

ARTHRITIS

NEWS FOR YOU

WINTER 2010

ST. JOHN'S ARTHRITIS CENTER

Resolve to Adopt Healthy Habits in the New Year

Many of us will usher in 2011 with good intentions and a slew of new year's resolutions. Let's set ourselves up for success with reasonable expectations and laudable goals—to be healthier and happier.

Here are five tried and true habits to make your life with arthritis easier:

Habit One: Learn all about it.

Habit Two: Pay attention to your emotions

Habit Three: Make your doctor a partner in care

Habit Four: Take action when you're diagnosed

Habit Five: Make a healthy investment in yourself

Habit One: Learning more about your condition is the single most important action people take in managing chronic illness. In addition to learning from your doctor, you have a right and responsibility for learning on your

own. For example, bring in a list of questions to ask your doctor; read everything you can about your condition; locate trusted, credible news sources and websites; ask questions of your physician, physical therapist, and other healthcare provider; and find out where exercise classes are held.

Habit Two: When paying attention to your emotions, know that depression is an enemy of success. Be alert for such symptoms as overwhelming fatigue, lack of appetite, trouble making decisions, interrupted sleep, and feelings of worthlessness. Keys to fighting depression include knowing the warning signs, asking your doctor about depression, developing a network of supportive family and friends, joining a support group, and doing the activities that you love.

Habit Three: Don't be embarrassed to talk with your doctor about anything, and admit when you haven't followed your physician's advice. Make sure that your doctor

answers your question and talks with you about the things that you can do to improve your health—weight management, exercise, stress reduction, etc. You need to keep the lines of communication open.

Habit Four: Create a strategy for moving forward. You have to accept the fact that your illness isn't going to disappear. Make a list of what you can do and what you need to change. Make changes in your life in order to keep doing as many of the things you love as possible.

Habit Five: Make healthy changes like recognizing your responsibility to take care of yourself by eating well, resting adequately, exercising, etc. Start making changes now in order to live healthy. You don't have to wait for January 1st!

Adopting healthy habits means that you set realistic goals—even if they are tiny in the beginning. You can make 2011 your happiest, healthiest year yet.

Source: "Sweet Success, Five Habits to Make Your Life with Arthritis Easier" by Kenna Simmons, May-June 2007 *Arthritis Today*.



Ask Margaret

I've been walking throughout the fall and getting exercise on pleasant days. With winter upon us, I'm going to try to stick to my walking routine by going to the mall or using the treadmill at a nearby fitness center? With all this walking, I need new shoes! What should I look for?

Congratulations for sticking to your fitness routine, and what a wonderful question! Good walking shoes with proper support are a terrific gift that you can give yourself. A couple of years ago, I read an article in *Arthritis Today* (February 2, 2008 edition) about "Five Strategies for Walking Success." The piece by Mary Anne Dunkin had some helpful insights into selecting the right shoe. I'll summarize and share them.

People who have difficulty keeping their balance would do well to avoid shoes with thick treads because these can stick and contribute to falls. If you have weakness in your ankles, you may want to try high-top athletic shoes. Those with ankle arthritis or fusion should look for shoes with rocker bottoms and a little heel lift to take up loss of motion in the ankle.

People with knee osteoarthritis (OA) might note that a new study suggests shoes that allow more natural foot motion and flexibility may be best for them. This type of shoe reduces knee loading, which is the load or stress placed on the knee when walking. The amount of load plays an important role in the progression of knee OA. Some research suggests that flat, flexible shoes may have the greatest degree of benefit in terms of knee loading. However, while taking into account what is best for the knees, don't overlook an important factor—what feels good for the feet.

Consider that our feet grow larger as we age. Do not assume that you wear the same size that you did 5 years ago. Have both feet measured. If one foot is larger than the other but the size that fits the larger foot and use an insole for the smaller one. Wear any shoe that you are considering purchasing for at least 10 minutes while you walk around in the store. Always remember to carry the socks that you will wear to exercise with you when you go to try on shoes. If you have difficulty finding the shoes that are right for you, consider visiting a podiatrist—a specialist in using shoes and shoe modification to solve problems related to the foot and lower limbs. Use these tips to find the shoes that are best for you. Happy, healthy walking!

Throughout the holiday season, exercise, enjoy life, laugh, and love everyone you know. My prayer for you is that God blesses you and yours during this special season and throughout the new year!

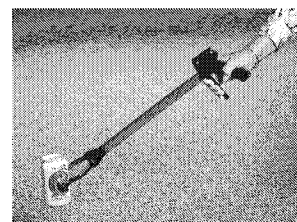
Margaret Lindsey, R.N., is an Arthritis Educator with St. John's Regional Arthritis Center. Questions for her column should be addressed to Ask Margaret/Arthritis News for You, St. John's Hospital, 1235 East Cherokee, Springfield, MO, 65804

ARTHRITIS INFORMATION LINE

417-820-3665 or 1-800-835-5197

7:30 a.m.-4:00 p.m., Monday-Friday

Good Idea!



Reacher with Gripper

This easy-to-use device expands the use of the reacher by including clasps for grasping items such as aluminum cans and other elusive objects. For information on locating featured products, call (417) 820-7115.

How do you get your *News*? Update your address or receive the newsletter via email.

If you have recently moved or are planning to relocate, please call us with your change of address... (417) 820-3665 or 1-800-835-5197.

If you'd like to receive *Arthritis News* via email (rather than a hard copy by U.S. Mail), please let us know. An email version will allow you to forward copies to friends, print only pertinent reminders, etc. If you'd like to remove your name from our physical mailing list and be added to our electronic distribution list, please contact the Regional Arthritis Center at margaret.lindsey@mercy.net or heather.scott2@mercy.net or call 1-800-835-5197.

Speakers' Bureau

The Southwest Missouri Regional Arthritis Center is pleased to provide speakers to any community group or civic organization wishing to learn more about arthritis. Our education programs are available free of charge. Call the Arthritis Information Line at 1-800-835-5197 or 417-820-3665.

New website!

OUR NEW WEBSITE IS EVEN EASIER TO FIND AND USE! Take a look and forward the link to friends. We're at www.moarthritits.org. You can click on Southwest Missouri or SW RAC!

Fibromyalgia Support Groups

Springfield: The group has temporarily suspended regular meetings due to illness. People with Fibromyalgia in need of information and support may call the Regional Arthritis Center at (417) 820-3446 or 1-800-835-5197.

Aurora: Meetings are the third Tuesday of the month at a new location—1 p.m. at St. John's Aurora Hospital, PDR. Call Coralu Exter at (417) 678-3580 or Marilyn Carey at (417) 678-2666.

Lebanon: Meetings are the first Tuesday of the month at 7 p.m. at Brech-St. John's. Call Evaleen Rogers at (417) 588-9783 or Dana McGaughy at (417) 533-3275.

Mt. Vernon: Quarterly meetings are held at MO Rehab. Call Jane Nelson at (417) 461-5490.

Joplin: Meetings are the first Tuesday of the month at St. John's Medical Center at 7 p.m. Call Pam Baack at (417) 781-6225.

Marshfield: This group meets the second Monday of the month from 1-2:30 p.m. and the fourth Monday of the month from 6:30-8 p.m. at Marshfield First Baptist Church at 6:30 p.m. Call Martina Plavnick at (417) 468-2765.

The Arthritis Toolkit

Toolkits include building blocks for use in constructing a personal approach to the management of arthritis and fibromyalgia through exercise, pain management and relaxation. It promotes action-planning. Check it out by contacting (417) 820-3446, 1-800-835-5197, or margaret.lindsey@mercy.net.

Ozark Area Arthritis Club (OAAC) Program Schedule

The OAAC meets the second Tuesday of each month at Cedar's Restaurant at 3322 S. Campbell at 11:30 a.m. For information, contact the Arthritis Information Line at (417) 820-3665 or 1-800-835-5197.

DECEMBER 14, 2010

Christmas Party
Cedar's Restaurant

JANUARY 11, 2011

Living Healthy with Chronic Conditions

Margaret Lindsey, RNC, Director,
St. John's Regional Arthritis Center

FEBRUARY 8, 2011

Dealing with Back Problems
Melinda Paulsell, PT

St. John's North Physical Therapy

MARCH 8, 2011

Preventing Falls: Inside and Out
Mark Coalson, PT
Assistant Director, Nixa
Outpatient Physical Therapy

Fibromyalgia Education

Fibromyalgia education will be offered at Cox Walnut Lawn (Administrative Classroom) Springfield, February 3-March 10, 2011, 1 p.m.-3 p.m. and April 14-May 19, 2011, 6:30 p.m.-8:30 p.m. Registration is required. Call Cami Stanley at (417) 269-5282.



Arthritis/Fibromyalgia Self-Management Course



The free, six week class covers self-management of pain and stress, exercise, and medications. Registration is required. Call the Arthritis Information Line at 417- 820-3665 or 1-800-835-5197 for info on upcoming classes in Southwest Missouri.

Springfield's St. John's Hospital Private Dining Room 4, March 15 -April 19, 2011, 10 a.m.-12 noon, call 800-835-5197 or 417-820-3446 to register.

Branson First Baptist Church, Branson, January 11-February 15, 2011, 10 a.m.-12 noon, call Mary Chase at 417-334-3897.

Scleroderma Support Group of the Ozarks

The group will host its annual Christmas dinner at the Heritage Cafeteria at 6:30 p.m., December 6, 2010. The next regular meeting is at 6:30 p.m., March 11, 2011, at Cox South meeting room A. For more info, call Gerry Robertson (417) 866-4297 or 1-800-835-5197.

Sjogren's Syndrome Support Group

The group meets January 17, 2011, at noon at St. John's Hospital, Private Dining Room 4. **PLEASE ASK FOR DIRECTIONS AT THE INFORMATION DESK AND NOTE THE PERMANENT ROOM CHANGE.** Call Una Lewis, (417) 827-3190 or 1-800-835-5197.

Osteoarthritis

By Anne Winkler, MD, PhD

Osteoarthritis is the most common form of arthritis and actually the second most common cause of long-term disability among adults in the United States.

It is estimated that at least 20 million Americans have osteoarthritis at this point, and it is estimated that 30 to 50 million Americans will have osteoarthritis by the year 2020. Over one-half of the people over 65 have x-ray changes of osteoarthritis, and over the age of 75 one-half of the people have symptoms of osteoarthritis.



Although we don't know why people develop osteoarthritis, we know that it is wear and tear of the cartilage. The bones respond by developing spurs around the joint. The cartilage cannot easily re-grow.

We do know that repetitive motions and trauma will play a role. We also know that obesity also increases the chance of developing osteoarthritis. Osteoarthritis is twice as common in women than men. There may also be genetic factors associated with the development of osteoarthritis.

The signs and symptoms of osteoarthritis are pain located in and around the affected joint. The pain is usually gradual in onset and usually worsens over a period of months or years.

It is usually relieved with rest and

worse with activity. Stiffness is also common in osteoarthritis patients but usually is of short duration (typically less than 30 minutes in the morning and less than 5 minutes after sitting for a period of time).

Examination of joints with osteoarthritis may show nothing, but may show thickening of the bone and spur formation. Crepitus, which is a grinding noise similar to the sound of Velcro being opened, can also be associated with the disease. Occasionally, joints that are involved with osteoarthritis may have swelling and warmth present as well.

The most common joints involved are weight bearing joints particularly low back, lumbar spine, hips, and knees; but the base of the neck, the first great toe, and the outer joints of the hands, may also be commonly involved. The diagnosis of osteoarthritis is by x-rays. Without x-rays, one cannot make the diagnosis of osteoarthritis. X-rays will show loss of cartilage of space, thickening or sclerosis of the bone, and bony spurs or osteophytes.

Laboratory tests are generally negative in osteoarthritis; however, sedimentation rate, which is a measure of inflammation, and rheumatoid factor usually increase with age. Approximately 20% of healthy elderly individuals will have a low positive rheumatoid factor and a slightly elevated sedimentation rate.

That does not mean that they have rheumatoid arthritis, but rather that they are aging normally.

The treatment of osteoarthritis has three major focuses, the first is nutrition; the second is exercise; and the third is medications.

Nutrition

In terms of nutrition, weight clearly plays a role in both causing and worsening osteoarthritis. One extra pound of weight is three extra pounds of pressure on the knee and two extra pounds of pressure on the hip. By losing 10 lbs., the patient can have a loss of 30 lbs. of pressure on the knees and a definite improvement in pain and function.

A good nutritious diet is recommended with weight loss if appropriate. This includes a diet high in vegetables, fruits, and low in fats and starches.

There are no specific over-the-counter food supplements that are recommended except for Glucosamine/chondroitin. These agents have been shown to be beneficial in terms of diminishing pain and stiffness in symptomatic patients. There is no evidence yet that they slow or retard the progress of osteoarthritis.

Exercise

Exercise is very important in terms of improving osteoarthritis as well. Numerous studies have shown that patients who exercise have less pain and more functional ability. The most common exercises that are

Continued on Page 6...

Juvenile Arthritis News

Balancing Act: Evidence Reveals JA Affects Balance; Exercise Can Help



A recent study presented at the annual scientific meeting of the American College of Rheumatology in Philadelphia reveals that children with juvenile arthritis in the lower extremities often have impaired balance, which could not just affect athleticism but put them at greater risk of sports injury. An number of sports require changing position quickly, and good balance is essential.

The study was the first of its kind to examine kids with lower extremity arthritis. A pediatric rheumatologist, Kristin Houghton, MD, observed that children with arthritis affecting their legs often have difficulty with single-leg standing and hopping. Concerned that these same kids were at increased risk of injury during play as well as sports, Dr. Houghton and her colleagues at the British Columbia Children's

Hospital in Vancouver decided to put those observations to the test. The study did not look specifically at sports performance. It did evaluate 25 children with JA between the ages of 8-18 using the Biodex Balance System (BBS) platform. This movable platform provides up to 20 degrees of surface tilt within a 360 degree range of motion with a visual feedback that allows assessment of single- and double-leg postural balance. Allowing for varying levels of difficulty of stability testing from static

to very unstable, it has been used to study balance in adults.

The researchers measured the children's ability to balance on one leg as well as their ability to stand on both legs and balance the BBS platform at three settings:

stable, moderately unstable, and very unstable.

They also measured arthritis severity and muscle strength, and the children completed forms to rate function and pain.

A key finding was that almost half of the children had difficulty standing on one leg, single-leg balance. Children with arthritis in the ankle had more difficult balancing on an unstable platform.

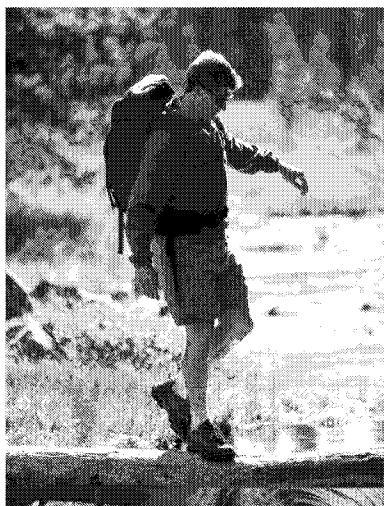
Exercises to Improve Balance

Strength and balance are positively related; proprioceptive exercises can enhance balance. Here are two recommended exercises:

- Standing on one leg for increasing lengths of time. Hop from front to back and side to side.
- Standing on both legs on a slightly unstable surface (wobble board) with adult assistance/supervision.

These exercises are often prescribed after a sports injury and may be helpful for children with arthritis and impaired balance.

Source: The Arthritis Foundation's Kids Get Arthritis Too (Vol. 10, Issue 4), "Balancing Act" by Mary Anne Dunkin



JA Clinics Announced

Dr. Andrew Lasky, a pediatric rheumatologist from Children's Mercy Hospital in Kansas City, is seeing area children at St. John's Specialty Clinic by appointment on the second Tuesday of each quarter: January 11, April 12, July 12, and October 11, 2011. Please call 417-820-3446 or 1-800-835-5197.

Osteoarthritis

(continued from page 4)

recommended are quad muscle exercises that strengthen the muscles around the knee to improve stability of the knee and function of the knee and walking or water exercises.

Every patient with osteoarthritis should be doing at least some exercises to improve strength and mobility of the joint.

Medications

In terms of medications, these include three types: injections, topical ointments, and pain relievers.

The first is injections of steroids or Hyaluronic acid into the affected joint. Although steroid injections are still used at times, more commonly now physicians are using Hyaluronic acid injections. There are at least five different brands that can be used. These act to improve pain, stiffness, and affected joints but are more likely to be helpful in those who have milder osteoarthritis.

Topical analgesic creams such as capsaicin cream can also be helpful. Diclofenac, an anti-inflammatory, has been formulated as a gel or drops which can be applied topically to diminish pain in the affected joint. Lidoderm patches, which are applied to painful areas, can also help decrease pain.

In terms of oral medications, the mainstays have been anti-inflammatory medications. These have been available for over 30 years. The newer ones include

Celecoxib or Celebrex and Meloxicam or Mobic, but we also still prescribe the older NSAIDs. These are helpful in terms of diminishing pain and stiffness and improving function and are associated with significantly less gastrointestinal toxicity. Acetaminophen is also beneficial for decreasing pain from osteoarthritis.

None of these medications retard or slow down the progression of osteoarthritis. Narcotic pain medication and another non-narcotic, Tramadol or Ultram, can control pain as well.

Finally, patients whose symptoms are not adequately controlled with medical therapy, and who have fairly severe osteoarthritis, are candidates for joint replacement. Surgical intervention has been significantly improved over the years and has been one of the major advancements in the management of osteoarthritis for the last 30 years.

Although function is not restored to normal it is usually much improved compared to function prior to surgery and complications are generally fairly low.

On the horizon, there are some potential therapies that may be able to halt or reverse the cartilage damage that occurs with osteoarthritis. These include disease modifying medications as well as cartilage cell transplants. At this point, however, they are still considered experimental and will probably not be available in the near future.

Health Care Management Class

Living a Healthy Life with Chronic Conditions

This six week chronic disease self-management class is for people with diabetes, asthma, heart disease, arthritis, lupus, stroke, bronchitis, emphysema, and any other chronic condition. Learn skills for *living a healthy life with a chronic condition*.

Classes meet Thursdays, March 24-April 28, 2011, from 10 a.m.-12 noon at **St. John's Health Plans Building at 3265 S. National Ave., Springfield, MO, in the Community Conference Room (2nd floor)**. The class is free. Call (417) 820-3446 or 1-800-835-5197

West Plains Senior Center, Wednesdays, Jan. 5-Feb. 9, 2011, from 12:30 p.m.-3 p.m., call 417-256-4005

Mountain Grove Senior Center, Thursdays, March 3-April 7, 2011, 1-3 p.m., call (417) 683-4409

Newton County Health Department, Neosho, MO, January 2011, To gather more information on dates, time, and registration, call Casey (417) 451-3743

Dade County Senior Center—Greenfield, Wednesdays, May 24-June 28, 2011, call (417) 637-2626 for time and registration

St. Francis Hospital, Mtn. View, April 4-May 9, 2011, 10 a.m.-12 noon, call (417) 934-7000

Please call 1-800-835-5197 for classes in towns throughout Southwest Missouri.



Arthritis Foundation Exercise Program Area Classes (Formerly PACE)

Classes use gentle activities to help increase overall stamina, flexibility, and strength. It is not a substitute for a prescribed exercise program.

Republic Parks and Recreation, call Allison Davis (417) 732-6780; **Cox Monett Hospital**, call Lauren Holland (417) 354-1410; **Warsaw Area**, call Billie Mowry (660) 438-7569; **Branson First Baptist Church**, call Mary Chase (417) 334-3897; **Mt. Vernon**, call Sonny Poe (417) 461-5351 at MO Rehab; **Bolivar CMH Senior Health** (417) 777-7171; **Buffalo-Dallas County Area YMCA**, call Kay Morris (417) 345-1116; **Greenfield/Dade County**, call Charity Bayless (417) 637-2345; **Dade County Senior Center—Greenfield**, call (417) 637-2626; **Lamar Senior Citizens Center**, call Roberta Braxdale (417) 682-5809; **Lincoln Community Center**, call Billie Mowry (660) 438-7569; **Ellett Memorial Hospital, Appleton City**, call Kelly Tindall (660) 476-2111; **Strafford Senior Center** (417) 736-9898; **Willard Fitness Center**, call (417) 742-2262; **Republic Wellness Center** (417) 732-7672; **United Methodist Church, Fair Grove**, call Evelyn Sheppard (417) 759-2755; **McCarty Senior Center**, call Mark at (417) 282-6100; **Korth Senior Center Stockton**, call 417-276-5306; **Nixa Senior Center**, call (417) 725-2322; **Redbud Village, Ava**, call (417) 683-4033; **Summersville Senior Center**, call (417) 932-4044; and **Pierce City Senior Center**, call (417) 476-5006; **Rogersville Senior Center**, call (417) 753-7800; **Pineville United Methodist Church**, call (417) 223-4723; **Pleasant Valley Manor, West Plains**, call Lenora Martin (417) 257-0179; and **St. Francis Hospital**, call (417) 934-7153.

Arthritis Foundation Exercise Program (Formerly PACE) Springfield Classes

Classes meet at **St. John's Fitness Center**; cost is \$10. Two classes are offered, 1:15-2:15 and 2:30-3:30 p.m. on Tuesdays and Thursdays. Call the Arthritis Information Line at 417-820-3665 or 1-800-835-5197 or The Professionals at 417-820-8888 or 1-800-909-8326. Classes are held at the following locations:

Springfield Southside Seniors Center (call 890-1313)
Campbell United Methodist Church (call Margaret Williams at 881-2018)
Cox Senior Health (call Sonnie Noble at 269-3915)
Cox Fitness Center Meyer Wellness & Rehab Center (call 269-3282)
Wesley United Methodist Church (call 883-1021)
Covenant Presbyterian Church (call 881-4449)
NEW—Baptist Temple (call 831-2631)
NEW—Noble Hill Church (call 425-0824)
NEW—Cox North (269-8882)

Bothered by Arthritis? Concerned about Heart Disease?

We are conducting a research study of 3 approved medications commonly used to treat pain due to osteoarthritis (OA) or rheumatoid arthritis (RA) in people who also have or are at high risk for heart disease. Qualified participants will receive study-related medical care, regular study check ups, and study medication at no charge

To qualify you must...

- Be 18 years of age or older
- Have had OA or RA for at least 6 months
- Have been prescribed regular medication for your pain for at least 6 months
- Have or be at high risk for heart disease, which includes a history of heart attack, stroke, or diabetes.

For more information, call St. John's Medical Research Institute at (417) 841-0250 or toll free 866-207-0167.

Arthritis Foundation Aquatic Exercise (Formerly Aquatics Programs)

Springfield: Hammons Heart Institute, call 417-820-2169

Ward YMCA, call 417-862-7456

Meyers Wellness & Rehab, call 417-269-3282

Chesterfield Family Center, call 417-891-1616

Joplin: Joplin Family Y, call 417-623-4597 or 417-625-2502

West Plains: West Plains Civic Center, call 417-256-8087

Lebanon: Cowan Civic Center, call 417-532-4642

Monett: Lowry & Associates, Physical Therapy, call 417-235-8770

Nevada: Vernon County Health Department, call 417-667-7418
Nevada Regional Medical Center, call 417-448-3622

Lamar: Lamar Aquatic Park, call 417-682-5383

El Dorado Springs: Cedar County Memorial Hospital, call Sandy Whitaker at 417-876-2511

Bolivar: Citizens Memorial Hospital, call 417-326-0453

Citizens Memorial Hospital Senior Health, call 417-777-7171

Tai Chi for Arthritis

Tai Chi for Arthritis was developed for people with a rheumatic condition and consists of fluid circular movements that are slow in tempo. Benefits include improvements in flexibility, strength, overall fitness, and posture. New classes are forming. For information, please call Heather Scott at (417) 820-3665 or 1-800-835-5197. Classes are also forming at the **Ward YMCA**. Call 862-7456 for info.



St. John's Health System

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Happy Holidays!



Wishing you and yours peace, happiness, and good health for the holidays and throughout the new year. Blessings to you.

Merry Christmas and Happy New Year!

St. John's Arthritis Center

St. John's Regional Health Center, a member of the Sisters of Mercy Health System, St. Louis, is a Christian ministry dedicated to healing and wellness. As an equal opportunity/affirmative action employer, St. John's provides services and benefits without discrimination.