

INTRODUCING ARTHRITIS

# An Information Booklet



Committed to curing arthritis

# INTRODUCING ARTHRITIS

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## Introduction

This booklet is designed to give you some helpful information about arthritis and other joint problems, and how the Arthritis Research Campaign (**arc**) is fighting them. At the back there is a brief glossary of technical words – we have put these in *italics* when they are first used in the booklet.

**arc** produces a wide-ranging series of booklets and leaflets on specific conditions. There is a list at the back of this booklet – please contact us for the one dealing with your particular illness or condition. We would also welcome suggestions for any new booklets or leaflets that would help you understand more about arthritis and the role of **arc**. Details of how to contact **arc** can also be found at the back of the booklet.

## Arthritis and rheumatism – is there a difference?

People are often confused about the meaning of these two words. ‘Arthritis’ means disease of or damage to the joints. ‘Rheumatism’ is a more general term used in the past to describe any pain in or around your bones, muscles and joints. Nowadays doctors are less likely to use the term ‘rheumatism’ and more likely to refer to a specific musculoskeletal problem by the part of the body that is affected, for example ‘low back pain’ or ‘knee pain’. Widespread pain in the muscles and joints is now often referred to as fibromyalgia. The terms ‘musculoskeletal conditions’ or ‘the rheumatic diseases’ are used to refer to all types of arthritis and other problems with muscles, bones or joints.

(See **arc** booklets ‘Back Pain’, ‘Fibromyalgia’, ‘Knee Pain in Young Adults’.)

# Four main types of rheumatic disease

There are about 200 different types of rheumatic disease. They fall into four main groups:

## 1. Inflammatory arthritis

In these disorders the joint lining (*synovium*) becomes inflamed. This can damage the surface of the joint and the underlying bone itself. Usually many joints are affected. Rheumatoid arthritis is an example, but there are many other forms of inflammatory arthritis, including:

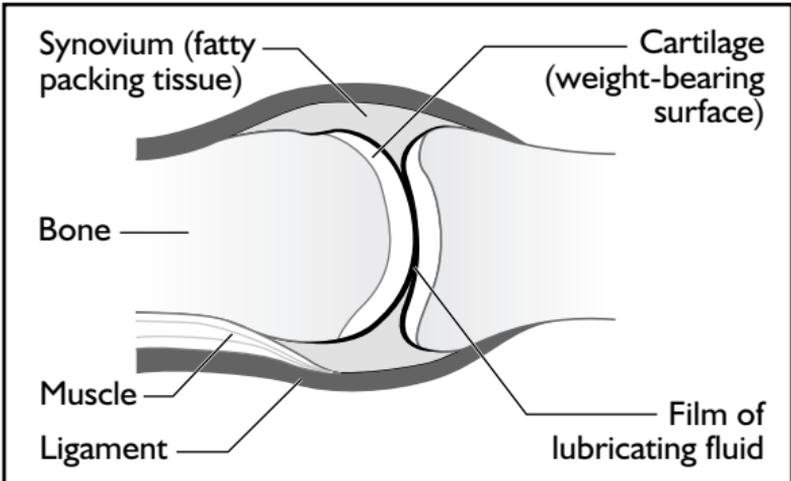
- gout and pseudogout
- reactive arthritis
- arthritis associated with colitis or psoriasis
- ankylosing spondylitis
- rarer disorders that can affect many parts of the body – the connective tissue diseases. An example is systemic lupus erythematosus (SLE)
- polymyalgia rheumatica.

(See **arc** booklets 'Ankylosing Spondylitis', 'Gout', 'Lupus (SLE)', 'Polymyalgia Rheumatica (PMR)', 'Pseudogout and Calcium Crystal Diseases', 'Psoriatic Arthritis', 'Reactive Arthritis', 'Rheumatoid Arthritis'.)

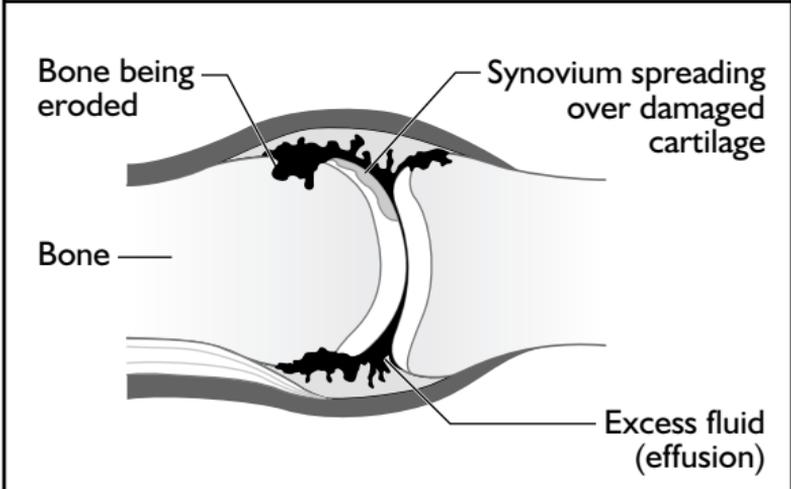
## 2. Osteoarthritis

This is a common condition where the *cartilage* becomes thinner and damaged and extra bone forms at the edges of the joint. It can result from abnormal stress on the joints, or from many different forms of injury or joint disease. However, many cases develop without any obvious reason. Usually only a few joints are involved. The hips, knees and hands are most likely to be affected, but osteoarthritis can occur in any joint.

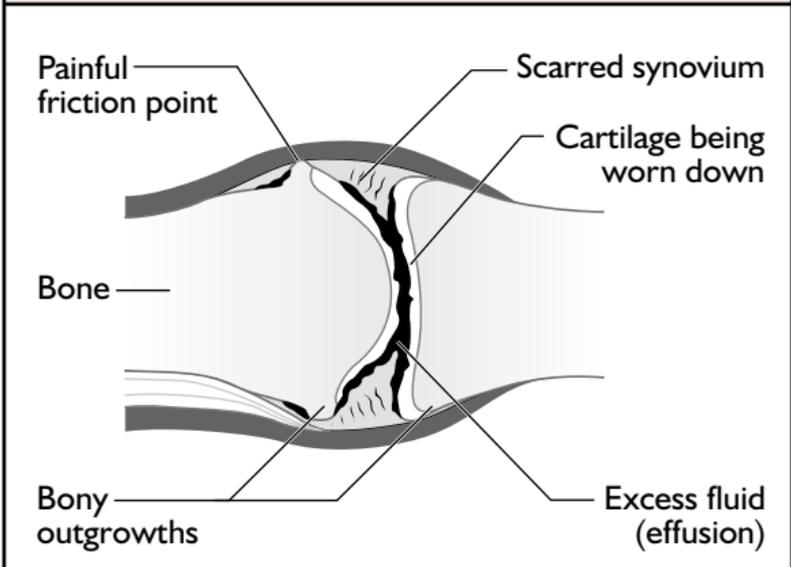
(See **arc** booklets 'Osteoarthritis', 'Osteoarthritis of the Knee'.)



(a) A normal joint



(b) A joint affected by rheumatoid arthritis



(c) A joint affected by osteoarthritis

**Figure 1. Normal and arthritic joints**

### 3. Regional musculoskeletal pain

Not all musculoskeletal pain is caused by arthritis. Pain can arise from irritation of tissues around joints, such as *ligaments* and *tendons* (often referred to as ‘soft tissues’). Minor injury or overuse can cause localised pain which often lasts only for a short period. Tennis elbow and housemaid’s knee are examples. In addition, more generalised pain can develop in muscles or joints in situations where there is no arthritis – as in fibromyalgia, for example.

(See **arc** booklets ‘Fibromyalgia’, ‘Knee Pain in Young Adults’, ‘Pain in the Neck’, ‘The Painful Shoulder’, ‘Sports Injuries’, ‘Tennis Elbow’, ‘Work-Related Rheumatic Complaints’.)

### 4. Back pain

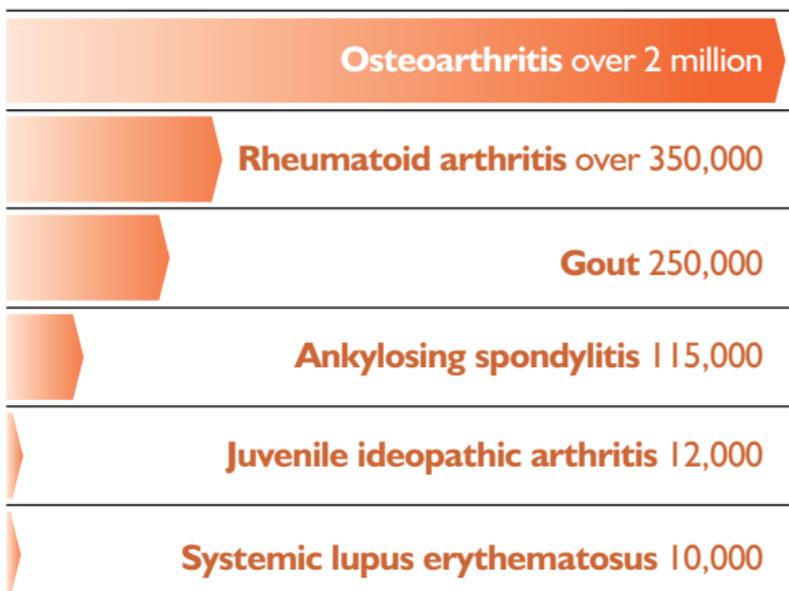
This common problem can arise from muscles, discs, ligaments, bones and joints. Often it is not possible to find the exact cause of the pain. Certain forms of inflammatory arthritis – such as ankylosing spondylitis – can affect the spine, and osteoarthritis can also affect the back, where it is usually referred to as ‘*spondylosis*’. Osteoporosis of the spine can show up initially as back pain.

(See **arc** booklets ‘Ankylosing Spondylitis’, ‘Back Pain’, ‘Osteoporosis’.)

## Who gets arthritis and other types of musculoskeletal pain?

Arthritis and other types of musculoskeletal pain are common, worldwide problems. They affect people regardless of age, sex, race, class or country.

Millions of people in Britain alone will experience some form of musculoskeletal problem during the course of a year, although many people will not have persistent or



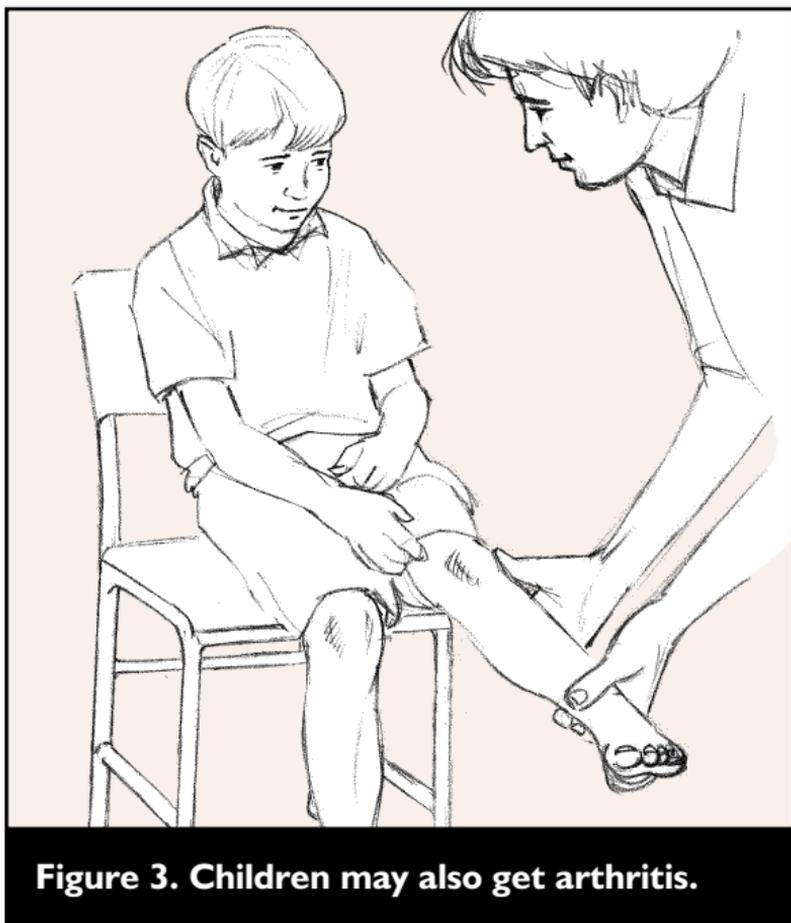
**Figure 2. Approximate numbers of people in the UK affected by some of the rheumatic diseases. This is based on those seeking treatment from their doctor.**

severe symptoms. Around 9 million will seek help from their family doctor. Of these, more than 2 million will have osteoarthritis, and more than 350,000 rheumatoid arthritis. Others will have regional musculoskeletal pain, back pain, or osteoporosis. Some people will have one of the less common complaints and about 12,000 children and young adolescents will suffer from arthritis.

(See *arc* booklets ‘Tim Has Arthritis’ (written for children), ‘When a Young Person Has Arthritis’ (written for teachers), ‘When Your Child Has Arthritis’.)

## What causes arthritis and other types of musculoskeletal pain?

There is no single, simple answer to this question, and there are many different forms of arthritis to be considered.



**Figure 3. Children may also get arthritis.**

We understand the causes of some diseases, such as gout, and can treat them effectively. Research supported by **arc** has gone a long way towards unravelling the causes of most of the common forms of arthritis, but there is still much to be done.

Most rheumatic diseases are due to several factors acting together. Firstly, some people are naturally more likely to suffer from certain disorders as a result of their genetic make-up (that is, genetic risk – see below). Secondly, a variety of ‘external’ factors may increase the risk in those who are susceptible to the condition in question. These include the factors researchers refer to as ‘environmental’ – e.g. previous injury, infection, smoking, and occupations which are very demanding physically (see ‘Lifestyle and “trigger” factors’). Finally, for many conditions there is a major element of chance.

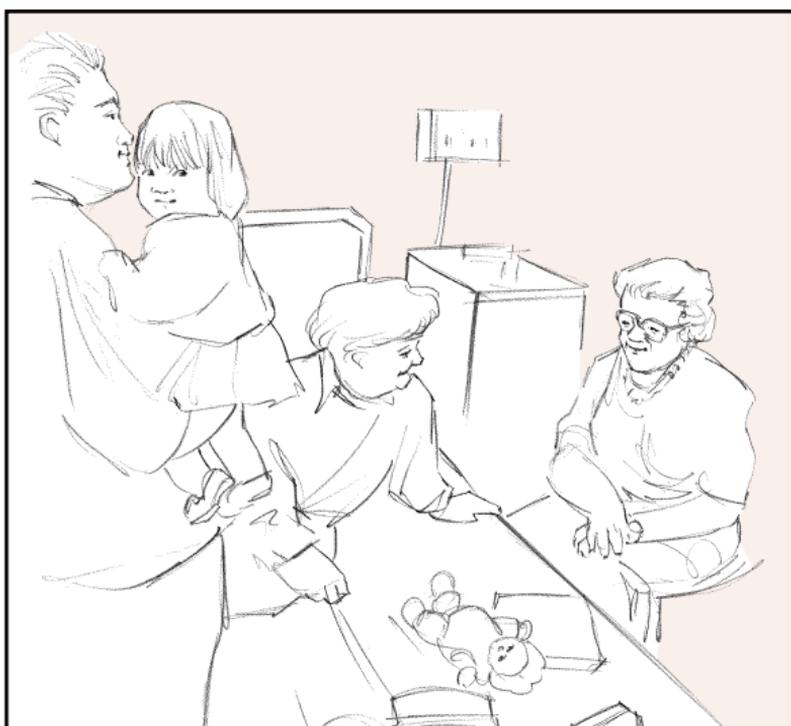
## 1. Genetics and family risks

Arthritis is not infectious. Furthermore, most types are not passed on directly from one generation to another.

However, some forms of arthritis may run in families. The way your body is made (based on the genes passed on from your parents) makes you more or less susceptible to the disease in question. **arc** supports research which is helping us to understand the precise nature of the genetic side of arthritis. We believe this could lead eventually to our being able to prevent some forms of arthritis.

## 2. Lifestyle and 'trigger' factors

Arthritis can start suddenly without any obvious cause, and at any age. In some conditions something in a person's lifestyle or medical history – or a combination of factors – could be responsible. For example, people in physically demanding jobs may be at greater risk of developing osteoarthritis, particularly if the job involves repetitive



**Figure 4. Most rheumatic diseases don't run in families.**

activity. Professional footballers and farmers are examples of people who are more likely to develop osteoarthritis (of the knee and hip respectively). A previous injury can increase the likelihood of osteoarthritis and a mild infection may trigger some types of arthritis. **arc** is actively researching in this field to find out more about these factors.

Occasionally an allergic reaction can cause short-lived arthritis. Certain foods may appear to make arthritis worse. But diet and allergies are unlikely to cause long-term arthritis. Most of the main forms of arthritis occur all over the world, in people with completely different diets and ways of living. However, being overweight can be an important factor in the development of osteoarthritis.

*(See section on 'Diet' and the separate **arc** booklet 'Diet and Arthritis'.)*

### **3. Climate**

Many people with arthritis feel strongly that changes in the weather affect the level of pain they experience. This is difficult to prove because climate and weather conditions involve many components, and the symptoms can in any case change from day to day. Tests carried out in controlled climates suggest that some people may be able to detect a rise in humidity or a fall in barometric pressure from unpleasant feelings in their joints. And the weather will probably make a difference to how you feel – cold, grey, damp weather may lower your spirits so that the pain seems worse, while warmth and sunshine tend to have the opposite effect. However, arthritis and musculoskeletal pain occur in all climates, and although the weather may affect the symptoms of your arthritis or the way you feel, it will not cause the condition or affect the way it develops.

## What happens if you get arthritis or other types of musculoskeletal pain?

Arthritis does not always get worse. Many forms of musculoskeletal pain, such as most of the regional disorders and many attacks of back pain, are short-lived, and go away on their own. Some of the inflammatory forms of arthritis, such as reactive arthritis, can also go away. Others, including gout, can often be controlled by treatment.

However, several of the major types of arthritis, including rheumatoid arthritis and osteoarthritis, are chronic (persistent) disorders, which are unlikely to go away without treatment. These conditions also tend to vary – ‘flare-ups’ (where the symptoms are much worse) are interrupted by ‘remissions’ in which the pain and other



**Figure 5. Gout can often be controlled by treatment.**

symptoms are much less severe. The aim of treatment is to induce remission.

Arthritis can affect different people in different ways. Some cases are more severe than others, and different joints can be involved. This makes it difficult for doctors to predict a clear outcome for any one patient. However, most people with arthritis do not have major mobility problems, and effective treatment will help reduce the risk of disability, even in the most severe cases.

***Remember:*** *Many forms of arthritis and musculo-skeletal pain go away on their own, and all can be treated.*

## Symptoms and signs

Everyone gets aches and pains in their muscles and joints from time to time, particularly if they take part in unusual or particularly strenuous physical activities.

So – how can the beginning of arthritis be distinguished from normal pain and stiffness?

### Symptoms

Persistent pain and stiffness in or around joints which has no obvious cause could be due to arthritis. Most muscle pain settles within a few days, but if it persists – particularly if it occurs when you are resting or there is also a lot of stiffness and difficulty moving the joint – you should consult your doctor for advice. Other symptoms of a rheumatic disease can include tiredness, a general feeling of being unwell, loss of weight, mild fevers or night sweats, and skin rashes. But these symptoms are not specific to arthritis and can be caused by other illnesses.

***Remember:*** *If in doubt, consult your doctor.*

## Signs

A joint that is developing arthritis is quite likely to swell up. When a doctor examines you s/he may also find a variety of other signs of arthritis, such as restricted joint movement or difficulty in doing a particular movement or task. Because some forms of arthritis can affect other parts of the body as well (causing a rash or mouth ulcers, for example) there may be other signs to help the doctor make a diagnosis.

## Tests

Tests may be carried out but are not always helpful in the early stages of arthritis. Some blood tests may simply show evidence of inflammation in the joints, whereas others are more specific to certain diseases, such as rheumatoid factor in rheumatoid arthritis. X-rays, and other methods of showing the inside of the joints, can also help with the diagnosis or with monitoring an existing condition.

(See *arc* booklet 'Blood Tests and X-Rays for Arthritis'.)

## Treatment

Just as there is no simple answer about the cause of most forms of arthritis, there is – as yet – no single cure for most rheumatic diseases.

However, some rheumatic diseases can be easily and effectively controlled, and the symptoms alleviated, by modern treatment. Research has led to great improvements in this area.

Because the severity as well as the type of arthritis varies greatly in different people, and at different stages of the disease, treatment has to be tailored to the needs of each individual. This requires a lot of skill, experience and understanding on the part of healthcare professionals.

With treatment, many people with arthritis will be able to live full lives with relatively little pain or disability. For some the condition may cause major problems or difficulties, although the effects of these can often be minimised with treatment. Alternatively, the problem may resolve itself in the course of time. A few people still develop very serious problems due to arthritis, in spite of modern treatment. For example, some forms of arthritis can also cause problems with the heart, lungs and kidneys. More research is needed to help develop other ways of treating these people and to reduce the number suffering in the future.

***Remember: Even though there is not yet a cure, there is still a great deal that can be done to relieve the symptoms of arthritis and other types of musculo-skeletal pain.***

## Who can help?

Go to your own doctor first. S/he can often provide all the help you will need. If necessary you may be referred to another professional such as a physiotherapist or an occupational therapist, or you may be referred to hospital to see a rheumatologist who specialises in arthritis.

### Doctors

Doctors have an important role to play in diagnosing the different forms of arthritis, providing advice about the likely effects of a disease and prescribing therapy – including drugs, injections and surgery. Hospital specialists are often part of a team of people which includes nurses, counsellors, therapists, podiatrists, social workers and others who have a special understanding of and expertise in helping people with arthritis. The team works closely alongside orthopaedic surgeons who specialise in operations on bones and joints – including joint replacements.

(See **arc** leaflet 'Drugs and Arthritis' and booklets 'Feet, Footwear and Arthritis', 'Hand and Wrist Surgery for Arthritis', 'A New Hip Joint', 'A New Knee Joint', 'Shoulder and Elbow Joint Replacement'.)

## **Specialist nurses and therapists and other agencies**

Specialist nurses and therapists are health professionals with special training in different aspects of health care. They can provide a great deal of help and advice about lifestyle and adjustments at work and at home. Physiotherapists can prescribe exercises to help improve movement and reduce pain. They can advise on what activities you should do and how much exercise to take, and suggest a variety of treatments to improve walking and other activities. Occupational therapists can advise on the protection of arthritic joints, and provide a variety of aids or appliances to help maintain a large measure of independence, even if arthritis has caused severe joint damage.

Help is also available for anyone who needs support to cope with stress, anxiety or other personal or social problems caused as a result of arthritis. Other agencies providing help include social services and voluntary sector organisations such as Arthritis Care. If you are in employment but having difficulty at your work, help may be available from the Employment Medical Advisory Service and the local Disability Employment Adviser. (See 'Useful addresses'.)

(See **arc** leaflets 'Keep Moving', 'Occupational Therapy and Arthritis', 'Physiotherapy and Arthritis', 'Work and Arthritis' and booklets 'Caring for a Person with Arthritis', 'Sexuality and Arthritis', 'Stairlifts and Homelifts', 'Your Home and Arthritis'.)

## Complementary therapists

Complementary therapists include osteopaths, chiropractors, and experts in homeopathy and numerous other alternative forms of therapy. It is important to check that the therapist has appropriate qualifications and training – look for and ask about these.

Some people find complementary therapies to be helpful but some forms may be expensive and useless. You should be wary of complementary therapists who insist that you stop all your other treatment. Forceful manipulations can be dangerous for some people with arthritis, so make sure the therapist is aware of your condition. If in doubt see your doctor first, find out about your diagnosis, and try to make sure that any alternative form of therapy you might want to pursue is genuinely ‘complementary’ to other forms of treatment.

(See *arc* booklet ‘Complementary Therapies and Arthritis’.)

***Remember:*** Lots can be done for arthritis and other types of musculoskeletal pain. Try to make sure that you are getting the best professional advice – and follow it!

## Drugs for arthritis

Drug therapy can be helpful for most people with severe arthritis. Some drugs can relieve a great deal of the pain and stiffness, as well as helping to control the disease and prevent it getting worse.

More and more is becoming known about the effects, and side-effects, of drugs. Most are safe – providing they are used and monitored correctly. However, there is no effective treatment that does not occasionally cause side-effects. Minor side-effects are not uncommon with the drugs used to treat arthritis; fortunately, serious side-effects are rare.

A number of different types of drugs are used. They include:

**Analgesics** (painkillers) such as paracetamol, which reduce pain.

**Anti-inflammatory drugs** (NSAIDs), which reduce stiffness and swelling of joints, as well as relieving the pain. The older anti-inflammatory drugs (e.g. ibuprofen, diclofenac, naproxen, indomethacin) can cause indigestion and occasionally more serious problems such as bleeding from the stomach, asthma, liver and kidney problems. The newer anti-inflammatory drugs (e.g. rofecoxib, celecoxib, etoricoxib, valdecoxib) are less likely to cause stomach problems but can still aggravate asthma and liver and kidney problems. Sometimes the anti-inflammatory drug is given as a cream to rub on the affected joint – this also reduces the risk of side-effects.



**Figure 6. Drugs need to be used carefully.**

**Disease-modifying drugs** (DMARDs), e.g. sulphasalazine, methotrexate, gold and penicillamine, include a number of more powerful treatments which can be effective in suppressing arthritis and preventing or reducing damage to the joints. However, their use does need careful medical supervision.

**Steroids** are powerful, natural anti-inflammatory agents, which can be injected into painful areas as well as being used in tablet form. They too can have side-effects as well as great benefits, and have to be used carefully.

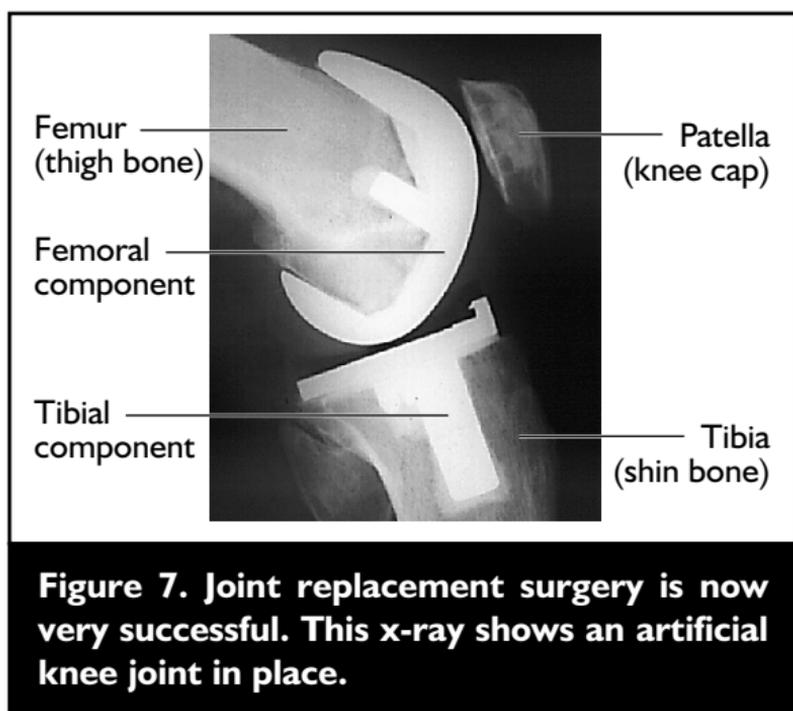
**Biologic drugs**, e.g. infliximab, etanercept, anakinra and adalimumab, are a new class of drug. They are unique in their design and action in that they were made specifically to counteract the causes of inflammation in the body.

(See **arc** leaflet 'Drugs and Arthritis' and other leaflets on individual drugs.)

***Remember: Drugs are often beneficial, but need to be used carefully, according to your doctor's instructions. If you are worried, or think that they may be causing side-effects, consult your doctor.***

## Surgery

Surgery may be necessary and advisable if the damage to a joint is severe enough to make life very difficult, and when other treatment is not reducing the pain. Joint replacements are now remarkably sophisticated and successful. Many different joints, including hips, knees and finger joints, are routinely replaced in people with advanced arthritis. There are also a number of other pain-relieving or reconstructive operations which are sometimes helpful.



(See *arc* booklets ‘Hand and Wrist Surgery for Arthritis’, ‘A New Hip Joint’, ‘A New Knee Joint’, ‘Shoulder and Elbow Joint Replacement’.)

## Helping yourself

There are many ways in which you can help yourself if you have arthritis. It helps if you can be positive about the disease. Try not to let it get on top of you, or let it stop you doing the things you want to. Be determined to enjoy life as much as possible. You can help yourself by appropriate exercise, rest, diet and stress control.

***Remember:*** A positive attitude helps arthritis.

### Rest and exercise

Joints do not wear out either as a result of normal use or with normal exercise. It is important to keep your joints moving and your muscles strong – whether you have arthritis or not. In general it is better to keep active.

If a joint is very inflamed, a short period of rest may help the inflammation to settle down. You should also protect inflamed or damaged joints. It is better to use

them 'little but often' rather than persisting with activities that afterwards cause lasting pain. However, it is also important not to rest the joints too much. All joints should be put through a full range of motion at least once a day, to prevent them stiffening up. In every case, keeping active is good for your general health.

In addition, specific exercises may be helpful, but these will depend on the type of arthritis and the joints affected. A physiotherapist will be able to provide advice on this.

(See **arc** leaflets 'Keep Moving', 'Physiotherapy and Arthritis'.)

***Remember: Keep your joints moving and your muscles strong. Get as much exercise as you can but don't overdo the activities which cause pain.***



**Figure 8. Regular exercise is important.**

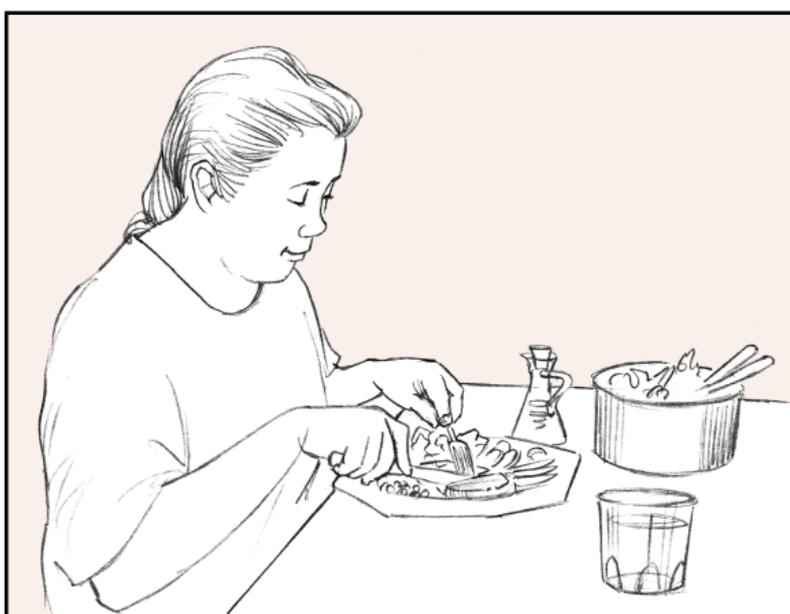
## Diet

All of us need to be sensible about what we eat or drink. It is important to avoid being overweight (as this puts extra strain on the joints). A good diet with plenty of fruit and fibre, avoiding too much meat or animal fat, is good for general health.

Special diets rarely make a great deal of difference to arthritis, although many people feel better when they start eating a healthy diet. A diet that replaces animal fat with vegetable or fish oils may reduce joint inflammation a little, and be of benefit to some people.

Occasionally someone with arthritis finds that a specific type of food upsets them, but this is unusual. Similarly, it is rare for alcohol to affect arthritis or other types of musculoskeletal pain. Please note, though, that certain drugs can interact with alcohol. If you are prescribed drugs for your arthritis you may need to avoid alcohol or limit the amount you drink – if you are in any doubt, check with your doctor.

Beware of the many books, articles and advice about diets that claim to cure arthritis. They all recommend



**Figure 9. Try to eat a healthy diet.**

quite different things, and most people do not benefit from them. In fact, an unusual diet may do you more harm than good.

(See **arc** booklet 'Diet and Arthritis'.)

***Remember:*** *It is unlikely that a 'special' diet will significantly affect your arthritis but eating sensibly is good for general health.*

## **Stress**

Chronic arthritis can get you down and constant pain may lead to anxiety and depression. Counselling from your doctor, or from someone s/he recommends, may help. Sharing the problem with friends and others who are affected can also be helpful. Relaxation techniques, which you may be able to learn with the help of a physiotherapist, occupational therapist, or from other sources, can also be beneficial. Some of the organisations listed under 'Useful addresses' can also offer help.

Stress is not the cause of arthritis, but it can make it feel worse. It is sensible to be aware of this and to try to find ways of coming to terms with the condition and dealing with the stress it causes.

***Remember:*** *Try to avoid stress, anxiety and depression. Find ways of relaxing. Share your problems. Take control of your life and your arthritis, and don't let it control you.*

## **Glossary**

**Cartilage** – strong, tough material with a slippery surface which covers the bone ends. It acts as a shock absorber and allows smooth movement between bones.

**Ligament** – a tough, fibrous band which holds two bones together in a joint.

**Spondylosis** – osteoarthritis of the small joints in the neck and back. Commonly present in all of us, often without causing any symptoms.

**Synovium** – the inner layer of the joint capsule which produces synovial fluid.

**Tendons** – strong fibrous cords that connect muscles to bones.

## Useful addresses

### **The Arthritis Research Campaign (arc)**

PO Box 177  
Chesterfield  
Derbyshire S41 7TQ  
Phone: 0870 850 5000  
[www.arc.org.uk](http://www.arc.org.uk)

As well as funding research, we produce a range of free information booklets and leaflets. Please see the list of titles at the back of this booklet.

### **Arthritis Care**

18 Stephenson Way  
London NW1 2HD  
Phone: 020 7380 6500  
Helplines: 020 7380 6555 (10am–4pm Mon–Fri)  
or freephone: 0808 800 4050 (12pm–4pm Mon–Fri)

Offers self-help support, a helpline service (on both numbers above), and a range of leaflets on arthritis.

### **Dial UK (Disability Information & Advice Line)**

St Catherine's  
Tickhill Road  
Doncaster  
South Yorkshire DN4 8QN  
Phone: 01302 310123  
[www.dialuk.org.uk](http://www.dialuk.org.uk)

## **Disabled Living Foundation (DLF)**

380–384 Harrow Road

London W9 2HU

Phone: 020 7289 6111

Helpline: 0845 130 9177 (10am–1pm Mon–Fri)

[www.dlf.org.uk](http://www.dlf.org.uk)

## **Employment/benefits**

Your Jobcentre or Jobcentre Plus office can put you in touch with your local Disability Employment Adviser. For information on benefits you can contact the Benefit Enquiry Line on 0800 882200.

## **Employment Medical Advisory Service (EMAS)**

To find your local office, see the telephone directory under ‘Health & Safety Executive’. The address and phone number should also be available in all workplaces. Alternatively, you can get this information from:

HSE Infoline

Caerphilly Business Park

Caerphilly CF83 3GG

Phone: 08701 545500

[www.hse.gov.uk/contact/index.htm](http://www.hse.gov.uk/contact/index.htm)

## **nras (National Rheumatoid Arthritis Society)**

Briarwood House

11 College Avenue

Maidenhead SL6 6AR

Phone: 01628 670606

[www.rheumatoid.org](http://www.rheumatoid.org)

A national charity which focuses specifically on rheumatoid arthritis.

## **RADAR (Royal Association for Disability & Rehabilitation)**

12 City Forum  
250 City Road  
London EC1V 8AF  
Phone: 020 7250 3222  
[www.radar.org.uk](http://www.radar.org.uk)

## **Relate**

See the telephone directory under 'Relate' or the Yellow Pages under 'Counselling and Advice' for your local Relate centre. Or Relate Head Office can be contacted at:

Herbert Gray College  
Little Church Street  
Rugby  
Warwickshire CV21 3AP  
Phone: 0845 456 1310 or 01788 573241  
Helpline: 0845 130 4010 (9.30am–4.30pm Mon–Fri)  
[www.relate.org.uk](http://www.relate.org.uk)

# Booklets and leaflets

These free booklets and leaflets are available from **arc**. To get copies, please send for our order form (stock code 6204) or write to: **arc** Trading Ltd, James Nicolson Link, Clifton Moor, York YO30 4XX for up to **THREE** titles.

## DISEASES

Ankylosing Spondylitis  
Antiphospholipid Syndrome  
Behçet's Syndrome  
Carpal Tunnel Syndrome  
Fibromyalgia  
Gout  
Introducing Arthritis  
Lupus (SLE)  
Osteoarthritis  
Osteoarthritis of the Knee  
Osteomalacia (Soft Bones)  
Osteoporosis  
Paget's Disease of Bone  
Polymyalgia Rheumatica (PMR)  
Polymyositis and Dermatomyositis  
Pseudogout  
Psoriatic Arthritis  
Raynaud's Phenomenon  
Reactive Arthritis  
Reflex Sympathetic Dystrophy  
Rheumatoid Arthritis  
Scleroderma  
Sjögren's Syndrome  
Vasculitis

## JUVENILE ARTHRITIS

Arthritis in Teenagers  
Growing Pains (for children)  
Tim Has Arthritis (for children)  
When a Young Person Has Arthritis  
(for schoolteachers)  
When Your Child Has Arthritis

## TREATMENT

Blood Tests and X-Rays for Arthritis  
Complementary Therapies  
Hand and Wrist Surgery  
Hydrotherapy and Arthritis  
Occupational Therapy and Arthritis  
Pain and Arthritis  
Physiotherapy and Arthritis

## SUMMARY

A summary leaflet listing the main topics covered by all the others shown here

## PARTS OF THE BODY

Back Pain  
Feet, Footwear and Arthritis  
Joint Hypermobility  
Knee Pain in Young Adults  
A New Hip Joint  
A New Knee Joint  
Pain in the Neck  
The Painful Shoulder  
Shoulder and Elbow Joint  
Replacement  
Tennis Elbow

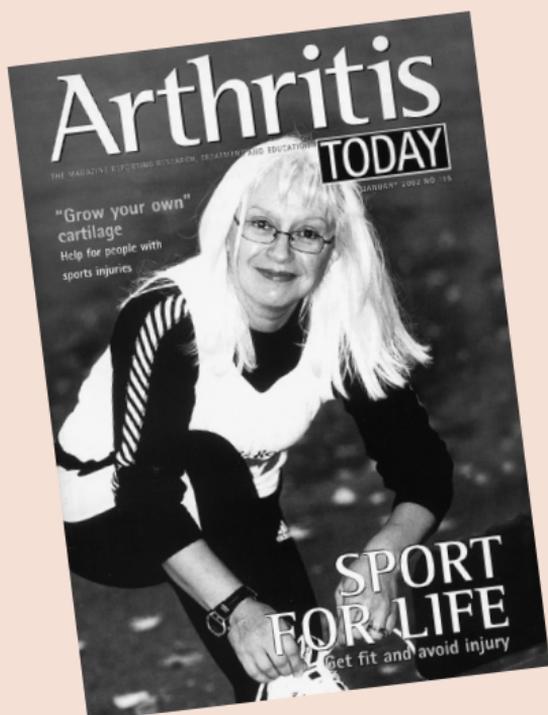
## LIFESTYLE

Are You Sitting Comfortably?  
Caring for a Person with Arthritis  
Diet and Arthritis  
Driving and Your Arthritis  
Gardening and Arthritis  
Keep Moving  
Looking After Your Joints (RA)  
Pregnancy and Arthritis  
Sexuality and Arthritis  
Sports Injuries  
Stairlifts and Homelifts  
Work and Arthritis  
Work-Related Rheumatic Complaints  
Your Home and Arthritis

## DRUG INFORMATION

Drugs and Arthritis (general info.)  
Adalimumab  
Anakinra  
Azathioprine  
Cyclophosphamide  
Cyclosporin  
Etanercept  
Gold by Intramuscular Injection  
Hydroxychloroquine  
Infliximab  
Leflunomide  
Local Steroid Injections  
Methotrexate  
Non-Steroidal Anti-Inflammatory  
Drugs  
Penicillamine  
Steroid Tablets  
Sulphasalazine

# Arthritis Research Campaign



The Arthritis Research Campaign (**arc**) is the only major UK charity funding research in universities, hospitals and medical schools to investigate the cause and cure of arthritis and other rheumatic diseases. We also produce a comprehensive range of over 80 free information booklets and leaflets covering different types of arthritis and offering practical advice to help in everyday life.

**arc** receives no government or NHS grants and relies entirely on its own fundraising efforts and the generosity of the public to support its research and education programmes.

*Arthritis Today* is the quarterly magazine of **arc**. This will keep you informed of the latest treatments and self-help techniques, with articles on research, human interest stories and fundraising news. If you would like to find out how you can receive this magazine regularly, please write to: Arthritis Research Campaign, Ref AT, PO Box 177, Chesterfield S41 7TQ.

## How we raise our funds

We constantly need to raise money by our own efforts to fund our work.

As well as a head office fundraising team we have an extensive network of regional staff, volunteer fundraising groups and charity shops throughout the UK.



*Photo courtesy of the Eastbourne Gazette*

## Where our money goes

Every year, we raise approximately £24 million to fund around 350 research projects across the whole of the UK.

In addition, **arc** funds the Kennedy Institute of Rheumatology in central London, at a cost of £3.1 million per year. We also set up the Arthritis Research Campaign

Epidemiology Unit in Manchester, currently funded at £1.6 million a year, which collates data on arthritis and its cost to the community.





A team of people contributed to this booklet. The original text was written by a doctor with expertise in the subject. It was assessed at draft stage by doctors, allied health professionals, an education specialist and people with arthritis. A non-medical editor rewrote the text to make it easy to understand and an **arc** medical editor is responsible for the content overall.



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*Registered Charity No. 207711*