Understanding arthritis

devised with and for people with arthritis

ARTHRITIS CARE

Empowering people with arthritis.

The Information Standard
Certified member

Everybody has heard of arthritis, yet few people actually know much about it. Arthritis affects about 10 million people in the UK – people of all ages can get it. It cannot be cured, but there is much you can do to help yourself and live a better quality of life.

Being diagnosed with arthritis can raise many concerns and questions. In this booklet you will find information about arthritis itself; the kinds of treatment that are available; ways of coping; how to get help; and how to develop your own skills to manage the condition.

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Arthritis Care is now 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.

All people pictured on the cover and quoted in this booklet have arthritis.

INTRODUCING ARTHRITIS

What is arthritis?

Arthritis means, simply, inflammation of the joints. The word rheumatism is even more general, and is used to describe aches and pains in joints, bones and muscles. Arthritis is not a diagnosis in itself; it is a general term that acknowledges something is wrong. It often takes time for a doctor to reach a precise diagnosis.

There are over 200 kinds of rheumatic diseases or conditions (often referred to as arthritis or musculoskeletal diseases) which affect about 10 million people in the UK. Some forms of arthritis are rare, while others, such as osteoarthritis, are much more common.

> **If you can learn to feel OK then physical restrictions seem a whole lot less important**

It is not generally known that arthritis affects people of all ages, including children. Arthritis is not, therefore, just part of the ageing process. However, some kinds of arthritis do tend to affect people in particular age groups, whilst others are more common in women than men.

Most commonly, people with arthritis experience pain and immobility. The causes of arthritis are complex, and many are as yet unknown. While there is no cure, there is plenty that can be done to control the disease and to improve your quality of life.

HOW ARTHRITIS WILL AFFECT YOU

The type of arthritis you have can determine how you might be affected and for how long. Sometimes arthritis can get better on its own or as a result of treatment. However, the majority of people with arthritis will find they are affected to varying degrees over many years. In the early stages it is often very difficult for your doctor to tell which course your disease will take.

For most people, arthritis causes discomfort, pain, stiffness, fatigue – and frustration. It may result in varying degrees of physical impairment – that is, it can cause loss of strength and grip which in turn may make your movements more difficult. This may be hard to accept, especially if you have always led a very active life and may mean that you will have to adapt and make some changes to your life.

Because people feel pain differently and react to treatment differently, the pain you experience from your arthritis will be very individual to you. Pain can even be felt in places other than the affected joint. You may, for example, have arthritis in the hip, but feel pain in your knee. This is called referred pain.

> **"You get good days and you get bad days. The thing is, people will see you on a good day and think that you're better"**

There are different kinds of pain. Some people get persistent pain, some get sharp stabbing pains, others ache and others get a complex mixture of aches and pains. You will find further information in Arthritis Care's booklet on pain.

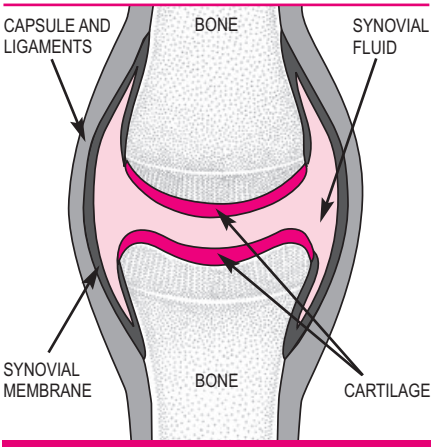
Your loss of strength, grip and movement will fluctuate from day to day. There will be some good days and some bad days. Although there is, as yet, no known cure for most types of arthritis, there is much that can be done to help. Pain can usually be controlled, and stiffness and inflammation can be relieved. There are ways of overcoming the loss of strength, grip and mobility.

There is a lot you can do yourself to take control of your arthritis.

How joints work

What goes wrong with joints varies from one kind of arthritis to another.

A joint is where two bones meet, and are enabled to move in certain directions. The two bones are held together by ligaments. Ligaments are like elastic bands: they keep the bones in place while muscles lengthen and shorten to make the joint move.



A normal joint

A coating of soft tissue (cartilage) covering the bone surface stops the bones from rubbing directly against each other. This helps the joint to work smoothly.

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

THE DIFFERENT KINDS OF ARTHRITIS

Once your doctor has confirmed what kind of arthritis you have, it helps to have at least a basic understanding of what it is. This section gives a brief outline of some of the more common kinds of arthritis. However, there are actually over 200 different forms of arthritis.

Some kinds of arthritis are straightforward to diagnose, but others are much more complex and may need X-rays and various blood tests.

If you are asked to have a lot of tests it does not mean your arthritis is particularly bad or that it will necessarily be difficult to treat. Your doctor has to both confirm what you have and eliminate what you don't have before treatment can begin.

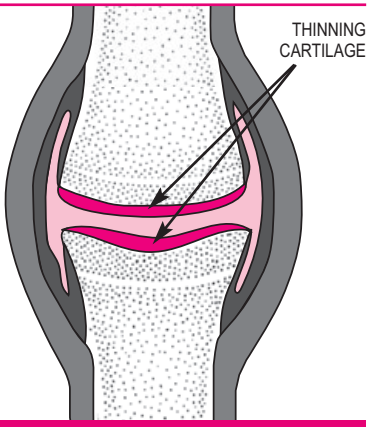
If you have an inflammatory condition, such as rheumatoid arthritis or lupus, your GP should refer you to a rheumatologist at your local hospital or nearest specialist centre. People with more mechanical types of arthritis, such as osteoarthritis, are less likely to be referred.

■ Osteoarthritis

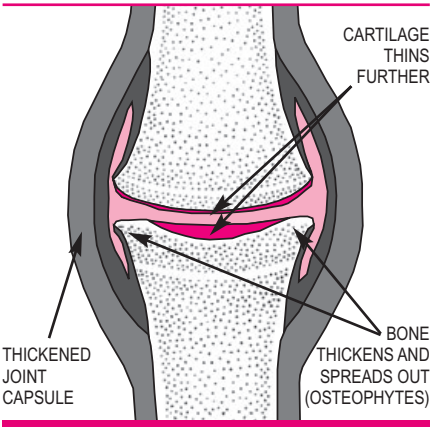
Osteoarthritis (OA) is a condition which usually develops gradually, over several years, and affects a number of different joints. The cause is unknown, but it does appear more in females than males and often starts after the menopause. This can lead to it being seen as part of the ageing process.

For some people the changes are so subtle and develop over such a long time that they are hardly noticed. For others, problems may worsen over a number of years, after which the condition may settle and become easier to manage. When the overall disease process finishes, joints may look knobbly, but are usually less painful. In some cases they become pain free and, despite their appearance, still enable you to carry out most everyday tasks.

Osteoarthritis used to be considered wear and tear arthritis, but it is now thought there are many more factors than age and use that contribute to the development of osteoarthritis – including obesity, past injury and genetics.



The early stages of osteoarthritis



More advanced osteoarthritis

What happens? In osteoarthritis, cartilage becomes pitted, rough and brittle. The bone underneath thickens and broadens out. In some cases, bony outgrowths (osteophytes) may form at the outer edges of the joint, making it look knobbly. The synovial membrane and the joint capsule thicken. The joint space narrows and sometimes the amount of fluid in the joint increases. Often there is some inflammation. The joint may become stiff and painful to move and occasionally swells.

If the osteoarthritis worsens, part of the cartilage may become brittle and break away from the surface of the bone. Bone ends can then begin to rub against each other and the ligaments become strained and weakened. This causes a lot of pain and some changes in the shape of the joint.

Which joints? Osteoarthritis is most common in hands, knees, hips, feet and spine.

How is it treated? Your doctor will try to minimise the effects of your arthritis and to reduce the symptoms, especially the pain.

Current guidance for the management of osteoarthritis from the National Institute for Health and Clinical Excellence (NICE) for England and Wales should help your doctor support you to manage your condition. Call Arthritis Care's helplines to find out more or if

you have any questions about your condition – 0808 800 4050 (10am-4pm, weekdays).

The medicines that you will be prescribed will fall into three groups: analgesics, which help to relieve pain; non-steroidal anti-inflammatory drugs (NSAIDs) which, when inflammation is present, reduce this inflammation and in so doing also reduce pain; and steroids which can be injected into the affected joint. These treatments will not cure your arthritis, but will reduce the symptoms.

If your arthritis becomes severe, particularly in your knees and hips, your doctor may recommend you see an orthopaedic surgeon with a view to having the joint replaced. Surgery is usually only considered after all other suitable treatment options have been explored. Most replaced joints give no problems for 10-15 years, longer if you treat them carefully. If they become troublesome they may need to be replaced – this is called revision surgery.

What can you do? You can reduce pain and stress on your joints by finding exercise and relaxation techniques that work for you. Appropriate exercise can strengthen the muscles which support and protect the joints. If you are uncertain about what kind of exercise to do, a physiotherapist will be able to advise you. If you can move it, you can exercise it.

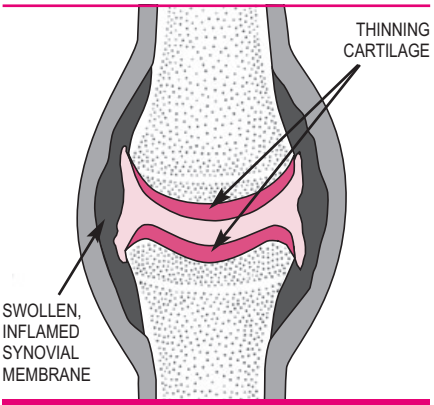
Massaging painful joints and muscles works for many people. If you are overweight, you can take some strain off your weight bearing joints by losing weight.

It helps to learn the balance between relaxation and keeping as fit and active as possible. Relaxation classes help some people, as do other complementary therapies, such as acupuncture and aromatherapy.

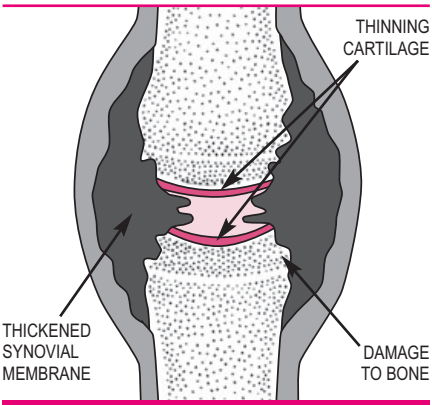
Arthritis sometimes develops after an injury which damages a joint. It may develop many years later.

■ Rheumatoid arthritis

Rheumatoid arthritis (RA) is an inflammatory disease mainly affecting joints and tendons, but in a flare-up, other organs can be affected. An inflamed joint is swollen, reddened and is warm to the touch. In



The early stages of rheumatoid arthritis



More advanced rheumatoid arthritis

most diseases, inflammation helps heal the body. In rheumatoid arthritis the opposite happens. The inflammation causes damage – it can go on for a long time, or come and go. When it is active – known as a flare-up – you may feel unwell.

The body's natural defences (the immune system) are part of the problem in rheumatoid arthritis. It somehow puts itself into reverse and attacks certain parts of the body instead of protecting it. It is not known what causes the immune system to react in this way.

What happens? Rheumatoid arthritis may start suddenly, but more often the symptoms develop slowly over a few weeks or months. While an acute onset of RA may be easier to diagnose, a gradual onset can make diagnosis much more difficult. Morning stiffness and the painful swelling of joints are typical features.

The thin synovial membrane that lines the joint capsule and the tendon sheaths (tubes in which the tendons themselves move) and the bursae (the sacs of fluid that allow the muscles and tendons to move smoothly over each other) become inflamed. The joints and the inflamed tissues then become stiff, painful and swollen.

If your doctor begins to suspect rheumatoid arthritis, you will be asked to have some blood tests done. If some or all of these are positive, or your symptoms persist, you should be referred to a consultant rheumatologist for a firm diagnosis and treatment.

Fatigue and early morning stiffness lasting for several hours are very important symptoms to report to your doctor. This will assist in the diagnosis and will help you to get the right treatment. See page 20 for referral guidelines.

How will it affect me? However badly and for however long you have the disease, there are some common difficulties. The first is the pain, and loss of strength and movement in the inflamed joints. The second is feeling generally unwell and tired. Stiffness can be bad, especially first thing in the morning or after sitting still for a long time.

Working with all your health professionals and learning how to manage your own arthritis can lessen the impact and help you to remain in control of your disease. You may be able to learn how to develop these skills by attending one of Arthritis Care's self-management programmes.

How is it treated? Your doctor's main objective will be to reduce the damaging inflammation. Rheumatologists now use disease modifying anti-rheumatic drugs (DMARDs) soon after diagnosis. This is because it is now recognised that these can slow down the disease process which, in turn, reduces the overall damage it can cause. They can also help you to feel better.

DMARDs are usually given at the same time as other non-steroidal anti-inflammatory drugs (NSAIDs). If you find DMARDs are not working for you, the next step may be an assessment for treatment with biologic drugs. See pages 22-24 for more details about each

type of drug.

Steroids may occasionally be used if the inflammation is severe. Your doctor will always seek to give you the lowest possible effective dose.

The drugs used to control your rheumatoid arthritis have to be carefully monitored with regular visits to your GP and rheumatology departments for check-ups and regular blood tests.

Sometimes joint replacement surgery may be suggested, particularly if the joint is very painful or there is a risk of losing the overall function.

What can you do? Learning to pace yourself is vital. Acknowledging and accepting help for heavy and difficult tasks will enable you to conserve your energy for the things you can do.

Finding a balance between relaxation and exercise can make a big difference. Exercise helps retain the range of movement in your joints and to keep your muscles strong. This will help to support your joints. A physiotherapist will be able to advise you on suitable exercises.

You can also learn how to make the most efficient use of your joints, whilst at the same time protecting them from further damage. An occupational therapist (OT) will be able to advise you on the use of splints, gadgets and equipment that will assist you with daily living tasks.

> **The OT measured my strength and gave me exercises to do**

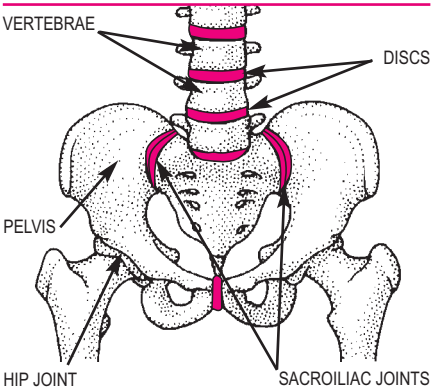
It will also help if the people you live and work with understand your condition – and the frustrations its symptoms can bring. It can be very helpful to discuss your difficulties with other people with RA. Join the discussion forums on Arthritis Care's website: www.arthritiscare.org/forum. There may be nurse-led patient education conferences at your rheumatology department or you may find that there is one of Arthritis Care's self-management courses available in your area. Contact your local Arthritis Care office for further information.

■ Ankylosing spondylitis

Ankylosing spondylitis (AS) is another form of inflammatory arthritis. It begins by affecting the joints of the lower back. They become inflamed and stiff. 'Ankylosing' means stiffening; 'spondylitis' means inflammation of the spine. If left untreated the joints of the spine may become fused (bridged by bone) and lose their movement.

What happens? Ankylosing spondylitis usually starts around the triangular bone at the base of the spine (the sacrum) where it joins the pelvis (in the sacroiliac joint). These joints become painful and inflamed. There will also be some lower back stiffness in the morning.

The spine is made up of a chain of bones called vertebrae. Inflammation starts at the edges of these vertebral joints. As a result of the inflammation, scar tissue forms in the space between the two bones, making the joint stiff. The scar tissue may eventually turn into bone, filling the space between the bones. If this happens, the joint is effectively fused and movement of the spine is limited.



Spine and pelvis

AS tends to be more common in young men but it also occurs in young women. Like most kinds of inflammatory arthritis it can go into remission.

Which joints? It is usually the joints of the spine, shoulders and, sometimes, the hips that are affected. In a few people, other joints can become involved, such as knees and ankles.

How will it affect me? It starts with pain, aching and stiffness, usually in the lower back. After a while the pain will go, then reappear maybe further up the back. Movements of the chest may also be limited. These bouts of pain and stiffness may come and go over a number of years and, then, when the inflammation dies down, stop

altogether, though the restriction of spine and chest movement persists.

The amount of damage done by the disease depends on how long and how actively you have the disease. Most people have some pain and discomfort but manage a full daily routine. For others with more severe disease, the spinal restriction and inflammation in other joints can be disabling. It is important to get an accurate diagnosis of AS as much can be done to minimise its effects.

As with other inflammatory diseases there can be bouts of overwhelming fatigue. In addition, the eyes may also become painful and bloodshot. This inflammation is called iritis and needs immediate treatment with drops to prevent any permanent damage.

How is it treated? Anti-inflammatory and disease-modifying drugs can help to reduce pain and stiffness. Exercise will help to relieve pain, maintain mobility and prevent the joints from becoming fused into a bad position. A fused spine can lead to the back being permanently bent and will restrict chest expansion. If the hip joints are badly affected, hip replacement may be suggested.

Some people will respond to DMARDs, and biologic drugs can be used after you have been assessed. Ask your rheumatologist whether you could be a suitable candidate.

■ Fibromyalgia

Fibromyalgia is a common disorder causing widespread pain, aching and stiffness that affects the muscles, ligaments and tendons. It may affect one part of the body or several different areas such as the limbs, neck and back. It is not arthritis because it does not affect the joints but the joints may hurt.

What happens? People with fibromyalgia usually ache all over, although having pain in a number of specified tender points for a period of time helps diagnosis.

How will it affect me? Pain, tiredness and sleep disturbance are the main symptoms. Most people feel the pain of fibromyalgia as aching, stiffness and tiredness in the muscles around the joints. Other symptoms include fatigue, stiffness on waking, waking feeling

unrefreshed, headaches, concentration problems and irritable bowels among others.

Many people find fatigue to be the most troublesome symptom. This can make it difficult to do things such as climbing the stairs, doing household chores, shopping or going to work. It can also affect your personal and social life.

Research has shown that during sleep, people with fibromyalgia lose the deep, restorative sleep that our bodies need. This sets off a vicious circle of pain and sleep disturbance which can cause depression.

How is it treated? There is no simple cure for fibromyalgia, but many people find ways of managing the symptoms.

> **Having arthritis is exhausting, but I've learnt to be patient**

Your doctor can help to treat your sleep disturbance. Many people with fibromyalgia find that anti-depressant drugs are effective for chronic pain and they may help to restore a sleep pattern. Antidepressants may help even if you do not have the depression which often accompanies the condition.

Research has shown that aerobic exercise, such as swimming, improves fitness and reduces pain and fatigue in people with fibromyalgia. Exercise will also help you to lose excess weight, which can aggravate the condition.

Gout

Gout is a condition where crystals build up in the body and cause joints to become very painful. It is one of a few types of arthritis where future damage in joints can be avoided by treatment.

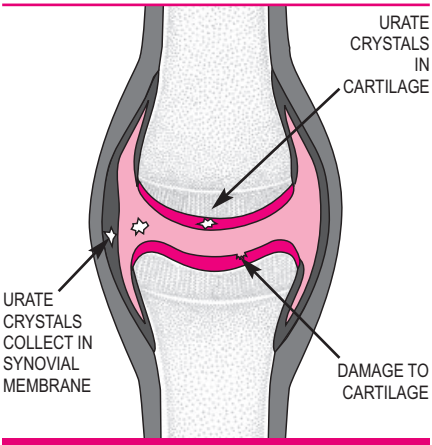
What happens? Gout is caused by uric acid crystals in the joints. We all have some uric acid in our blood but most of us pass out enough uric acid in our urine to keep down the amount in our blood. However, some people don't pass enough, or they produce more in the first place, so the level of uric acid in blood and tissue fluids is higher.

When there is too much uric acid in the tissues, it can form

crystals. These crystals can form in and around joints. If crystals enter the joint space they cause inflammation, swelling – and severe pain.

Which joints? Gout commonly attacks the joints at the base of the big toe, but it may affect other joints – the ankles, knees, hands, wrists or elbows.

How will it affect me? The joint starts to ache, then quickly becomes swollen, red and extremely painful. The attack usually lasts for a few days, then dies down, and the joint gradually returns to normal.



Gout

How is it treated? Very bad (acute) attacks of gout are usually treated with non-steroidal anti-inflammatory drugs (NSAIDs). These help reduce inflammation and so cut down the pain. Some people may need to take preventative drugs, such as allopurinol or febuxostat, every day for the rest of their lives to stop uric acid levels building up in the body.

A good diet and weight loss can reduce your chances of a gout attack. Drinking plenty of water and reducing the amount of alcohol, especially beer, you drink can also help. Cutting out certain foods, such as offal and oily fish, could make a difference – ask your doctor for advice.

■ Polymyalgia rheumatica

Polymyalgia rheumatica (PMR) is an inflammatory condition affecting the muscles in and around the shoulder and upper arm areas, buttocks and thighs. The cause is unknown.

What happens? Polymyalgia rheumatica usually starts very suddenly. The stiffness in affected areas usually eases as the day progresses. It is more common in people aged over 50 years and in women than men. Sometimes, the arteries supplying the head and neck area of

the body may be involved, causing headaches and possible loss of sight. This very serious complication of the disorder requires immediate treatment and is known as giant cell arteritis (GCA).
How will it affect me? Stiffness associated with the condition usually restricts mobility, particularly early in the day, and people experience fatigue.
How is it treated? PMR responds dramatically to treatment with steroid tablets taken orally. Your doctor will probably start by giving you a moderate dose and gradually reduce it until you are taking the lowest dose you can to control the PMR. Most people require treatment for one to two years or sometimes longer. If the condition involves the arteries to the head and neck (GCA), a higher dose of steroids may be used initially than in straightforward polymyalgia rheumatica.

■ Psoriatic arthritis

Some people who live with the skin condition psoriasis also develop a form of arthritis known as psoriatic arthritis. It causes inflammation in and around the joints.
What happens? Psoriatic arthritis can affect most joints, but typically causes problems in fingers and toes, with pitting and discoloration of nails. Some people with psoriatic arthritis also have spondylitis – a stiff, painful back or neck caused by inflammation in the spine.
How is it treated? Anti-inflammatory drugs will help to control the pain and stiffness and you may be offered disease-modifying drugs to attack the cause of the inflammation. This will require regular blood tests to make sure the drugs are safe for you. If you find DMARDs are not working for you, the next step may be an assessment for treatment with biologic drugs. Steroid injections are often recommended for particularly troublesome areas.

Treatment for the skin is usually with ointments, but if these don't help you may need tablet treatment and light therapy.

Exercise is very important to help prevent weak muscles and stiff joints. However, rest is equally important.

The pain can get you down and cause stress, anxiety and

depression. Counselling can help as well as relaxation techniques to help you to deal with stress.

■ Systemic lupus erythematosus

Systemic lupus erythematosus (SLE or lupus) is a disease in which the body's natural defences (the immune system) are upset. Cells and antibodies, which are in the blood to defend the body against infection, begin to attack it instead and cause inflammation. Lupus can affect many different parts of your body.

What happens? Lupus may begin with an obvious, bad attack. It can also begin very mildly. Because it has symptoms like many other illnesses, it can be frustratingly difficult to diagnose. Often, other diseases with similar symptoms have to be eliminated.

Lupus occurs mostly in younger women. If you have lupus and are thinking of becoming pregnant, you should certainly get your doctor's advice. During pregnancy, any drug treatment needs to be carefully controlled and may need to be changed.

Since lupus can flare up during pregnancy and in the period immediately after the birth, you will need to keep in close touch with your doctor throughout.

How will it affect me? Lupus can cause all sorts of different problems and varies enormously from one person to another. Aches and pains in the joints, sometimes with joint inflammation, are the commonest initial symptoms.

It is also a disease which may come and go over many years, and it may sometimes disappear of its own accord.

When the disease is active, it is rather like having flu. You feel feverish and tired. Almost everybody with lupus also gets joint and muscle pains because the joints become inflamed. But lupus hardly ever causes any joint damage. The tendons, too, often become inflamed and stiffen so, for example, you may not be able to straighten out your thumb or fingers.

Skin rashes are common and may worsen after being in the sun or ultraviolet light. In fact, sunlight can sometimes cause the disease to flare up. Lupus can also cause inflammation of the linings of the heart

and lungs and this can cause chest pains or breathing difficulty. It sometimes affects the kidneys.

How is it treated? Many different drugs can be used to treat lupus. Steroids, the family of disease modifying anti-rheumatic drugs (DMARDs) and anti-malarial drugs are commonly used. Once a suitable drug treatment has been identified, most people find the effects of lupus are considerably lessened.

For more information on these and other conditions, download Arthritis Care's factsheets from www.arthritiscare.org.uk/Factsheets or call our helplines.

Difficulties diagnosing inflammatory arthritis

Inflammatory arthritis is often difficult to label in the early stages and your diagnosis may evolve with time. General categories like spondyloarthritis or seronegative arthritis (given when you test negative for rheumatoid factor) may be used to describe your condition to begin with. Later, as the pattern of illness establishes, it may be possible to be more specific about the diagnosis – which could be rheumatoid arthritis, lupus or psoriatic arthritis, for example.

Arthritis in children

About 12,000 children in the UK under the age of 16 have a form of arthritis. Most kinds of childhood arthritis come under the general heading of juvenile idiopathic arthritis (JIA). JIA involves inflammation, pain and swelling in one or more joints for at least six weeks. You may hear it referred to as juvenile arthritis. The causes are unknown.

Three forms of JIA are described below.

- Oligoarticular JIA is the commonest kind of childhood arthritis and affects four or fewer joints in the body. A child with this sort of arthritis doesn't usually become unwell – the problem is more or less limited to swollen, painful joints. But eye problems are quite common and specialist eye checks are, therefore, needed.

This type of arthritis tends to affect large joints such as the knees and ankles and may result in pain and swelling of the joints.

The outlook for most children with oligoarticular juvenile arthritis

is good. Although some children will develop joint damage, the majority get better and grow up to lead ordinary lives.

- Polyarticular JIA is another kind of juvenile arthritis and affects many joints (more than five). It usually starts either before seven years of age, or later in childhood. Symptoms include swelling and pain around the hands, wrists, ankles and feet, or in other joints around the body. Your child may also feel tired and have inflammation in the eyes.
- Systemic JIA is one of the rarer forms of JIA. As well as joint/muscle pain, symptoms include fever, rashes, lethargy and enlarged glands. Systemic means it can affect the whole body. Early signs are often mistaken for an infection. It usually starts before the age of five years.

Treatment for children with arthritis is usually much the same as for adults, but the problems which crop up in everyday life can be very different. Children with arthritis need to lead as ordinary and full a life as they can. Keeping school and social life going is extremely important, although there may be a need to find some alternative social activities.

Exercise is especially helpful and a lot of children with

arthritis benefit enormously from swimming. But most of all, it is family support that helps a child with arthritis. Young people need to be part of their own age group and not to be seen as different.

Letting young people with arthritis develop their own independent coping skills is vital. It is all too easy for families to be over protective. Most young people can compete intellectually with their peers and develop relationships as they move towards adulthood.

> **‘I’m very lucky that my parents don’t wrap me up in cotton wool. They let me live my life’**

Arthritis Care produces a range of information for young people and their families. See www.arthritiscare.org.uk/Youngpeopleandfamilies for details. It also runs a free confidential helpline for young people and their parents called The Source (Freephone: 0808 808 2000; email: TheSource@arthritiscare.org.uk), and a range of local services and activities for young people.

If you would like information about a form of arthritis that is not mentioned in this booklet, please call Arthritis Care’s helplines on 0808 800 4050 (10am-4pm, weekdays).

TREATMENT

The right treatment for you

Once you have been diagnosed as having arthritis, it is a matter of finding the right treatment for you. This will depend on the kind of arthritis you have, how bad it is, how it is affecting you and how you respond to whatever treatment you have.

It can sometimes take time to find the treatment which works best for you. There may be some periods when different treatments have to be tried and their effects monitored. And, over time, your treatment may need to be adjusted to meet your changing needs.

> **'I've been helped a great deal by all the professionals I've come into contact with'**

The part you play

Finding the right treatment will require the development of a good relationship with all your health professionals to enable a sharing of knowledge – yours is most valuable, so don't be afraid to speak out. You should be looking to develop an equal partnership. The part you play is also important because treatment for arthritis is not simply a matter of taking the tablets – you may need physiotherapy as well as drug treatment. If you think you would benefit from getting help from a physiotherapist or an occupational therapist, don't be afraid to ask.

You will also need to learn how to care for yourself and your joints. Looking after yourself, adapting and managing everyday life goes along with medical treatment. (See page 28 for more ways to help yourself.)

> **'There are lots of different ways of dealing with pain. You've got to explore the options, and find the way that's right for you'**

Who is involved?

Your GP

The first person to become involved in your treatment will be your GP. This will be your first step towards getting a diagnosis. Your GP

may be able to establish your diagnosis and be able to offer you immediate treatment. If, however, your GP is unable to do this, he or she may organise further tests, usually a simple blood test and some X-rays or scans at your local hospital.

> **No doctor is a mind reader. You've got to speak out, say what is worrying you. Nobody else can do it for you**

If you have symptoms of inflammatory arthritis, your GP should refer you to see a specialist or consultant at your local hospital. Current guidance from the National Institute for Health and Clinical Excellence (NICE) for England and Wales recommends that a referral should be made within three months from the start of symptoms.

Hospital consultants

These are senior doctors who have undergone specialised training in the diagnosis and treatment of a particular group of disorders. A rheumatologist specialises in arthritis/rheumatic diseases and an orthopaedic surgeon specialises in the surgical treatment of bone and joint disorders.

If your GP has not referred you for more specialist treatment and you believe it would help, you can ask to be referred. For your first appointment you will be seen by the consultant or another member of the specialist's team to establish the diagnosis and to identify a suitable treatment plan.

This plan may require you to be seen regularly, to monitor your disease and your treatment. Monitoring will ensure that your treatment remains right for you and is giving maximum benefit. It will also detect any side effects that may occur from your medication.

Rheumatology nurses

The rheumatology nurse can help you to understand your arthritis and help to provide your treatment. They have special experience in looking after the physical, emotional and social needs of people with

arthritis. They can do injections, arrange for blood tests and answer your questions and concerns about treatment, and can be contacted between appointments with your rheumatologist.

Physiotherapists

If you are referred to a physiotherapist, at your first appointment you will be given a full assessment of your joints, muscles, posture and how you walk and generally move around. You will be asked about your pain and what problems you might have. Taking into consideration the general state of your health and arthritis, a treatment plan will be decided upon and agreed between you and your physiotherapist.

Treatment and advice may include exercise, hydrotherapy, mobilisation and relaxation techniques, pain relief, TENS, splinting, walking aids and advice on posture.

Occupational therapists

If you are experiencing difficulty with day-to-day tasks like washing, dressing, cooking and cleaning you will benefit from visiting an occupational therapist. They can advise on equipment to assist you and may be able to supply, on temporary loan, some of the more expensive items.

Your GP or hospital consultant can put you in touch with an occupational therapist. This may be at your local hospital or they may visit you at home. If you can't get a referral, you can refer yourself by phoning your local social services department. You should ask for an assessment of your needs under the NHS and Community Care Act 1990. You have a right to this assessment.

■ Making the most of treatment

It is important that you make the most of any consultation, and that you understand and feel confident about any treatment you are given.

Before seeing any doctor, think about and write down what you want to say and ask. Take your list with you. It will jog your memory and give you confidence.

If an appointment comes to an end before you have got through

all your questions, you can always ask for another appointment. If you are not sure about something that has been said to you, don't be afraid to say so, and ask for a more detailed explanation.

If any treatment does not seem to be working or if you feel it is not right for you, go back to your doctor and say so. If you feel you have given it a fair try and are still unhappy about it, then you should discuss this with your GP or your consultant.

Being straightforward, reasonable and clear about your needs can help you make the most of the professional expertise available to you. It may help you to take a friend or relative to your appointment with you. Most doctors and health professionals are happy for you to do this if you explain that you feel it will help you.

■ Treatment with drugs

There is a vast range of drugs used to treat arthritis. Whatever drug you are prescribed, you will need information from your doctor about what it is and how it may help.

Painkillers (analgesics)

These are pain-relieving drugs such as paracetamol and codeine, which do not affect the arthritis itself, but help relieve the pain and stiffness. They come in varying strengths and the stronger ones are only available on prescription.

Paracetamol, which is available over the counter, is the simplest and safest painkiller and the best one to try first. Many pain-relieving drugs including pain relief gels can be bought over the counter.

Never take more than the recommended dose and if in doubt, talk to your pharmacist or doctor.

Non-steroidal, anti-inflammatory drugs (NSAIDs)

These reduce inflammation. They can also give relief from pain and reduce joint swelling. There are many NSAIDs that may be prescribed to you – ibuprofen, diclofenac or naproxen among others. While many people have no problems, NSAIDs can cause side effects – especially indigestion and diarrhoea. They can also cause

stomach bleeding, so you may need to be prescribed an anti-ulcer medication at the same time (known as proton pump inhibitors). Cox-2 inhibitors are a type of NSAID designed to be safer for the stomach. They include celecoxib (Celebrex) and etoricoxib (Arcoxia).

However, both older NSAIDs and the newer Cox-2 inhibitors slightly increase the risk of stroke or heart trouble. This risk may be increased when the drugs are used at higher doses for prolonged periods of time. The current medical advice is that people who have had stroke or heart trouble before should not take NSAIDs.

If your disease is controlled with disease-modifying drugs (see below), you may not need to take NSAIDs. Always ask your doctor or pharmacist about which treatment is suitable for you, about side effects and other concerns you may have.

More powerful drugs

Disease modifying and immunosuppressive drugs are used for those types of arthritis which involve auto-immunity, including rheumatoid arthritis and lupus. Immunosuppressive drugs help to dampen down the immune system's attack on the joints. They have to be carefully monitored because of possible side effects.

Drugs used to treat rheumatoid arthritis include methotrexate (Maxtrex), sulfasalazine (Salozopyrin, Sulazine), azathioprine (Imuran, Azamune), gold (Myocrisin), cyclophosphamide, ciclosporin (Neoral) and anti-malarial drugs. In lupus, methotrexate, antimalarials, azathioprine and cyclophosphamide have proved helpful.

Anti-TNFs

Anti-TNFs are a type of drug known as biologic drugs. They include etanercept (Enbrel), infliximab (Remicade), adalimumab (Humira), certolizumab pegol (Cimzia) and golimumab (Simponi). Anti-TNFs are not appropriate for everybody but they can offer good control to

some people with severe rheumatoid arthritis, ankylosing spondylitis or psoriatic arthritis who have not been helped by other disease-modifying drugs.

For cost and other reasons, the use of anti-TNFs is governed by strict guidelines which have to be followed in assessing who can be treated. Ask your rheumatologist whether you could be a suitable candidate.

Other biologic drugs

Treatments for people with inflammatory arthritis who have not responded to anti-TNF treatment include rituximab (MabThera), abatacept (Orencia) and tocilizumab (RoActemra). These drugs are administered in hospital through a drip.

All biologic drugs are usually used along with methotrexate, although there are exceptions. Some drugs will work better for some people than others, and availability varies across the UK.

Steroids

Steroids such as prednisolone can be very effective in reducing inflammation. But if taken long term, steroids can cause side effects.

If steroids are prescribed over a longer time, careful monitoring is needed and you must never suddenly stop taking them. You should carry a blue steroid card with you. If you have not got one ask your pharmacist.

Steroids can also be given by injection into an inflamed joint and they can be injected directly into the veins during a flare-up. Higher doses of steroid taken over a long period can cause osteoporosis, weight gain, diabetes and high blood pressure. Your doctor will try to give you the lowest effective dose and you will be carefully monitored.

■ Taking drugs

Taking drugs can be a worrying business. Yet for many people with arthritis, drugs are very effective. Blood tests can check they are safe for you. When taking drugs it is very important that you follow these guidelines:

- ask questions about the treatment being prescribed
- be absolutely clear about how much to take, how often and when
- ask whether the drugs are best taken with or after meals or whether they should be taken on an empty stomach
- ask whether the drug will act immediately or only after some time
- ask about any possible side effects and what you should do if they occur.

If you are thinking of starting a family it is very important you discuss this with your doctor. He or she may recommend that you cease taking some of your drugs several months before conception.

If you are already taking some kind of medicine and a new sort is prescribed, check that the two can be taken together. Not all medicines mix. Drugs may also interact with some herbal and food supplements.

Surgery

While some people with arthritis will never need to have surgery, others find it is very successful in relieving pain caused by arthritis, improving mobility and reducing stiffness. It is usually the last resort after other treatment options have been explored.

You should discuss what is being offered fully with your consultant. Ask for the information you need so that you can understand the implications and make a well-informed decision about whether you should go ahead. You will feel more confident if you know what is involved and this can greatly enhance your recovery.

Surgery can be minor – to assess damage done or to smooth joints and repair cartilage – or it can be more intrusive such as a joint replacement.

Other operations for arthritis include the removal of the inflamed lining of the joint cavity (synovectomy); removal of painful coverings from tendons; the repair of damaged tendons; removal of bone to relieve pain; release of trapped nerves; and the fusing of a joint to make it more stable.

There are always risks associated with surgery. Recovery may take a lot of time and effort on your part but, for most people, surgery

brings about a dramatic improvement in their pain levels and quality of life. You can find further information in Arthritis Care's booklet on surgery.

■ Complementary and alternative therapies

Many people with arthritis try a range of complementary or alternative therapies in addition to the conventional drugs prescribed by their doctor. What works for one person may well not work for another.

Complementary therapies will not offer you a cure, but they may ease pain, stiffness and help you to deal with some of the unwanted side effects of taking drugs. Complementary therapies can also help you to have a positive attitude and help you to relax and change your lifestyle for the better.

There is a multitude of different therapies. Some of them are thoroughly reputable and regulated by statutory bodies. At the other end of the scale are therapies making highly dubious claims with little or no evidence to back them up. Details about some therapies are included further on. You can learn more by reading Arthritis Care's booklet on drugs and complementary therapies.

Massage

Massage has many advantages, it can help relax and tone the muscles, improve blood flow and leave you feeling relaxed and cared for. Your partner or a close friend could help out, or you can go to a professional masseur. Self-massage is also possible (gently kneading the muscles in a painful area to increase blood flow and bring warmth). Massage around an inflamed joint, not the joint itself, and stop if pain develops.

Acupuncture

Acupuncture can be useful as a form of pain relief for low back pain and knee pain, but it cannot slow down or stop arthritis. This ancient Chinese technique involves inserting very fine needles into parts of the body. These feel like a little pinch and are aimed at suppressing pain and triggering the release of endorphins. Ask your doctor to refer you to a qualified professional.

Hydrotherapy

Usually overseen by a physiotherapist, hydrotherapy allows you to exercise the joints and muscles in a warm water pool. The warm temperature aids muscle relaxation and eases pain in your joints. Because the water supports your weight, the range of movement in your joints should increase and pain decrease.

Tips for finding a good therapist

- Ask your GP if he or she can refer you on the NHS.
- Ask how much treatment will cost and how long it will take.
- Find out whether the practitioner is a member of a professional body.
- Find out whether they have insurance in case something goes wrong.
- Ask about their training and how long they have been practising.
- Beware of anyone who suggests you stop taking prescribed drugs.
- Don't stop taking prescribed drugs without discussing it with your GP.
- Tell your GP about any complementary therapies you are receiving.
- Weigh up the benefits against the possible side effects.

MAKING A DIFFERENCE YOURSELF

Getting medical help and treatment for arthritis is important, but so too is helping yourself. There is a lot you can do to minimise the overall effects of your arthritis on your everyday life – to control your arthritis rather than letting it control you.

Arthritis Care runs a range of self-management courses, such as Challenging Arthritis and Challenging Pain, to enable people to manage their condition more effectively, dramatically improve their quality of life and help build their confidence. Contact Arthritis Care for more information (see back page for details) or visit the website at www.arthritiscare.org.uk

Below are some areas in which you can make a difference to your life by making small but important changes.

■ Your general health

Diet

Eating a healthy diet is a basic way of keeping well. Your body needs a range of nutrients and to get these you need to eat a variety of foods. This way you can be fairly sure you are getting all the nutrients you need.

If you are overweight you will probably be advised to try to lose some weight to take the strain off your joints. If you need help or advice on diet you can ask to be referred to a dietician.

Although there has been a lot of research into the link between diet and arthritis, there is no definite connection between food and flare-ups. However, it is thought that certain foods can help reduce pain and inflammation, and slow the progression of arthritis. Most of these foods form part of a healthy, well-balanced diet and are known to reduce the risk of other diseases, such as osteoporosis and heart disease. There is growing evidence that a Mediterranean diet is good for arthritis. This means moderate consumption of lean meat, choosing monounsaturated fats over saturated fats, and eating plenty of fresh fish and lots of fruits and vegetables. It is important to consult your doctor or a dietitian before making any major changes,

such as excluding food groups from your diet.

Whatever diet you try, check first that it is going to give you the range of nutrients you need, and never begin a diet which involves stopping medication without consulting your doctor. Read Arthritis Care's booklet on healthy eating and arthritis for further information.

Exercise and rest

Stiff joints which aren't exercised become stiffer and may, in the end, stiffen up altogether. But any exercise you do has to be the right sort. For many types of arthritis, gentle, regular exercise is very helpful and very important. It keeps you mobile, it reduces pain, it relieves stress (because it is relaxing), and it protects your joints by keeping the muscles strong. But the wrong sort of exercise can put strain on your joints and damage them further. A physiotherapist can help advise you on a safe routine.

Resting is also important, especially when there is a lot of inflammation or your arthritis flares up badly. However, guard against the danger of resting so much that you seize up altogether. Try to find the right balance. Nobody can rest or sleep well when they are tense and tension always makes pain worse.

Learning to relax can make a huge difference to you, and will become another of your basic self-management skills. You can learn simple relaxation techniques which you can then practise regularly and use when needed.

Try asking your GP, or at your local library, about local relaxation classes. There are also many books and tapes about relaxation, which you can borrow from your library, or buy.

Looking after your joints

Inflamed or damaged joints need to be cared for and protected. Keeping healthy is part of this, but you also need to avoid straining your joints by doing things awkwardly or doing more than you are comfortably able. This probably means learning different ways of doing everyday jobs, and adapting your life in a number of ways.

You may, for example, have to give more thought to the clothes and shoes you wear, to the way you lift, grip and carry things, to the way you arrange your home or place of work. An occupational therapist can help with all of this.

> **If I'm going to have time and energy to do the things I want to do, then I've got to accept help with the tasks that I can't manage**

Everyday life

It can be frustrating to find that some of your everyday tasks are becoming difficult and complicated. Adapting isn't easy, and it isn't something you learn overnight, but it will make life easier. Try to set about solving your problems in practical ways that suit you.

Equipment and adaptations

There is a wide range of equipment available to help you. You can save time and energy by using some simple adaptation or helpful piece of equipment, or by asking for help. You can find out about the range of equipment available and get more information and advice from:

- an occupational therapist who can

look with you at the sort of difficulties you face and help you to work out new ways to manage them – if necessary with some kind of equipment or adaptation

- The Disabled Living Foundation offer free and independent advice and factsheets. It can also put you in touch with experienced equipment advisers. For details of the Disabled Living Foundation see page 39
- your local Citizens' Advice Bureau can provide advice and details of sources of financial help
- there may be a Disability Information and Advice Line (DIAL) in your area. The DIAL service can tell you a lot about local services and may be able to tell you about local suppliers who loan or sell equipment. See page 39 for contact details
- some equipment and adaptations can be obtained free or at a small charge through your local health or social services department
- you may be eligible for a Disabled Facilities Grant, available from your local housing authority (except in Scotland).

Availability and how much you pay depends on the kind of equipment in question, and on where you live. You can also buy direct from private suppliers, but get advice from an occupational therapist or the Disabled Living Centre before spending your money.

Home care and personal assistance services are run by local social services departments and what is offered varies widely from one area of the country to another. Contact your local department.

Your local authority can make cash payments for community care direct to individuals. If you receive a direct payment you can buy and control your own services rather than having to have them arranged by your local authority. You will need to check with your local authority to see if you are eligible.

There is equipment available to help with activities such as turning taps, opening tins, bottles, jars, cutting vegetables, bathing and dressing.

GETTING OUT AND ABOUT

Arthritis can affect many different areas of your life including getting out and about, and even your work. However there is help available to enable you to live your life to the full as much as possible.

There are a great many benefits available to people who are sick and/or disabled, and it is always worth checking that you are claiming all that you are entitled to.

Driving with arthritis

Being able to drive gives people with arthritis greater independence. Although driving may become more difficult, there are many adaptations or extras you can add to make it easier on yourself.

You may at first need to move from a manual gearbox to an automatic and to a car with power assisted steering. However, if you experience problems with driving, you would be well advised to seek a full assessment from an accredited driving assessment centre, as much can now be done to keep you mobile.

An assessment centre will give you a full written report. Provided your car is adapted as recommended, this can be used to support your notification to The Driver Vehicle Licensing Authority (DVLA), Swansea, of the change in your medical fitness to drive. Equally, this will be of help if you have any problems with insurance companies. The law states that you must advise both the DVLA and your insurance company if arthritis affects your ability to drive in any way.

Financial support for driving

Disability Living Allowance (DLA) is a social security benefit which is available in two parts: the care component and the mobility component. It must be claimed before your 65th birthday. Note that this benefit is being reviewed and is planned to be replaced in 2013/14 with the Personal Independence Payment.

DLA mobility component is payable at one of two rates – higher or lower. The higher rate is payable if you are unable, or virtually unable to walk. For most people with arthritis the higher rate applies.

If you are awarded the higher rate mobility component – or War Pensioners' Mobility Supplement – you may be eligible to obtain a car through the Motability scheme. See page 39 for contact details. You can also apply for a Blue Badge. The Blue Badge Scheme provides UK-wide parking concessions for people with severe walking difficulties who travel either as drivers or passengers. Contact your local social services to apply.

■ Financial support for help at home

The Disability Living Allowance care component is payable at one of three rates for personal care needs, like washing and dressing. It does not cover housework or shopping.

The lower rate is payable if you need help with personal care for a significant portion of the day, for example, to help you get up in the morning, or if you are over 16 and cannot prepare a cooked meal for yourself.

The middle rate is payable if you satisfy either the daytime or the night-time disability test.

The higher rate is payable if you satisfy both the daytime and the night-time disability tests.

Attendance Allowance is payable at one of two rates to people aged 65 and over who need a lot of help with personal care needs.

Call the Benefit Enquiry Line on 0800 882200 for a claim pack. If you are in Northern Ireland, call 0800 220674. Your claim can be back-dated to the date of your call. Read Arthritis Care's factsheets on benefits to find out more.

At work

Your arthritis may cause you difficulties at work. If so, avoid making any hasty decisions – there may be a range of solutions.

The government-run Access to Work scheme offers employment-related help, both in practical terms

> **It's important that the people you work with understand how your arthritis affects you**

and by way of paying work-related expenses. This includes:

- a support worker if you need someone to provide practical help
- equipment (or adaptations to existing equipment) to suit your individual needs
- adaptations to a car or taxi fares if you are unable to use public transport
- alterations and/or adaptations to your place of work.

Jobcentre Plus will provide you with advice and practical support to employers as well as employees.

For more information, read Arthritis Care's booklet on working when you have arthritis.

Other help

Both your social services department and your local Citizens Advice Bureau can tell you about helpful voluntary organisations and local groups and what they offer. This may be practical help, information and support, or simply contact with others in situations like your own.

Contact with other people with arthritis can be invaluable. Many people with arthritis say that the best advice they've had has come from others who are in similar situations.

> **It's natural to feel anxious and it's right to ask for reassurance if you need it**

Arthritis Care offers a range of services including information and support to people with arthritis throughout the UK, as well as local networks. See the back cover for more information.

Other helpful organisations are listed on pages 38-40.

FEELINGS ABOUT ARTHRITIS

Your life is a great deal more important than your arthritis. Yet having arthritis obviously affects you, and no one finds that easy to accept. There can be times when arthritis seems to dominate not just your life but also that of your family and friends too. Try not to let this happen. Carrying on with your life is very important.

Along the way, there will almost certainly be times when you feel disheartened, angry, resentful, frustrated, lonely or downright depressed. This is perfectly normal.

> **You need to get on with life and not dwell on it all too much**

A number of things may help.

- Talking about how you feel can ease the burden. Talk to someone who understands the need to talk and the way you feel.
- Try to look at the reasons why you feel as you do. Think about what your feelings really are and what is causing them.
- People with arthritis are often under stress. Stress can make you feel bad. Learning ways to relax can help. There are many relaxation methods, which, once grasped, not only ease stress but also prevent it.
- If you are feeling depressed, and your depression simply won't lift, you should look for help. If you don't want to talk to anybody close to you, think about going to a professional counsellor.

> **Getting used to living with pain takes some doing**

- Read Arthritis Care's booklet on emotions. Call 020 7380 6540 for details or download from www.arthritiscare.org.uk/Booklets
- Call Arthritis Care's helpline for confidential information and support. See back cover for contact details.

It is possible for you to control your arthritis rather than letting it control you. Learning how to manage your arthritis effectively will help you to limit the impact it has on your life.

If you have any questions about living with arthritis, contact Arthritis Care or one of the organisations listed on the following pages.

Our information is regularly reviewed. This booklet will be reviewed in 2013. Please check our website for up-to-date information and reference sources or call 020 7380 6577.

USEFUL ORGANISATIONS

GENERAL

- **Arthritis Care**

UK office:
Tel: 020 7380 6500

South England office:
Tel: 0844 888 2111

Central England office:
Tel: 0115 952 5522

North England office:
Tel: 01924 882150

Northern Ireland office:
Tel: 028 9078 2940

Scotland office:
Tel: 0141 954 7776

Wales office:
Tel: 029 2044 4155

- **Arthritis Research UK**

Tel: 01246 558033
www.arthritisresearchuk.org
Funds medical research into arthritis and produces information.

- **RADAR**

Tel: 020 7250 3222
www.radar.org.uk
A campaigning organisation with a range of information on disability issues.

SPECIALIST ORGANISATIONS

- **National Rheumatoid Arthritis Society**

Tel: 0845 458 3969
Helpline: 0800 298 7650
www.nras.org.uk
Offers advice and information for people with rheumatoid arthritis.

- **Lupus UK**

Tel: 01708 731251
www.lupusuk.org.uk
Offers information and support for people with lupus.

- **National Ankylosing Spondylitis Society**

Tel: 020 8948 9117
www.nass.co.uk
Offers advice and information about living with ankylosing spondylitis.

- **Fibromyalgia Association UK**

Helpline: 0845 345 2322 (weekdays 10am-4pm)
www.fibromyalgia-associationuk.org
Provides information and advice to people living with fibromyalgia.

- **The Psoriasis and Psoriatic Arthritis Alliance**

Tel: 01923 672837
www.papaa.org
Provides support to people living with psoriatic arthritis.

USEFUL ORGANISATIONS

HEALTH SERVICES

- **NHS Choices**

For links to NHS services in your area and information. Call NHS Direct on 0845 4647 and NHS 24 in Scotland on 08454 242424.
www.nhs.uk

COMPLEMENTARY THERAPIES

- **Institute for Complementary and Natural Medicine**

Tel: 020 7922 7980
www.i-c-m.org.uk
Can help find qualified local practitioners.

DAILY LIFE

- **Disabled Living Foundation**

Tel: 020 7289 6111
Helpline: 0845 130 9177
www.dlf.org.uk
Advice and information on equipment

- **SCOPE-DIAL UK**

Tel: 01302 310123
www.dialuk.info
Details of your nearest disability advice and information service.

PAIN

- **The British Pain Society**

Tel: 020 7269 7840
www.britishpainsociety.org
Information on chronic pain and pain clinics.

- **Pain Concern**

Helpline: 0300 123 0789
Tel: 0131 669 5951
www.painconcern.org.uk
Offers information and a helpline.

GETTING AROUND

- **The Forum of Mobility Centres**

Info line: 0800 559 3636
www.mobility-centres.org.uk
A network of organisations that provide assessments of driving ability and advice on vehicle adaptations.

- **Queen Elizabeth's Foundation for Disabled People**

Tel: 01372 841100
www.qef.org.uk
Information about assessment centres and driving instructors throughout the UK.

- **Motability**

Tel: 0845 456 4566
www.motability.co.uk
Provides cars and powered wheelchairs through the Motability scheme.

- **National Rail Enquiries**

Tel: 08457 484950
www.nationalrail.co.uk
Has contacts for assistance for disabled travellers.

USEFUL ORGANISATIONS

CHILDREN AND YOUNG PEOPLE

- **Children's Chronic Arthritis Association (CCAA)**

Tel: 01905 745595
www.ccaa.org.uk
Support for children with arthritis and their families.

- **Contact a Family**

Tel: 0808 808 3555
www.cafamily.org.uk
Offers a helpline, support groups and contacts.

MONEY, BENEFITS AND EDUCATION

- **Disability Alliance**

Tel: 020 7247 8776
Education helpline: 0800 328 5050
(Tues: 11.30am-1.30pm
Thurs: 1.30pm-3.30pm)
www.disabilityalliance.org
Provides information on benefits and for disabled students.

- **Benefit Enquiry Line for disabled people**

Tel: 0800 882200
In Northern Ireland, the Benefits Enquiry Line is run by the Social Security Agency.
Tel: 0800 220674

ARTHRITIS CARE

Arthritis Care exists to support people with arthritis. We are the UK's largest charity working with and for all people who have arthritis. We offer support wherever you live in the UK.

It costs us £1.10 to provide you with this booklet. If you are able to access information online, you'll help us save money and the environment.

Get involved with us today if you can.

- Make a donation.
- Leave a legacy in your Will.
- Join as a member.
- Become a volunteer.
- Support us in your local area.
- Take part in events.
- Campaign on our behalf.
- Find out about our self-management training and support.
- Join our online discussion forum.
- Visit our website.
- Ring our confidential helpline.
- Join a local support group.

We exist for everyone with arthritis, but we rely on the support of people like you. If you would like to make a contribution to our work, please phone us on 020 7380 6540. Or you can donate online.

www.arthritiscare.org.uk

ARTHRITIS CARE

Empowering people with arthritis.

To find out more about arthritis and Arthritis Care

Freephone our confidential helpline

0808 800 4050

(weekdays 10am-4pm)

Visit our website

www.arthritiscare.org.uk

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