

Arthritis pain: Do's and Don'ts

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Arthritis is the general painful condition affecting joints. Arthritis pain can be frustrating. And so is sorting through your pain relief options. To help figure out the best means of relieving arthritis pain, here are answers of some commonly asked questions about arthritis pain.

Will physical activity make your arthritis pain worse?

If you already have joint damage, you can make your arthritis pain worse with activities that are stressful to your joints or that require repetitive motion.

However, if you have only mild joint damage and most of your symptoms are related to the ligaments, tendons and muscles surrounding your joints not the joints themselves a gentle exercise programme could improve your arthritis pain. Be sure to include stretching and muscle strengthening in your exercise program.

Work with the doctor to determine the right solution and exercise programme for your specific situation. Arthritis varies a great deal from one person to another.

What sorts of activities should generally be avoided and what types of activities are good for most people with arthritis pain?

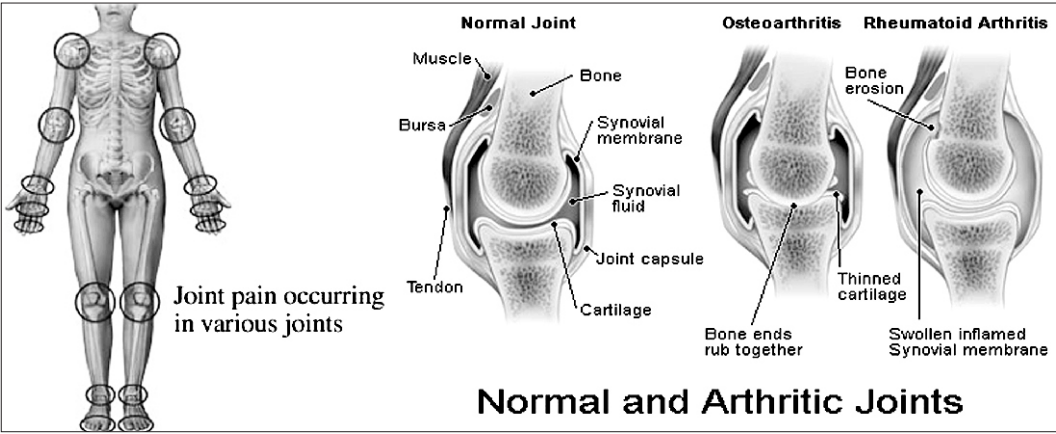
Activities that put sudden pressure on involved joints such as jogging and playing tennis are

likely to make the symptoms of arthritis worse and cause increased swelling and inflammation. Activities that are likely to help include exercises that strengthen your muscles, protect your joints, and reduce stress and joint damage. For example, strengthening the muscles on the front and back of your thigh helps protect your knee and hip joints. Consult a doctor to learn some exercises to increase your muscle strength without abusing joints.

Do what you can to stay physically active while taking into consideration the condition of your joints. For example, you may be able to walk a mile or more at a comfortable pace with well-fitting shoes. But you probably have to give up on high-impact activities, such as running, which put a lot of stress on many different joints. If your joints are too painful or damaged to allow an activity such as walking, then swimming or other water exercise may be a better choice for keeping you active and getting toned.

How can you reduce the stiffness and pain that come from sitting for a long time?

Many people with arthritis experience stiffness after sitting or resting, especially if they have used their joints actively before sitting or resting. Most people with rheumatoid arthritis have stiffness after rest, such as in the morning. These are common symptoms of arthritis. Movement will tend to diminish some of the symptoms. If you must sit for a long time,



adjust your position often to prevent or lessen stiffness. For example, turn your head at different angles, shift the position of your arms, and bend and stretch out your legs. Such slight movements may help prevent excessive stiffness. Many times the stiffness may be worse for a few days after you have used your joint strenuously.

When does arthritis pain indicate you should consult a doctor?

If new pain develops or you have persistent symptoms lasting more than several days then you should consult a doctor. Treatment is often more effective when arthritis symptoms are caught early. If you have symptoms that you know are from overdoing it and they disappear in a few days, you probably don't need to visit a doctor.

What medications are best for arthritis pain relief?

The good news is that there are

now many medications available for arthritis. Most are relatively safe and well tolerated, but no medication is completely free of possible side effects. If your symptoms are a regular problem, you need professional advice from a doctor about what medications to take and how much.

If your pain is present only occasionally and follows some unusual activity, you could try one or two acetaminophen tablets, which are sold over-the-counter. Many such preparations are available. Ordinarily, all work equally well. Some people prefer aspirin instead. If you have a history of peptic ulcer disease, bleeding, asthma or allergies, talk to your doctor before taking aspirin or a drug like ibuprofen.

If your symptoms are prolonged and are related to activities that you don't participate in all of the time, nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and naproxen

may bring relief. These drugs can be purchased without a prescription.

If your symptoms are more prolonged and severe, joint involvement may be more advanced, and you may need larger doses of drugs on a regular basis. Until recently we prescribed COX-2 inhibitors for patients who had stomach pain or other side effects from other NSAIDs. However, recent data suggest that COX-2 drugs may cause heart problems in some patients. Consult a doctor if you aren't getting sufficient pain relief from your medications.

Are alternative treatments helpful for arthritis pain?

This question raises complex issues, and there is no short and easy answer that applies to all alternative arthritis treatments. Even the definition of alternative treatments varies from one source to another. For example, heat, massage and stretching

which help relieve arthritis symptoms for many people have been listed as alternative treatment by some, but in reality these have been standard practice for many years.

The best treatments of this type are straightforward and have a doctor's or physical therapist's stamp of approval. Some activities may be more interesting and fun to do. If it keeps you active, then it's helpful.

The problem with many alternative preparations is that they have not been adequately studied. In most people, arthritis symptoms vary from day to day. So if you take an herbal preparation, for example, on a day that you might have felt better anyway, you may become convinced that the herb made you better. In arthritis treatment studies, as many as 30 percent of people taking an inactive substance (placebo) improve, at least temporarily.

Finally, quality standards for over-the-counter alternative drugs don't exist. Research shows that there is a great variation in the amount of active substance in different brands and even different lots of the same brand. This alone may be reason to avoid them.

Finding an effective and safe medication for arthritis pain is a complex task that may take years. Trying to shortcut standard practices may lead to harmful effects and wasted money, time and effort.

New insight

Why cholera epidemics self-limited



Ever since cholera was recognised as an epidemic disease that could spread across continents, killing many people in its path, epidemiologists have pondered why these epidemics seem to be self-limiting. Why does cholera seems to come during certain seasons and then practically disappear, only to strike again the next year or sometimes after several years? What limits these epidemics?

Over the years some investigators suggested that susceptible people become infected and develop immunity. As the epidemic progresses, this individual immunity limits the spread of the disease. Another possibility was that ecological conditions such as plankton in water are needed to sustain an epidemic. As environmental factors become unfavourable for the *Vibrio cholerae's* plankton host, the epidemic can no longer continue, even though enough bacteria may persist in the waters to strike again next season.

Source: ICDDR,B

Carbon monoxide poisoning tied to generator use

In a study of 10 hospitals in Florida, the vast majority of carbon monoxide (CO) poisonings that occurred during the 2004 hurricane season were related to the use of gasoline-powered portable generators. Six of the generator-related poisonings proved fatal.

"To avoid CO poisoning, portable generators need to be operated outside of any building and far away from doors, windows or air conditioners," study co-author Dr. David Van Sickle, from the Centers for Disease Control and Prevention (CDC) in Atlanta, told.

"This is the first time we've looked at exposure to CO from portable generators after a warm weather disaster," he added.

As reported in the CDC's Morbidity and Mortality Weekly Report, four major hurricanes hit Florida between August 13 and September 25 of last year. The Florida Department of Health noticed an increase in CO poisonings in hurricane-affected counties and the CDC was called in to assist with the investigation.

In the present analysis, the CDC reviewed the medical records of all individuals who

were diagnosed with unintentional CO poisoning at one of the study hospitals between August 13 and October 15, 2004.

A total of 167 nonfatal cases, representing 51 exposure incidents, were identified and all but 6 involved individuals who had been using portable generators. As noted, six fatal cases, stemming from five exposure incidents, occurred and all were associated with portable generator use.

The most common symptom, present in 80 percent of cases, was headache, followed by nausea and dizziness, each seen in about 50 percent of patients.

With the nonfatal poisonings, the generator was usually located outdoors, typically near a window or air conditioner, or inside a garage. By contrast, in the cases of fatal poisonings, an indoor location was invariably cited.

"Our findings emphasise that when used outside, portable generators need to be placed a significant distance from the house," Van Sickle said.

Source: Morbidity and Mortality Weekly Report

Heart attack symptoms

Know what signals a medical emergency



Heart attack symptoms vary widely. The symptoms you experience may be different from those experienced by a relative or neighbor. And similar symptoms may differ in intensity. For instance, you may have only minor chest pain while someone else has excruciating pain. In addition, women often have different heart attack symptoms than men.

One thing applies to everyone, though: If you suspect you are having a heart attack, call for emergency medical help immediately. Don't waste time trying to diagnose the symptoms yourself.

Heart attack symptoms for men and women

Common heart attack symptoms and warning signs may include:

Chest discomfort: This discomfort or pain can feel like a tight ache, pressure, fullness or squeezing in the center of your chest lasting more than a few minutes. These feelings may come and go.

Upper body pain: Pain or discomfort may extend beyond your chest to your shoulders, arms, back, neck, teeth or jaw. You may have upper body pain without any chest discomfort.

Stomach pain: Pain may extend downward into your abdominal area.

Shortness of breath: You may pant for breath or try to take in deep breaths. This often occurs before you develop chest discomfort.

Anxiety: You may feel a sense of doom or feel as if you are having a panic attack for no apparent reason.

Lightheadedness: You may feel dizzy or feel like you might pass out.

Sweating: You may suddenly break out into a sweat with cold,

clammy skin.

Nausea and vomiting: You may feel sick to your stomach or vomit.

Heart attack symptoms in women

Women may experience all, none, many or a few of these common symptoms of a heart attack. For women, as for men, the most common symptom of a heart attack is some type of pain, pressure or discomfort in the chest. But women are more likely than men to also have signs and symptoms unrelated to chest pain, such as:

- 1. Neck, shoulder, upper back or abdominal discomfort
- 2. Shortness of breath
- 3. Nausea or vomiting
- 4. Sweating
- 5. Lightheadedness or dizziness
- 6. Unusual or unexplained fatigue

Heart attack symptoms demand emergency help

Some heart attacks have the classic symptoms you see on television or in the movies where someone clutches their chest and writhes in excruciating pain. Not all heart attacks announce themselves so clearly, though. In fact, most heart attacks begin with much more subtle symptoms with only mild pain or discomfort. And your symptoms may come and go. Don't be tempted to downplay your symptoms or brush them off as indigestion or anxiety.

Getting treatment quickly improves your chance of survival and minimises damage from a heart attack. Don't "tough out" these symptoms for more than five minutes.

Source: <http://www.mayoclinic.com>

Facts about peripheral vascular disease

STAR HEALTH DESK

Peripheral vascular disease refers to diseases of blood vessels outside the heart and brain. It is often a narrowing of vessels that carry blood to the legs, arms, stomach or kidneys. There are two types of these circulation disorders:

Functional peripheral vascular diseases don't have an organic cause. They don't involve defects in blood vessels' structure. They are usually short-term effects related to "spasm" that may come and go. Raynaud's disease is an example. It can be triggered by cold temperatures, emotional stress, working with vibrating machinery or smoking.

Organic peripheral vascular diseases are caused by structural changes in the blood vessels, such as inflammation and tissue damage. Peripheral artery disease is an example. It is caused by fatty buildups in arteries that block normal blood flow.

What is peripheral artery disease?

Peripheral artery disease (PAD) is a condition similar to coronary artery disease and carotid artery disease. In PAD, fatty deposits build up in the inner linings of the artery walls. These blockages restrict blood circulation, mainly

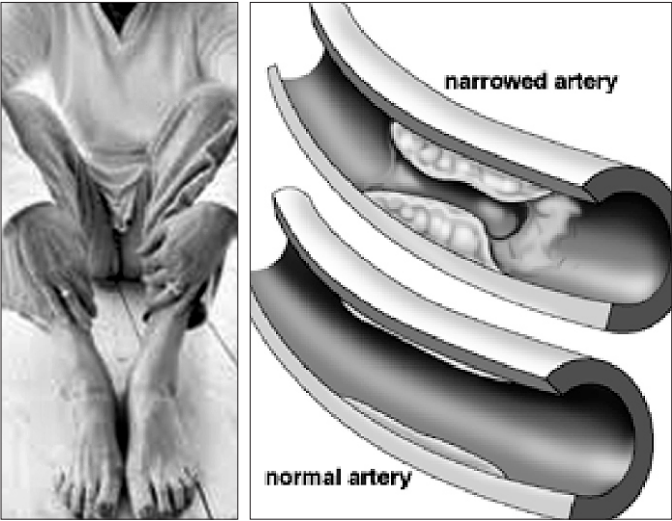
in arteries leading to the kidneys, stomach, arms, legs and feet. In its early stages a common symptom is cramping or fatigue in the legs and buttocks during activity. Such cramping subsides when the person stands still. This is called "intermittent claudication." People with PAD often have fatty buildup in the arteries of the heart and brain. Because of this association, most people with PAD have a higher risk of death from heart attack and stroke.

How is peripheral artery disease diagnosed and treated?

Techniques used to diagnose PAD include a medical history, physical exam, ultrasound, X-ray angiography and magnetic resonance imaging angiography (MRA). Most people with PAD can be treated with lifestyle changes, medications or both. Lifestyle changes to lower your risk include:

- 1. Stop smoking (smokers are 2 to 25 times more likely to get PAD).
- 2. Control diabetes.
- 3. Control blood pressure.
- 4. Be physically active (including a supervised exercise program).
- 5. Eat a low-saturated-fat, low-cholesterol diet.

PAD may require drug treatment, too. Drugs include medicines to help improve walking



distance, antiplatelet agents, cholesterol-lowering agents.

In a minority of patients, lifestyle modifications alone are not sufficient. In these cases, angioplasty or surgery may be necessary.

Angioplasty (plastic surgery to repair a blood vessel, such as a narrowed coronary artery) can be used to dilate (widen) narrowed or blocked peripheral arteries. A thin tube called a catheter with a deflated balloon on its tip is passed into the narrowed artery segment. Then the balloon is inflated and the catheter is withdrawn.

Often a stent a cylindrical, wire

No link between sugar and obesity!

There is no link between sugar and obesity because health problems linked to weight gain are caused by increased consumption of calories and a lack of exercise, a U.S. sugar industry group said.

"Every major, comprehensive review of the total body of scientific literature continues to exonerate sugars intake as the causative factor in any lifestyle disease, including obesity," Andrew Briscoe, president and chief executive of the Sugar Association, said at the annual meeting of the main U.S. industry group American Sugar Alliance.

The Sugar Association promotes the consumption of sugar

as a part of a healthy diet and lifestyle through the use of sound science and research, he said.

The group's main point is that excessive consumption of calories and a lack of exercise would spur weight gain, regardless of sugar consumption.

"We believe in calories in and calories out. Sugar is not a part of obesity issues," Briscoe said.

Briscoe said most consumers on average estimate the number of calories in a teaspoon of sugar at 76 calories when the actual number is 15.

Source: <http://www.reuters.com>



NEW DEVICE

Blood clots in brain can be removed mechanically

An FDA-approved device, which is threaded into the brain's arteries, can safely retrieve blood clots and open large vessels that become blocked and lead to stroke, research indicates.

Many people suffer from stroke and most of the strokes are caused by a blood clot that blocks the blood supply to the brain – so called ischemic stroke.

Stroke caused by occlusion of large brain blood vessels (greater than 1.5 mm in size) is a particularly "mortal form of stroke," Dr. Wade S. Smith from the University of California, San Francisco noted in comments. Many people with these types of stroke are ineligible for commonly used clot-busting drugs.

The device is inserted into an artery in the groin, and then guided via standard angiography (X-ray examination of blood vessels after injection with an opaque dye so that they show up clearly on the film) into the brain until it reaches the blood clot. Once the device "captures" the blood clot, the device and clot are withdrawn into a larger catheter with a balloon. During the evacuation process, the balloon is briefly inflated to momentarily stop blood flow so the clots can be safely removed.

Smith and colleagues tested the safety and efficacy of the Merci Retriever to open blocked intracranial large vessels within 8 hours of the onset of stroke symptoms in a group of patients who were ineligible for clot-busting drugs.

The investigators reported that blood flow was restored in 48 percent (68 of 141) of patients in whom the device was employed.

Successful restoration of blood flow was associated with good neurological outcomes and a lower incidence of death, compared with unsuccessful restoration of blood flow, the authors reported.

"Certainly," Tomsick concludes, "we have seen the rosy dawning of a new day in ischemic stroke therapy study. However, the Merci device should be viewed as a stop along the path and not the end of the journey itself," he writes.

Technical improvements to the device are being made and the device will be studied further in upcoming trials, Tomsick points out in his commentary.

Source: Stroke, July 2005.