

Seven Steps to Taming Arthritis Pain

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Arthritis is a pain! As we age, the slippery cartilage that separates bones in joints erodes. With less cartilage to act as a cushion, joint bones begin to rub together causing inflammation of the joints and surrounding tissues and, of course, pain. While there are more than one hundred types of arthritis, osteoarthritis (OA), the focus of this article, is the most common. In fact, of the 37 million people in the U.S. who currently have some form of arthritis, 20 million (about 1 in every 13 Americans) have OA. Arthritis is the #1 cause of limitation of mobility in the U.S. and is second only to heart disease in terms of limiting activity. The medical costs associated with arthritis approach \$200 billion dollars with about half of that attributed to lost wages due to the limitations of movement in workers. Arthritis is expensive and reduces the quality of the lives of those who deal with it.

The general population has more OA today than it did centuries ago simply because people now live longer. The longer we live, the more we move around, use our joints, and damage them through wear and tear—the chief cause of OA. OA can also be caused by joint injury, disorders of the metabolic system, and abnormalities in bone and joint alignment with which some of us are born. We all have an increased risk of developing OA after 45 and, by 75; almost all of us have some form of it. Those over 55 and female are more likely to have OA of the knee and 55+ males are more likely to have it in the hip (knees and hips are both weight-bearing joints--the ones most affected by OA). Being overweight makes OA worse because increased body weight increases the wear on all weight bearing joints, speeding up OA development.

OA is experienced in and around the joints as a deep aching pain usually relieved by rest (at least in the early stages of OA). Affected joints are stiff for up to 30 minutes in the morning and after periods of rest. These joints also ache at night and disrupt sleep making the next day more tiring—and leaving us with fewer psychological resources to deal with the next day's pain. As OA progresses attempts to use the joint produce longer lasting or even constant pain. To avoid the pain, we tend to use the joint less and less. Less use, unfortunately, produces decreased mobility. Less mobility, in turn, allows the joint bones to grow in deformed ways that only further limit our ability to use the joint. It is a downward, physically painful spiral that can only be slowed by effectively dealing with the pain of OA.

One of the best ways to reduce the physical pain of OA is to reduce what is causing the pain in the first place. For those who are overweight, simply losing weight will slow the pace of joint cartilage erosion and so reduce the amount of OA pain felt in weight-bearing joints. Those who use joints in ways for which they were not made (walking, lifting, turning, etc. in damaging ways) can get some pain relief by getting some physical retraining to improve joint use. Taking oral pain relief agents and using heat applications are standard means of reducing the sensation of pain for a time. Injections in the joint of steroids or cartilage mimicking substances can sometimes provide relief. If a joint is so damaged that even injections cannot help, joint replacement may be an option although it is usually the last resort. These are all excellent medical interventions to reduce OA pain and, yet, what can we do about the feeling of emotional and psychological "pain" OA brings?

We need to understand that what we experience physically as "pain" is experi-

enced, emotionally and psychologically, as "suffering". Suffering is also something we associate with pain that is experienced for long periods of time. We don't usually call it "suffering" when we jab our finger with a sewing needle. We say "ouch, that hurt", suck our finger for a second, and move on—no real suffering. When, however, a physical pain lasts over time, the time itself provides us with lots of opportunities to feel the pain, to think about it, to associate things with it. A physical pain begins to be experienced not only as the physically painful stimulus it is but also as psychological "suffering." The good news is that there are some factors between physical "pain" and psychological "suffering" that we can control and will allow us to "tame" the OA pain-suffering cycle. For example, the way we think about our pain powerfully determines how much we suffer from it. Things we learned early in our lives about dealing with pain and reinforcements we may have received as a result of our pain also determine how much we will suffer. Our sense (or its lack) of being able to initiate an action for ourselves and achieve an outcome is another important factor. Last, our sense of spiritual connectedness and supportive relationships with others powerfully impacts how much we can tame OA pain/suffering.

So, along with the medical interventions suggested above, it is important to be aware of how we think about our pain (what we habitually tell ourselves about it, how we talk about it, how we "frame" it in our mind) because these are powerful factors determining how much we will actually suffer from OA pain. Getting some help from physicians or psychologists so that we can better control our thoughts about our pain will pay huge dividends. It is also important to get better educated about our own particular OA and how we can use medical and psychological methods to manage the pain. By the way, this article is a great example of education--congratulations for reading it! Improving our coping strategies is also something that will help. Learning how to cope better by taking "baby steps" to deal with our pain is an excellent approach. Physicians or psychologists can help us learn enhanced coping methods. Finally, managing our stress much more effectively will make a huge difference. Dealing with daily stress through low-impact exercise (e.g. swimming, gentle stretching, walking, Tai Chi, Yoga,) daily meditation, increased development of our spirituality and spiritual practices, and calming music all go a long way to "soothe" the mind, spirit, and body.

To sum it all up, osteoarthritis is a pain and although you can't make it go away entirely, there are seven ways we suggest that you can tame the pain and the suffering it brings:

1. **DON'T DO IT ALONE:** Get a good physician and follow the regimen s/he prescribes.
2. **BECOME YOUR OWN BEST EXPERT** about your particular form of OA: Educate yourself. The internet gives you access to a tremendous number of OA resources such as <http://www.niams.nih.gov/>, <http://www.arthritis.org/>, and <http://www.arthritis.com/>. Use these free sources of education!
3. **KEEP MOVING!** Use the methods above to keep your joints mobile and lose weight so you can move with less pain.
4. **WATCH WHAT YOU EAT.** Good nutrition will help with weight management and will improve health generally. The best all around nutritional plan is suggested by The American Diabetes Association website (<http://www.diabetes.org/>) sidebar "Nutrition & Recipes." While there is no evidence for an "arthritis diet", there is some evidence that omega-3 fatty acids found in some fish, like salmon, may benefit those with rheumatoid arthritis.
5. **TAKE CHARGE OF YOUR THOUGHTS** and learn to manage them more effectively to help you cope better. Ask your physician for recommendations and/or explore "cognitive" approaches to dealing with pain. A new book may be helpful: Cognitive Therapy for Chronic Pain: A Step-by-Step Guide by Beverly E. Thorn, PhD, Guilford Press, 2004.
6. **GET OTHERS INVOLVED:** Family, friends, OA support groups with a positive, action-oriented approach, etc. Avoid anything smacking of self-pity—get support that moves you forward!
7. **TAKE TIME FOR YOURSELF:** Daily low-impact exercise/stretching, meditation/prayer, music, etc. Managing stress well is key to empowering you to manage pain well.

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