arthritis is to control pain, minimize joint damage, and improve or maintain function and quality of life. The treatment of arthritis might involve the following:

- Medication
- Nonpharmacologic therapies
    - Physical or occupational therapy
    - Splints or joint assistive aids
    - Patient education and support
    - Weight loss
- Surgery

What to do if there is pain during exercise?

Some soreness or aching in joints and surrounding muscles during and after exercise is normal for people with arthritis. This is especially true in the first 4 to 6 weeks of starting an exercise program. However, most people with arthritis find if they stick with exercise they will have significant long-term pain relief. Here are some tips to help you manage pain during and after exercise:

- Modify your exercise program by reducing the frequency (days per week) or duration (amount of time each session) until pain improves.
- Changing the type of exercise to reduce impact on the joints – for example switch from walking to water aerobics.
- Do proper warm-up and cool-down before and after exercise.
- Exercise at a comfortable pace – you should be able to carry on a conversation while exercising.
- Make sure you have good fitting, comfortable shoes.

Signs you should see your health care provider:

- Pain is sharp, stabbing, and constant.
- Pain that causes you to limp.
- Pain that lasts more than 2 hours after exercise or gets worse at night.
- Pain is not relieved by rest, medication, or hot/cold packs.

Large increases in swelling or your joints feel “hot” or are red.

Adapted from : Centers for Disease Control and Prevention
: World Health Organization