

ARTHRITIS | *advisor*

Advice and information from a world leader in bone and joint care

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Six New Year's Resolutions for Pain Relief

Take control of your arthritis in 2016.

A new year means new resolutions. For arthritis patients—or anyone looking to be smarter about his or her health this year—we asked several Cleveland Clinic experts for their resolution recommendations to overcome pain and increase your function in 2016.

Anchor yourself

You know how it works: Too much stress prevents you from eating healthy, getting enough sleep and exercising regularly. When you miss the boat on these important things, you get more stressed out, which releases more cortisol, a hormone that causes pain. Lots of it. This keeps you awake all night and can make the next day unbearable.

Cleveland Clinic sports medicine specialist Evan Peck, MD, at the Orthopaedic and Rheumatologic Center in West Palm Beach, Florida, says patients can help reduce their joint pain (and stress levels, too) by making these resolutions for self-improvement: lose weight and exercise regularly.

1 Lose weight: Every extra pound on your body is additional strain on already weakened joints, says Dr. Peck. “My patients who have lost weight notice a remarkable reduction in their pain.”

2 Exercise regularly: The recommended exercise program for adults is 30 to 60 minutes a day, three to five days a week. Weekly workouts should include some form of aerobic exercise to get your heart rate up, combined with strength training through multi-joint compound exercises, such as squats and leg presses.

While both weight loss and exercise



Image: ©ThinkStock

are important resolutions on their own, research has shown that the combination makes the biggest difference. According to a study published in the *Journal of the American Medical Association* (September 2015), blending diet and exercise eased knee OA pain better than either alone for overweight and obese patients. Over 18 months, the research showed that joint inflammation, pain, function, and quality of life all significantly favored the combined approach compared with exercise alone.

“Strength and balance training are very important for arthritis patients, as these are usually weak areas for them,” Dr. Peck explains. For patients with issues performing standard exercises, Dr. Peck recommends working with a physical therapist, who can help them safely modify their approach.

3 Eat a diet rich in fruits, vegetables and whole grains: Several studies have shown that arthritis patients need to maintain healthy eating habits in order to control inflammation and reduce their risk of associated chronic conditions. In fact,

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IN THE NEWS



Drug Therapy Reduces Future Fracture Risk

A new study shows that anti-resorptive therapy (drugs that prevent bone resorption or bone breakdown), including bisphosphonates, denosumab and others, can decrease the risk of subsequent fractures by 40 percent. Research published in *The Journal of Bone & Joint Surgery* (October 2015) studied over 31,000 patients who were 50 years of age or older and had sustained a fragility fracture. After taking the prescribed therapy for at least six months, participants experienced a 34 percent reduction in hip fracture risk and a 43 percent reduction in subsequent spine fractures. A future wrist fracture was reduced by 50 percent, and the upper arm saw a 52 percent reduction in fracture risk. The risk of all fractures combined reduced by 40 percent due to the use of anti-resorptive therapy. Many patients are focused on the risks with these medications and not the risks of avoiding treatment, which is a serious fracture. The use of any medication is always a balance of benefit versus risk. For patients at high risk of fracture the benefits outweigh the risks.



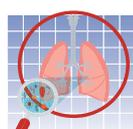
Sleep Apnea Tied to Gout

Obstructive sleep apnea (OSA) is characterized by frequent, but short, episodes of shallow (or even stopped) breathing when sleeping. In addition to the loud snoring OSA causes, it may contribute to high blood pressure and increase the risk of heart attack, stroke, heart failure and heart-rhythm abnormalities. Now, research is showing those with OSA are more likely to develop gout. According to research published in *Arthritis & Rheumatology*, among 9,865 patients with newly diagnosed sleep apnea, investigators identified 270 new cases of gout over one year of follow-up. “Since sleep apnea is treatable, our findings have both important clinical and public health implications in the prevention and treatment of gout,” the study’s lead author states.



Safety of Supplements Questioned—Again

Research continues to demonstrate the potential effectiveness of an organic path to ease arthritis aches, but new research underlines the importance of understanding that dietary supplements come with their own risks. Researchers at the Centers for Disease Control and Prevention (CDC) reported in the *New England Journal of Medicine* (October 2015) that dietary supplements are involved in some 23,000 visits to emergency departments (ED) every year. Although this number is less than the 5 percent of the ED visits caused by pharmaceutical drugs, “dietary supplements are regulated and marketed under the presumption of safety,” the report stated. Cardiac symptoms, including palpitations, chest pain, or tachycardia, from weight loss and energy supplements accounts for more ED visits than prescription stimulants.



Opioids Increase Infection Risk in Arthritis Patients

Opioids, such as hydrocodone (Vicodin®, Lortab®), are often turned to for relieving arthritis pain. But, in addition to the increased risk of addiction-like dependence the drugs pose, a new study shows that taking opioids appears to raise the risk for serious infections among patients with rheumatoid arthritis (RA). According to research published in *Arthritis & Rheumatology* (October 2015), the higher rates of infection were associated with long-acting opioids, immunosuppressive opioids, and those with a higher daily morphine equivalent dose. The study included 1,790 patients who were hospitalized for a serious infection, such as pneumonia, meningitis, encephalitis, septicemia, cellulitis, and a soft tissue infection. Based on age, use of disease modifying anti-rheumatic drugs (DMARDs), glucocorticoids, proton pump inhibitors, seasonal illness, and nursing home status, overall infections were increased in those using opioids. This is important given the uncertainty about the long-term safety and effectiveness of opioid analgesics. 

Help Your Bones, Hurt Your Jaw?

Bisphosphonates can be beneficial for bone health, but some may need to be cautious of the drugs' impact on their dental health.

Your bones are your body's framework—and for many, the bone-building drugs bisphosphonates ensure a sound foundation against the impact of osteoporosis. Bisphosphonates, including the oral drugs alendronate (Fosamax®), risedronate (Actonel®) and ibandronate (Boniva®), and the intravenously (IV) administered zoledronic acid (Reclast®), have been shown to reduce the risk for fracture and improve bone strength. But, as the saying goes, there can be too much of a good thing.

Jawing reality

While bisphosphonates can be a savior for the over 50 million patients in the U.S. with low bone mass and osteoporosis, long-term use holds the possibility of posing problems in some surprising ways—especially in your mouth, according to Chad Deal, MD, Head of the Center for Osteoporosis and Metabolic Bone Disease at Cleveland Clinic.

“After years of use, bisphosphonates may in rare cases actually lead to poor healing of bone in the mouth in certain patients and contribute to the painful condition known as osteonecrosis of the jaw (ONJ),” says Dr. Deal. “ONJ is uncommon, but understanding the potentially increased risk bisphosphonates present is important before beginning the drugs—or if patients need dental surgery while on therapy.

“When people hear about ONJ caused by bisphosphonates, they often think that it's bone loss in the jaw—it's far from that. In fact, bisphosphonates most likely increase bone density in the jaw, just like they do anywhere



else,” explains Dr. Deal. “ONJ actually occurs when the jaw bone is exposed, usually after surgical or dental procedures, and begins to starve from lack of blood. The result can be necrotic bone that is slow to heal and which can cause pain and swelling.

“Most cases of ONJ happen after procedures such as a dental extraction. Poor dental health, such as periodontitis, can also contribute to the condition,” he says. “It is essentially a healing issue as the bone begins to weaken due to exposure.”

It's been more than a decade since the first reports of ONJ in bisphosphonate users. Over time, research has shown that high-dose intravenous administration results in greater risk than does an oral route, as does the dose and duration of the drug. “More than 90 percent of patients with ONJ are cancer patients who are getting high doses of bisphosphonates—10 to 15 times the dose given to patients with osteoporosis,” Dr. Deal stresses.

Chewing on the details

Even if you're receiving the normal dosage of bisphosphonates, you should be aware of the increased risk dental procedures may have on

What You Need to Know

- **Osteonecrosis of the jaw (ONJ)** occurs when the jawbone is exposed due to trauma or surgery, such as a dental extraction or poor dental hygiene. ONJ presents as white-yellowish lesions due to exposed bone that does not heal within eight weeks.
- **It's not understood** why bisphosphonates increase the risk of ONJ. The risk of ONJ increases with both oral and intravenous (IV) bisphosphonates, but research has shown that the risk is higher in those who receive IV bisphosphonates, such as Reclast, and most often in cancer patients receiving much higher doses.
- **The best way** to prevent ONJ before and after a dental extraction is by following good dental hygiene and stopping bisphosphonate therapy before the procedure.

developing ONJ. While research shows that the risk of ONJ with the use of oral bisphosphonates after dental surgery is relatively rare, when it does occur it can be difficult to manage. This makes a proactive approach the best one to take, says Dr. Deal.

“If a patient is going to have oral surgery and they've not yet started bisphosphonates, I always advise they have the surgery before starting therapy and wait to start therapy until the bone is healed,” he says. “For those already taking oral bisphosphonates, the recommendation is to stop them a couple of months before the procedure, if possible.

“The overall benefit of bisphosphonates for those with osteoporosis at risk of fracture—or preventing a recurring fracture—is far greater than the risk of developing ONJ,” says Dr. Deal. [Act](#)

Understanding Fibromyalgia's Chronic Influence

The challenges of getting—and treating—a fibromyalgia diagnosis.

Once upon a time, fibromyalgia was doubted as a true medical condition. Now fibromyalgia is recognized as the second most common rheumatic disorder after osteoarthritis (OA).

Carmen Gota, MD, a fibromyalgia expert at Cleveland Clinic, explains the challenges of diagnosing and treating this chronic disease.

First, we must wait

Fibromyalgia, like many other rheumatic and autoimmune conditions, isn't a quick and easy diagnosis, according to Dr. Gota. "It is difficult to diagnose a patient with fibromyalgia if symptoms have been ongoing for less than three months."

In addition to its longer duration of symptoms, what differentiates fibromyalgia from other conditions is the character of pain it inflicts. According to Dr. Gota, it starts with achiness and stiffness in one area that eventually spreads to the whole body. For other patients, she says, fibromyalgia might start in the joints.

"Fibromyalgia patients are always tired and experience sleep difficulties; the vast majority wake up unrefreshed," explains Dr. Gota. "Sometimes they feel like they've been hit by a truck."

Other features that are suggestive of fibromyalgia are pain after—not so much during—exercise, and worse pain after physical activity, often also the next day, and pain at night and stiffness in the morning. Additional symptoms may include intermittent tingling or numbness in the hands and feet; headaches, especially migraines; memory and cognitive



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Fatigue and headaches, especially migraines, are some of the primary symptoms of fibromyalgia.

issues; and irritable bowel syndrome.

"Once all symptoms have been identified and differential conditions have been excluded, we need to determine the disease's severity, which helps us map a treatment plan," explains Dr. Gota.

After determining severity, Dr. Gota says she looks at comorbidities. She explains, "There is a high prevalence of stress, sleep disorders, depression, anxiety, and other mood and personality disorders seen in patients with fibromyalgia, especially in moderate-to-severe cases. These need to be recognized and treated accordingly."

The diagnosis is official

One-size-fits-all doesn't work for fibromyalgia treatments, but some things are universally included. "Education is very important. We have

What You Need to Know

- **To diagnose fibromyalgia**, chronic symptoms must last three months or longer
- **Symptoms include increasing** achiness/pain in the neck and back joints; fatigue; poor sleep; stiffness, tingling or numbness in the hands and feet; memory and cognitive issues; and irritable bowel syndrome
- **Once fibromyalgia is diagnosed**, the disease's severity and comorbidities impact the treatment plan.

an educational program support group once a month, where we invite patients and their families to learn more," says Dr. Gota. "I also recommend exercise for 30 to 60 minutes a day, three times a week, but they should start very slow and build gradually from there."

Next, Dr. Gota looks at how a patient handles pain. "Is the patient calm or is he or she catastrophizing, or worrying too much? This in itself has to be a treatment target," she says.

Helpful solutions

Treatment for fibromyalgia usually begins with a low-dose tricyclic antidepressant at bedtime, which ensures a good night's rest. "We might consider one of the three approved drugs by the Food and Drug Administration (FDA), including duloxetine (Cymbalta®) and milnacipran (Savella®)," says Dr. Gota.

Cleveland Clinic uses a multidisciplinary therapy approach including an evaluation and treatment by a pain-trained psychologist.

"It's a life-long condition, but research confirms the efficacy of the multidisciplinary therapy approach," Dr. Gota states. [Aa](#)

A Chain Reaction for Relief

Your hips and thighs hold the key to releasing arthritis pain.

Hips and thighs are often the sources of discontent. If you're a woman, you've probably cursed them when life led to weight gain; if you're of the male persuasion, injured muscles or bursitis may have caused your complaints. But, did you know that the hips and thighs, when working together, could actually liberate you from arthritis pain?

Your hips and thighs are the powerhouse that drive you forward and help keep your knees and feet in proper working order. Strengthening these can ease pressure and pain in your joints, according to Cleveland Clinic Rehabilitation and Sports Therapy physical therapist Elizabeth Narducci, DPT.

"When thinking about lessening pain in an arthritic knee, a combination of strengthening both the hip abductors and the thigh muscles, or quadriceps, is the best approach," says Dr. Narducci. "By initiating hip strength first, we can then focus on the quadriceps to take pressure off the knee joint."

Your skeleton song

Your body's joints and anatomical segments act in unison to create a chain of events that affects movement. Known as the "kinetic chain," quite simply it means that all of your bones and muscles are connected in a "chain." When it comes to taming knee arthritis pain, two of the most important links in your chain are the hips and thighs.

"In terms of the thigh muscles, we look at the quadriceps muscle group," Dr. Narducci explains. "When activating the quadriceps muscles, it allows for lessened pressure within

the joint. But, even if the quadriceps group is strong, we need to address hip strength."

To empower the hips and thighs, Dr. Narducci recommends a combination of "open chain" strengthening exercises with "closed chain" exercises. Open chain exercises are movements that isolate a single muscle group and a single joint. Alternatively, closed chain exercises work multiple joints and muscles groups at one time.

"If we can actually add weight through an open chain exercise in combination with a closed chain exercise for any muscle group that's weak, you're going to get better outcomes," says Dr. Narducci.

A unique link

If your body is a series of links, then ensuring that the hip and thigh connection is strong will not only reduce

knee arthritis pain, but also help hold off joint replacement surgery, states Dr. Narducci. "Research has shown that if the hip abductor is weak it can lead to quicker surgical intervention down the line.

"The hip abductor keeps the body's biomechanics in a straight line, allowing for proper function," she says. "If that's weak, a lot of pressure is put on the knee, leading to further joint degeneration."

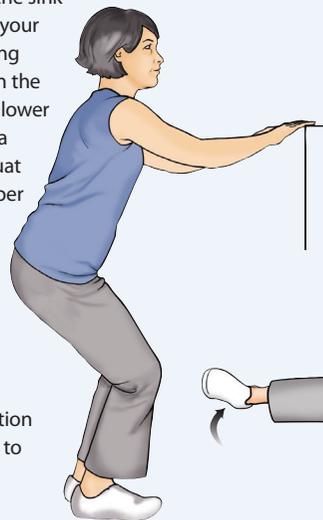
To address both your hips and thighs, start with what Dr. Narducci calls an open chain gluteus medius exercise. "A side lying hip abduction exercise can be completed by just lying on your side and lifting the alternate leg up and down," she says. "Add a weight-bearing exercise through functional squatting to strengthen the quad muscles.

"It can take four to six weeks to build enough strength to ease joint pain, but sometimes it's not just strength—it's also addressing weight loss and overall lifestyle." 

Build Your Hip and Thigh Strength Base

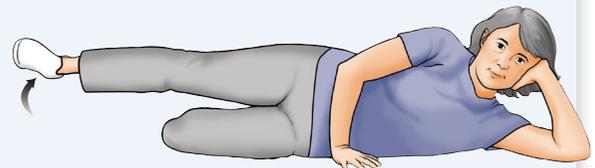
Sink Squat

- Stand facing a sink with your feet about 24 inches from the edge
- Reach out and place your hands on the edge of the sink
- Slowly bend your knees, keeping your heels on the ground, and lower your hips to a modified squat position (upper legs about a 45-degree angle to the floor)
- Hold for five seconds and return to the starting position
- Repeat eight to 12 times.



Side Lying Leg Lift

- Lie on one side with your hips, knees and feet neatly stacked in a straight line
- Draw the underneath leg in towards you, so the bottom knee is bent
- Rest your top arm in front of you, using the hand to help with your balance
- Keeping the top leg completely straight, lift it up to hip height and hold it there for a count of 5. Make sure your pelvis (hip) stays still and doesn't sag downwards as you lift your leg
- Carefully lower your leg
- Rest a moment, then repeat
- Aim to do 10 raises on one side, then turn over and repeat on the other side.



Illustrations: Alayna Paquette

Laughter: The Best Medicine

Can regular doses of laughter really put pain in a timeout?

How many times a day do you giggle, snort or guffaw? Do you think you laugh more as you get older, or less?

Research has shown that the average adult laughs only 15 times a day, whereas healthy children hit 400 in that same timeframe. What's relevant about this to arthritis patients is that research has proven that laughter-as-medicine isn't just the stuff of folklore but does in fact have positive effects on the body.

Cleveland Clinic psychologist Scott Bea, PsyD, confirms the efficacy of a big belly laugh. "Studies have shown that laughing not only eases stress and its negative effects on our bodies, but can also relieve inflammation-related pain and boost immunity," he says.



Image: ©ThinkStock

The punchline that keeps giving

According to Dr. Bea, laughter's positive effects begin as soon as the mind registers something as funny and initiates a response. "What's interesting is that we start laughing by first tensing up our bodies," he says, "but only for a second."

The ensuing laughter releases that tension, increases oxygenation in the blood and releases two feel-good neurotransmitters—endorphins and dopamine.

"Endorphins produce a natural high feeling, one that's typically associated with vigorous exercise, and

suppress pain perception. Dopamine calms and clears the mind," Dr. Bea explains. These, combined with the tension release and the deep breaths a good laugh produces, are the short-term effects laughter has on the body. "These benefits alone are wonderful," he says, "but its impact doesn't stop there."

Dr. Bea explains that laughter strengthens the body's immune system by stimulating the production

of illness-preventing T-cells, which are then delivered through the body's lymphatic system. Furthermore, laughter triggers the release of neuropeptides, which work with neurotransmitters to boost immunity and fight stress.

But perhaps laughter's best quality isn't in what it adds, but rather the devil it drives away: stress. "When we're stressed, our bodies release a hormone called cortisol. Prolonged stress increases cortisol levels in the system, and this is a bad thing, as it can aggravate inflammation and lead to further pain," he says.

For best results, the bigger the laugh, the better

Naturally, the big question that begs an answer is, does a giggle provide the same health benefits as a deep belly laugh? Unfortunately no, says Dr. Bea. "When it comes to how much of an impact laughter can

What You Need to Know

Laughter does a body good!

Recommended dosage:

- **As often as you can**
- **More is more:** the bigger the laugh, the better the results

Side effects:

- **Boosts your immune system**
- **Suppresses pain perception**
- **Reduces stress and its negative effects**

Where to get it:

- **TV and radio channels** dedicated to comedy programming
- **Your best friend,** a family member, or a funny co-worker

make, it's the same as exercise. The more vigorously you run, swim and yes, even guffaw, the more significant your results will be."

Sources of happiness

Getting those happy hormone-inducing laughs on a regular basis can require some effort. Dr. Bea suggests that you identify what makes you laugh—whether YouTube videos, newspaper comics or a chat with a good friend—and set aside time to indulge in it each day.

"My brother is really funny and we're hysterical when the two of us talk on the phone or get together. I'm also a huge fan of Seinfeld and can still get a good laugh from watching reruns."

Lastly, Dr. Bea adds that laughter isn't just medicine—it also helps us bond with others and is great therapy. "Sigmund Freud believed that it was a sophisticated way to deal with the challenges that life presents to us, and I couldn't agree with him more." 

Six Resolutions... from page 1

a study published in the *American Journal of Clinical Nutrition* (September 2013) showed that vitamin C elevates moods, reduces stress and decreases anxiety.

Mira Ilic, RD, LD, a registered dietitian in Cleveland Clinic's Digestive Disease Institute, recommends following a four-tiered Mediterranean diet pyramid.

"The largest tier should be based on fruits, vegetables, nuts, legumes, whole grains, and healthy fats like olive oil and avocado. The smaller second and third tiers include seafood, chicken and dairy," she says. "The fourth and smallest level allows for room for treats such as red meat and sweets. But, you should eat red meat only a couple times per week and limit sweets to a small serving occasionally or eating fruit instead."

4 Avoid inflammation triggers and sleep saboteurs:

Processed foods are associated with an increase in inflammation-related pain. Because of this, Cleveland Clinic's Wellness Enterprise Medical Director Roxanne B. Sukol, MD, advises patients to limit processed and refined food products and to eat foods closer to their original state, such as fresh fruits and vegetables.

Dr. Sukol also says that while a little bit of alcohol is acceptable, a lot is not.

"Drinking too much can hinder your ability to follow a balanced diet, engage in physical activity and get an adequate amount of rest," she says. "All of which are necessary for keeping arthritis aches and pains at bay."

Map your course

The best resolutions ask you to think beyond just one year. After all, you're planning on being around for a while, aren't you? Unfortunately, with a degenerative disease like arthritis, it's a permanent part of the ride.

"To proactively manage all types of arthritis, we offer both surgical and non-operative treatment options to give patients the ability to remain active and maintain a certain quality of life," says orthopaedic surgeon Brian M. Leo, MD, at Cleveland Clinic's Orthopaedic and Rheumatologic Center in Weston, Florida.

5 Plan for the future: To stay one step ahead of the pain, meet with your doctor to regularly assess how your arthritis is progressing and discuss what treatment options you might want to start considering in both the short and long term. Dr. Leo explains, "Patients with early to moderate arthritis aren't burning bridges if they try different treatments. And the pain relief they experience can be life-changing."

When considering next steps, Drs. Leo and Peck both emphasize that there's no one-size-fits-all arthritis regimen. "We treat patients individually with an approach that is right for them," says Dr. Leo.

Dr. Peck has seen some of his patients with advanced arthritis respond very well to viscosupplement injections. "Everyone responds differently, so don't get discouraged too quickly if your pain isn't where you'd like it to be," says Dr. Peck. "There are a number of different treatments available, and your doctor can work with you to customize one that's right for you."

What You Need to Know

Six New Year's resolutions for arthritis patients

- **Lose weight.**
- **Exercise regularly.**
- **Eat a diet** rich in fruits, vegetables and whole grains.
- **Avoid bad habits** and inflammation triggers.
- **Map your course** to proactively manage pain.
- **Open the lines** of communication with your doctor. Always tell him or her what alternative treatments or supplements you're thinking about trying—well before you start them.



Treasure your doctor

6 Open the lines of communication: Dr. Peck wants patients to have a dialogue with their doctor before self-medicating or trying an alternative treatment that they heard about on TV. "It's important to ask a lot of questions; don't just assume something is safe because the advertisement says so," he says. "People who regularly take over-the-counter pain pills don't realize that some medications can actually delay healing, not to mention have serious side effects with prolonged use."

And listen to what your doctor advises. "We want to help you manage your arthritis pain, but we want to do it safely," explains Dr. Peck. "If we aren't on board for trying something that isn't medically supported or right for you, it's only with the patient's best interest in mind. A lot of products are being pushed as medical science when they are not." 



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ASK THE DOCTORS

Defining psoriatic arthritis.....Driving after hip replacement surgery

Q My doctor has diagnosed me with psoriatic arthritis. What is it, and how is it different from other types of arthritis?

A Psoriatic arthritis (PsA) is an inflammatory type of arthritis that can cause joint pain and stiffness, swollen fingers and toes, nail changes and overall fatigue. Because its symptoms are often similar to other types of arthritis and it rarely progresses the same way in every person, PsA is often difficult to diagnose in its early stages. It's not clear what causes PsA, but it is known that about a third of people with psoriasis—a skin disease that causes a red, scaly rash—will develop the condition.

There are five types of PsA, and it's important to know which type you have so that it may be properly treated. Symmetric PsA affects the same joints—usually in multiple matching pairs—on opposite sides of the body, and often mimics the symptoms of rheumatoid arthritis. Asymmetric PsA typically involves one to three joints in the body, both large and small. When the small joints in the fingers and toes are affected, distal interphalangeal predominant (DIP) is the cause, although DIP is often confused with osteoarthritis. Spondylitis affects the spinal column and may cause stiffness in the neck, lower back, spinal vertebrae or sacroiliac region (pelvis area). The most severe and destructive form of PsA (and the most rare) is called arthritis mutilans, which primarily affects the small joints in the fingers and toes.

While there is no cure for PsA, it can be successfully treated. The earlier treatment is started, the better to prevent damage to the joints and decrease the risk of additional comorbidities, including cardiovascular disease and osteoporosis. Disease modifying anti-rheumatic drugs (DMARDs), such as the injection adalimumab (Humira®), have shown to slow down the progression of PsA. Recently several new classes of medications have been approved for psoriatic arthritis

including ustekinumab (Stelara®), a drug that targets molecules involved in the inflammatory process (IL-12 and IL-23) and apremilast (Otezla®), which targets phosphodiesterase 4 (PDE4)—a known source of inflammation. A fifth anti-TNF blocker called certolizumab (Cimzia®) has also been approved for use.

Q I'm planning on having hip surgery soon. How long do I have to wait after surgery before I'm able to drive?

A Each year, more than 300,000 patients undergo hip replacement surgery in the U.S. Those who have the procedure typically have much less pain than before surgery, and are able to perform daily activities more easily because the joint moves better. Yet, nearly every orthopaedic procedure will have some impact on a patient's ability to safely drive.

The decision to get back behind the wheel after hip replacement surgery is individualized to each patient. You and your surgeon should have a driving discussion when the decision to schedule surgery is made. After the procedure, your surgeon should talk with you about how the recovery process is proceeding and what impact the procedure may have on driving.

In most cases, it is safe to resume driving when you no longer take narcotic pain medication and your strength and reflexes have returned to a more normal state. Most studies have shown that the biggest challenge facing patients returning to driving after surgery is emergency braking.

Yet, new research shows that those who undergo a total hip replacement may drive as early as two weeks following surgery. According to the study's results presented at the Annual Meeting of the American Academy of Orthopaedic Surgeons (March 2015), improved surgical, pain management and rehabilitation procedures are to thank for the earlier return to mobility. [A-Z](#)

IN COMING ISSUES

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- Are Supplements Worth the Cost?
- The Best Yoga for You
- Surprising Arthritis Facts

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