

Take **2** aspirin... STILL NO MAGIC CURE FOR RELIEVING THE PAIN AND SUFFERING OF ARTHRITIS

by LINDA PRUESSEN

In a simple world, the "cure" for arthritis would be to pop a couple of aspirin and get some rest. Unfortunately, it's not a simple world, and arthritis – a term that literally means "joint inflammation" and is commonly used to describe any one of dozens of very different conditions – is anything but a simple disease.

In one of its many forms, arthritis affects between three and four million Canadians. It causes disability in one North American out of every 20, and is ranked higher than heart and lung disorders as a reason for visiting the doctor.

Over the years, the poor, stiff souls suffering from one form of arthritis or another have been advised to try everything from popping a few pills to sitting in abandoned radium mines in order to get some relief. Does anything really help?

According to Dr. John Thompson, former Chief of Rheumatology at St. Joseph's Hospital in London, Ont., and author of *Arthritis*, there's no simple answer. Depending on the type of arthritis, treatment could involve drug therapy, injections, chiropractic methods, physiotherapy, or surgery. Only one thing's for sure, he says: "There's no free lunch in this world."

Rheumatologists group most forms of arthritis into two main categories: inflammatory and non-inflammatory.

Inflammatory arthritis – which includes conditions such as rheumatoid and psoriatic arthritis, ankylosing spondylitis, and lupus, among others – affects more joints than non-inflammatory varieties like osteoarthritis. It also causes more damage and disability, and is more often linked to problems elsewhere in the body. On the plus side, it's also more likely to respond to treatment.

The first step in any arthritis treatment is to reduce pain and therefore improve function, explains Thompson.

"With the inflammatory varieties of the disease, anti-inflammatory drugs are the traditional first step," he says. This category of drugs – called NSAIDs, or nonsteroidal anti-inflammatory drugs including ibuprofen, coated ASA and the new COX-2 specific drugs – are known to be hard on the stomach, often causing bleeding and ulcers. Although the COX-2 drugs are specifically designed to be easy on the stomach lining, results thus far have been mixed.

"The jury's still out," says Thompson. "We know that they don't protect against ulcers 100 per cent. They seem to reduce

the risk by about half, and some of the new ones are better, but if a patient has had an ulcer before, we still run the risk of another bleed. In many cases, we'd combine that drug with a stomach-protector drug to re-enforce its effectiveness."

But he's quick to point out that there are other ways to reduce pain. "Physiotherapy can help strengthen the muscles around the affected joint, while some good, rigid braces or special footwear can help to change the body's mechanics. There's also something to be gained from 30 minutes of aerobic exercise a day – it can be broken up into 10 minute segments if that's easier. It's quite clear that this helps reduce pain.

"The really exciting area at the moment is what we call biologic therapy," he continues. New drugs have been developed specifically to block the chemical messenger invaders – called cytokines – that lead to inflammation. "When the body runs into something it doesn't like, (it) figures out the identifying characteristics of the invader and starts the process of turning on antibody producing cells.

"For example, in rheumatoid arthritis, the body produces an abundance of TNF α . We have now developed drugs that block TNF α . What this means is that we are able to control symptoms and prevent joint damage for many people who we've previously been unable to help. This makes a huge difference."

The drawback? Cost. These biologic therapy treatments can cost anywhere from \$15,000 to \$17,000 a year, and they're not covered by provincial insurance plans.

Another relatively new treatment – this one focused on osteoarthritis – also falls under the heading of "expensive but promising."

"The lining membranes of a joint produce a substance called hylan that acts as a lubricant," explains Thompson. "Early studies suggest that injections of hyaluronic acid might be helpful for joint pain, but again it's not covered by provincial drug plans." And at several hundred dollars a treatment, twice a year, it's more than most people can afford.

Surgical options, most often recommended for those with "intractable pain," are covered by insurance, and the results are generally positive.

"Total joint replacements are an option for some," says Thompson. "Hip replacements were the first to be done, with knees next. These are very successful. Others are not so good – with elbows, the hinge mechanism doesn't work like your real elbow – but the technology is still evolving."

Also worth considering are the less obvious forms of treatment – things like occupational therapy, social intervention, and even marital therapy.

"Most of my patients are not in their 70s. Most are men and women with young children," says Thompson, pointing out that arthritis can have devastating effects on careers, families, and marriages. "If I think that there are social issues that need to be addressed, such as employment or income problems, I'll refer a patient to the Arthritis Society. They have a team of therapists that work collaboratively to help patients cope."

For more information, contact the Arthritis Society of Canada at 800-321-1433, or visit its website at arthritis.ca.

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