

### Living well with arthritis

National Arthritis Awareness Week, April 6-12, is an important event on the health care calendar because arthritis in its various forms affects so many Australians – people of all ages and all walks of life.

Osteoarthritis (OA), rheumatoid arthritis (RA) and gout, the most common forms of arthritis, are the subjects of three fact cards produced by the Pharmaceutical Society and available from all pharmacies providing the Self Care health information. Gout affects about 70,000 Australians. Men are nine times more likely than women to get gout. Gout occurs when tiny crystals of uric acid crystallise in the joints causing irritation and inflammation. Medicines can help reduce the amount of uric acid produced by the body, but people with gout will also benefit from drinking plenty of fluid, limiting alcoholic drinks, and avoiding certain foods; notably liver, kidney, brains, anchovies and shellfish. Gout is the only form of arthritis where it is likely that some foods can aggravate the condition, but there is evidence that some foods will actually help other forms of arthritis. Specifically, the beneficial foods are those rich in what we know as omega-3 fatty acids and the best sources of the omega-3 are oily fish. Olive oils and oils and spreads from flaxseed, canola and wheatgerm are also beneficial. The omega-3 fatty acids have anti-inflammatory effects and can reduce the joint pain and stiffness associated with rheumatoid arthritis. The anti-inflammatory dose of fish oil supplement is equivalent to about 14 standard 1000mg capsules per day; so the concentrated liquid forms may be more cost effective.

RA is an immune system disorder which causes swelling, pain and inflammation. It can lead to joint deformity and affect other body organs. Whereas osteoarthritis mainly affects the weight bearing joints: the legs, the shoulders, the knees and the lower spine. Often the hands are also affected, especially at the base of the thumb and the end joints of the fingers.

Presently there is no cure for OA, so all treatment is aimed at achieving symptom control. Effective management of OA involves a combination of strategies: joint protection and energy conservation, periods of both rest and exercise, physical aids, medication – both oral and injectable and usually as a last resort, surgery. In so far as medicines are concerned, as the primary aim of treatment is to reduce pain, simple pain relievers are the first choice for OA and paracetamol is the best option. For optimum results paracetamol should be taken not just now and again but routinely – 3g to 4g per day. Paracetamol tablets 500mg can now be prescribed as a subsidised pharmaceutical benefit (PBS) item in quantities up to 300 (previously 100) and a new higher strength paracetamol (*Panadol Osteo*, or *Duatrol*) is also available.

As with all chronic conditions, particularly when conventional therapies are less than perfect in every case, there is plenty of interest in alternative or complementary treatments.

There is some evidence from clinical trials that glucosamine sulphate (1500mg/day) decreases the pain associated with OA of the knee joint. There may be benefit for other joints as well. There are some suggestions also, that glucosamine may halt further progress of OA and restore cartilage. It is usually necessary to persist with glucosamine treatment for three months before any significant benefit is noticed.

Remember glucosamine is prepared from shellfish, so it is not suitable for anyone with a seafood allergy and recent studies suggest that glucosamine may interact with the prescription blood thinner, warfarin.

For more information about prevention and treatment strategies for arthritis check out the website [www.arthritisaustralia.com.au](http://www.arthritisaustralia.com.au) or collect one or more of the fact cards from a Self Care pharmacy.

Phone 1300 369 772 for the nearest location.