



Living with Rheumatoid Arthritis





Arthritis Ireland, making a BIG difference everyday.

Little things can make a big difference to a person with arthritis. Difficulty with the little things like making a cup of tea, getting dressed or opening the front door can all add up to have a big impact on a person's quality of life.

At Arthritis Ireland we understand this. That is why we are working single-mindedly to transform the experience of people living with arthritis, and those who care for them.

Every day, we work in communities across the country providing community based education programmes to help people effectively manage and control this devastating disease. We actively drive grassroots advocacy so that the voice of people with arthritis is heard and understood and we work with the medical community to control and cure arthritis.

If arthritis is affecting your life or the life of someone you love, call us and talk to someone who understands, someone who will listen, chat and point you towards the people, resources and programmes that can make a difference to your life.

If you would like to volunteer, help raise funds or make a donation, call us on 01 6618188, log on to arthritisireland.ie or find us on facebook.



This booklet explains all you need to know about rheumatoid arthritis (RA); its diagnosis, symptoms, treatments and how best to live with it. You will find out about the different approaches to living with the condition as well as useful advice on exercise, nutrition and self-management training. There is also some information on your healthcare team and how you can get the most out of your medical appointments.

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This booklet has been produced by Arthritis Ireland with the support of the Irish Society for Rheumatology (ISR) and the Irish Rheumatology Health Professionals Society (IRHPS).

WHAT IS RA?

Rheumatoid arthritis (RA) is a condition that makes the joints in your body become inflamed causing pain and stiffness. It is the second most common form of arthritis.

At the moment, there is no cure for RA but, over the years, treatment for RA has advanced significantly giving many people a better outlook.

With the right medication, many people living with RA lead near-to-normal, active lives. Research shows that the sooner treatment for RA begins, the more effective it is likely to be. This is why it's very important to see your doctor if you are experiencing any early morning stiffness or joint pain.

Some RA Facts:

- About 45,000 people in Ireland are living with RA.
- Over 2,000 new cases are diagnosed each year.
- 3 out of 4 people diagnosed are of working age.
- 3 out of 4 people diagnosed are women.
- You're more likely to develop RA in middle years – between 30 to 50.
- Young adults can be affected by RA and it can also strike late in life.
- Treatments have improved over time and help many of those affected.

“It’s very important to see your doctor if you are experiencing any early morning stiffness or joint pain.”

What causes RA?

At the moment, we don't know the exact causes of RA. We know that it is an autoimmune disease – where the immune system aggressively targets the body's healthy tissues and joints rather than germs and viruses. When the immune system targets healthy joints, the joints can become stiff and inflamed and cause pain.

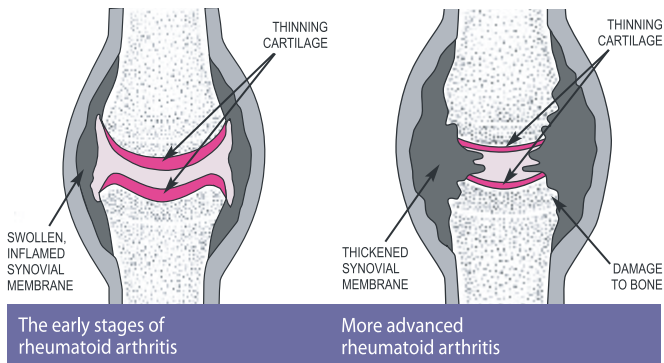
Research to date suggests that certain genes in our body, which play a part in the immune system, are linked with RA. Having these genes doesn't mean you will definitely get RA, but it means you might have a tendency to develop it.

Researchers now think that something must trigger RA in people who have a tendency to develop it. There is no real evidence yet as to what those triggers are, but it's thought they might include stress, an infection or virus, smoking, or hormonal changes in your body.

Which joints are affected?

RA varies a lot from person to person. Although it can affect almost any joint, the small joints of the fingers, thumbs, wrists, feet and ankles are most commonly affected. Knees and shoulders can also be affected and, less commonly, elbows, hips, neck and other joints. Most people are affected in more than one joint. RA usually affects both sides of the body – not always at once, but usually within a very short space of time.





What actually happens to my joints?

To explain what happens in RA, it helps to understand how a normal joint works.

Joints are like hinges between bones. These hinges are made up of ligaments, muscles and tendons which all work together to let the joint move. Little sacs – or pouches – called ‘bursae’ hold fluid which coats the joint to help it move easily. The bones themselves have a coating of slippery cartilage which makes movement smoother.

For further protection, the joint is lined on the inside by a thin layer of tissue called the ‘synovial’ membrane. This membrane produces a thick lubricant called synovial fluid, which provides nutrients to the joint to keep it healthy.





Inflammation

In RA, your immune system aggressively targets your joints and they become inflamed. The inflammation particularly affects:

- the synovial membrane
- the tendon sheaths (tubes in which the tendons move)
- the bursae

The joint swells and the inflamed tissues in the joint become stiff, painful and swollen.

If the inflammation isn't tackled, it can damage the joints.

We now know that much of this damage can happen in the first months and years of RA. This is why it is vital to get an early diagnosis so that you can get treatment before lasting damage is done.

“I was lucky to get an early diagnosis with RA and managed to get my inflammation under control before any lasting damage was done.”

What are the early signs and symptoms?

Although the symptoms of RA vary from person to person, the most common symptoms include:

Joint symptoms:

- Pain and swelling in the joints
- Stiffness in the joints, particularly in the morning or after resting and lasting longer than 30 minutes
- Redness or warmth in the joint
- Inflammation around the tendons

Other symptoms:

- Fatigue (tiredness) and loss of energy
- Running a slight temperature
- A general feeling of being unwell, often described as like having the flu
- Loss of appetite
- Weight loss
- Anaemia
- Inflammation in other parts of the body such as the eyes
- Change in the way you walk and carry yourself
- Irritability
- Finding it difficult to do everyday tasks



How is RA diagnosed?

There is no single test for RA, and diagnosing it can be complicated. Your doctor will ask you about the difficulties you've been having. All of these are useful clues. Your doctor will examine your joints and skin, and test your muscle strength. A physical exam will look for signs such as warmth, swelling and pain in the joints.

It is important that if you think you might have RA, you are referred to a rheumatologist. Rheumatologists are experts in diagnosing and treating arthritis and other diseases that affect the joints, bones and muscles. Research shows that the sooner you start treatment for RA, the more effective that treatment is likely to be. Early intervention is critical to a good outcome so there should be no delay in referring you for assessment. The Irish Society for Rheumatology (ISR) recommends that a person going to their doctor with symptoms of RA should be seen within six weeks. Your GP can send in a National Early Inflammatory Arthritis Referral Form which is accepted by most rheumatology clinics in Ireland.

A DAS (Disease Activity Score) may be used by your healthcare team which measures the severity of your disease. It is calculated using two different measures: counting the number of tender and swollen joints (28 in total) and the number of circulating inflammatory markers.

Blood tests

It's likely that your doctor will order a range of blood tests for you to help confirm RA. These blood tests will test for:

- Rheumatoid Factor – an antibody found in 80% of people with RA. For many, though, this antibody is not always present in the early stages of the disease.
- Anti CCP – another antibody found in 60-70% of people with RA. If you test positive for this, you are more likely to develop RA.
- Anaemia – your blood count.
- CRP & ESR – blood protein and cell levels that measure how much inflammation or disease activity there is in your body (This blood test might be done again after you start treatment to see how you're responding).

Blood tests are useful in diagnosing RA, but some people will have no signs of it in their test results.

After your blood tests are completed, you may hear your doctor and other medical team members talk about 'seropositive' arthritis and 'seronegative' arthritis.

'Seropositive' arthritis means that your bloods tests showed you tested positive for CCP antibodies and a rheumatoid factor. This type of arthritis tends to be the more aggressive type of RA.

'Seronegative' arthritis means that your bloods tests do not have a positive rheumatoid factor or show CCP antibodies. This type of RA tends to be a little milder.

X-rays

Your doctor may also send you for x-rays. In the early stage of RA, these x-rays may be normal. X-rays will only show any damage done to the joints, which, in the early stages, might be little or none. It's good, though, to have these x-rays done as they can be used to compare with later x-rays to see how the disease is progressing. An ultrasound may also be carried out to access any joint damage.

What does the future hold?

When diagnosed it can seem that a lot of information is coming your way, you will feel a range of emotion, this is normal.

When diagnosed, people often fear that they will have severe permanent joint damage. With advances in modern medicine the likelihood of this is low when people are diagnosed quickly and on treatment. Once treatment is working most people return to normal or near normal functioning levels. An ultrasound may also be carried out to assess any joint damage.

What is the difference between RA and Osteoarthritis?

RA and osteoarthritis are two different diseases and it's important not to get them confused. Osteoarthritis is caused by wear and tear or damage in the joints while RA is a systemic inflammatory arthritis. Treatment for these conditions is very different.



HOW IS RA MANAGED?

Make the most of your healthcare team

It is important to make the most of your appointments with members of your healthcare team – that is, your doctor, rheumatologist, nurse, occupational therapist, physiotherapist, and so on. Give them as much information as you can and try to be as exact as possible when you're describing how things are going and how you're feeling. You are the expert on how your arthritis affects you. Telling the team how you feel and how you're affected will help them work out how best to help you.

You may find it useful to take a friend or family member along to appointments with you. Also, before your appointment, write down what you want to say or ask. Your appointment may not be when you are feeling at your worst, so having questions and information that you noted earlier can really help to give the full picture. It's also a good idea to make notes when you are there.

If you don't understand something, say so. Ask for a more detailed explanation. You need to be sure that you understand and feel confident about any treatment you are given. If your treatment doesn't seem to be working or you've had problems sticking to it, say so. If something

you want is not provided, ask for it. Be tactful but firm.

It can sometimes take time to find the treatment that works best for you. There may be some periods when different treatments have to be tried and their effects monitored. Before making a decision, you should understand what you can expect from your medication, what are the possible side effects and other important information. It is important to develop a good relationship with your healthcare team.

Sometimes other treatment may be necessary to control your RA, such as occupational therapy as well as your medications. It is important to keep a record of your progress. You should also discuss a self-management programme with your GP.

Your healthcare team

A number of health professionals may be involved in your treatment:

GPs – General practitioners

Your GP may be involved in monitoring your treatment and should be in close touch with the rest of the team. GPs can also put you in direct contact with physiotherapists, occupational therapists and other professionals who can help.

Rheumatologists

Rheumatologists are specialists trained in diagnosing and treating arthritis and rheumatic diseases. They are mostly based in hospital rheumatology units. The rheumatologist will diagnose your RA and outline a suitable treatment plan for you. You will probably see the rheumatologist regularly to monitor your disease and treatment.

Rheumatology nurses

A rheumatology clinical nurse specialist is a nurse that has experience and training in caring for patients with a wide range of arthritis-related diseases.



Their role is to provide emotional, physical and social support to patients. You may be referred to see the nurse specialist when you get your diagnosis to discuss the treatment of your RA and the medication that the doctor may prescribe.

The nurse specialist will provide ongoing support and advice and most nurse specialists run telephone advice lines that you can contact.

Physiotherapists

Physiotherapists use physical means to assist with movement that will help you maintain the strength and motion of the joints and muscles affected by your arthritis. Your physiotherapist will assess you and may offer you advice and treatment. This may consist of exercise therapy and may also involve heat or ice applications, electrotherapy and hydrotherapy. They will be closely involved in your care and rehabilitation if you have surgery.

Occupational therapists

Occupational therapists help you maximise your ability to achieve your daily routine, tasks and valued activities despite the symptoms you may be experiencing. For example, they can provide advice and help if you are having trouble with day-to-day tasks like washing, dressing, or cooking. They also help you continue to participate in your hobbies and social activities. Occupational therapists will help you learn how to manage your condition in the best possible way for your lifestyle and life-roles. They will show you how to protect

your joints and do things in ways that put as little strain on your joints as possible and help you manage your fatigue in a paced but active routine. They may also provide you with splints and advise you about your environment or equipment that might make life easier for you. Advice on employment may also be provided by an occupational therapist and they can help you remain in or return to work or education pathways.

Podiatrists and chiropodists

Podiatrists and chiropodists can help if you have problems with your feet or ankles. They try to prevent joints from changing and can help to improve the position of joints if there are already deformities. They can provide moulded insoles for your footwear to hold your foot in a better position, adapt your shoes, or recommend the right kind of shoe for you.

Dietitians

Dietitians can help you eat healthily and show you how to change what you eat if you need to lose weight.

Orthotist

Orthotists make splints to support and position joints.

Phlebotomist

Phlebotomists perform blood tests.

Radiographer

Radiographers take X-rays and perform other diagnostic tests.

Psychologist

You may be referred to a psychologist if pain affects your emotional wellbeing, or if you are becoming depressed or finding it difficult to adjust to having RA.



Pharmacist

Pharmacists are a good source of information about the drugs you are prescribed. They can tell you which over-the-counter drugs you can take with your prescribed drugs, and which may cause problems.

Orthopaedic surgeons

Orthopaedic surgeons specialise in operating on bones and joints. They can replace worn joints, repair torn tendons or fuse joints (stop them moving to ease pain).

HOW IS RA TREATED?

Once your diagnosis is confirmed, there are many treatments that can help to ease your pain and increase your movement. Non-medication therapies such as physiotherapy, occupational therapy, physical activity and relaxation techniques can all be helpful in the treatment of RA. There is, though, a range of prescription drugs that are used to help people manage the disease.



For more information see Arthritis Ireland's booklet "Drugs and Complementary Therapies" or visit www.arthritisireland.ie

It's a good idea to keep a diary to include a record of symptoms, questions for clinic appointments, medication, history and blood results. A list of all medication including supplements, over the counter drugs and prescribed drugs by your healthcare team should be included.

Drugs

Dozens of drugs are used to treat RA and many people are prescribed a combination of them. The general aim when treating RA is to reduce joint inflammation and prevent long-term damage to the joints.

The mainstay of drug therapy for RA is Disease Modifying Anti- Rheumatic Drugs (DMARDS – pronounced dee-mards). They are often used in combination with Non-Steroidal Anti-Inflammatory Drugs

“Your body needs time to adapt to a new treatment or a change in dose”

(NSAIDs – en-saids) and or Corticosteroids (steroids). Although NSAIDs and steroids reduce the day-to-day inflammation, they don't tackle the long-term effects of the disease.

A newer class of drugs called 'biologics' has revolutionised the treatment of RA. These medications, which can be used in combination with DMARDs, also suppress inflammation and help prevent damage to the joint. These families of drugs are explained below.

Disease-modifying anti-rheumatic drugs (DMARDs)

DMARDs are a class of drugs used to treat inflammatory types of arthritis, such as RA. They help by tackling the causes of inflammation (pain, swelling and stiffness) in the joints. DMARDs are important because they help prevent damage to the joint. They act by altering the underlying disease rather than simply easing the symptoms. In other words, they help to stop the disease from getting worse. In doing this, they reduce pain, swelling and stiffness. Most people with RA will need this type of treatment for many years or for the rest of their life.

“I was really scared about trying new medications but once my pharmacist explained it to me, I was reassured. They’ve made a massive difference to me.”

DMARDs are a long term treatment which most people with RA will require. Most DMARDs will start to work in about six to twelve weeks, but some may take longer – up to three or four months. While you are waiting for the DMARD to work, your doctor might prescribe an additional medication, such as a steroid or an NSAID, to help control the symptoms. Occasionally a combination of DMARDs are prescribed.

Sometimes DMARDs are given by injection. Taking any medication carries some risk, which must be weighed up against the potential benefits. It is important to recognise that the risk of joint damage and permanent disability is much greater than the risk of side effects from the DMARDs used to control the disease. When properly monitored, the vast majority of side effects are rare and most are reversible by adjusting the dose or switching medications.

Examples of DMARDs (with their brand names) include:

- Methotrexate (Maxtrex®)
- Leflunomide (Arava®)
- Sulfasalazine (Salazopyrin®, Sulazine EC®)
- Hydroxychloroquine (Plaquenil®)
- Azathioprine (Imuran®, Azamune®, Immunoprin®)

When taking almost all DMARDs, you'll need to have regular blood tests. These tests help your doctor to monitor the effects the drug is having on your condition and also to check for possible side-effects, including problems with your liver, kidneys or blood count.

You can take NSAIDs along with DMARDs, and sometimes you might need to take more than one DMARD.

'Biologics'

Biologics are a newer group of drugs that help to prevent joint damage and may be used if other DMARDs aren't working well enough. These are given either by injection or through a drip into a vein. These drugs target parts of the immune system – in particular the signals that lead to inflammation, and joint and tissue damage.

Some biologics are called 'anti-TNF' drugs. These drugs target a protein called 'tumour necrosis factor' (TNF). This protein increases inflammation when too much of it is present in the blood or joints. Other biologic therapies target different proteins.

Biologics used for treating RA (with their brand names) include:

- Adalimumab (Humira®)
- Infliximab (Remicade®, Inflectra™, Remsima™)
- Etanercept (Enbrel®, Benepali®)
- Golimumab (Simponi®)

- Certolizumab Pegol (Cimzia®)
- Abatacept (Orencia®)
- Rituximab (Mabthera®)
- Tocilizumab (RoActemra®)
- Anakinra (Kineret R®)

The biologic drug group also includes a category of medicines called biosimilars. These drugs are follow-on versions of original biological medicines. They are independently developed after the patent protecting the original product has expired. Biosimilar medicines are intended to have the same mechanism of action as the original biological medicines, and are designed to treat the same diseases. Two biosimilars are currently available in Ireland for RA - Inflectra™ and Remsima™.

If you are prescribed a biologic, you should be aware of the following information.

- Before starting biologic treatments, you may be asked to get a chest x-ray, a tuberculosis (TB) test and a hepatitis test.
- If you suspect that you have an infection of any kind, you should contact your healthcare team. People on this type of treatment are at an increased risk of infection. This is because the biologic can suppress the immune system leaving you susceptible to infections such as sinus, chest or skin infections. If you have an infection, it is important that you seek medical treatment. Also, if an infection is present, it is likely that your doctor will tell you to skip a dose of your biologic or stop it altogether. Do not start taking it again until you have discussed it with your doctor.
- 'Subcutaneous' injections (medication received by injection under the skin) can cause redness, itchiness, raised skin or tenderness around the injection site. This will often disappear after a few days and often happens less over time.
- It is important to tell doctors or dentists that you are taking biologic therapy.

- It is recommended that you avoid having live vaccines, e.g. polio or rubella vaccine, while you're on biologic treatment. Check with your doctor about which vaccines are suitable. If you require these vaccines it's advised that you have started them before you start your biologic treatment.
- It is recommended that anyone on biologic treatment be immunised against the flu every year and get the pneumonia vaccine once every five years.
- You will have to have regular blood tests when you're on biologic treatment and it is important that you attend these appointments.
- If you are planning to become pregnant, it is important that you speak with your rheumatologist as many of the treatments require you to stop treatment and remain drug free, from three weeks to one year before you conceive. As with all medications, when planning pregnancy you should link in with your rheumatology team first.
- If you've been in contact with someone who has shingles or chicken pox and you haven't had chicken pox, you should contact your rheumatology team.

Non-steroidal anti-inflammatory drugs (NSAIDs)

NSAIDs are a class of drugs used to treat the pain and inflammation of arthritis. They do not contain steroids, hence the name 'non-steroidal'. NSAIDs work by interfering with particular enzymes in your body that cause inflammation that occurs in the lining of the joints. They can be very effective in controlling pain and stiffness. Usually, you'll find your symptoms improve within hours of taking these drugs but the effect will only last for a few hours, so you have to take the tablets regularly. Some people find that NSAIDs work well at first but become less effective after a few weeks. In this situation, it sometimes helps to try a different NSAID.

There are about 20 NSAIDs available, including (with their brand names):

- Ibuprofen (Brufen®, Nurofen® and others)
- Diclofenac (Voltarol®, Diclomax®, Difene®)
- Naproxen (Naprosyn® and others)

Like all drugs, NSAIDs can sometimes have side effects, but your doctor will take care to reduce the risk of these. For example, they might prescribe the lowest effective dose for the shortest possible period of time.

NSAIDs can cause digestive problems (stomach upsets, indigestion or damage to the lining of the stomach) so another type of drug, called a 'proton pump inhibitor' (PPI), is sometimes prescribed to help protect the stomach. NSAIDs also carry an increased risk of heart attack or stroke. Although the increased risk is small, your doctor will be cautious about prescribing NSAIDs if there are other factors that may increase your overall risk – for example, smoking, circulation problems, high blood pressure, high cholesterol or diabetes.

COXIBs (cyclo-oxygenase 2 inhibitors) are a newer class of NSAIDs that have been developed to reduce the risk of gastrointestinal ulcers and bleeding. Although COXIBs are safer for the stomach, they have all the other side effects of NSAIDs and may still cause indigestion, nausea, stomach cramps and heartburn.

All NSAIDs have the potential to cause fluid retention in the body (oedema) and may raise the blood pressure or lead to heart or kidney failure in some individuals.

Speak to your doctor about whether you are at risk of these kinds of side effects.

Steroids

Steroids (properly known as corticosteroids and sometimes referred to as cortisones) can be very effective in reducing inflammation. Most people with RA who need steroids are prescribed prednisolone (brand names include Deltacotril Enteric™, Predsol®) usually only for a short time. Steroids are often prescribed in the early



stages of treatment in combination with DMARDs. This helps reduce inflammation until the DMARD takes effect. Steroids are also useful when RA is active, they help bring the disease under control. Steroids are also useful when RA is active, they help bring the disease under control.

Taken long-term and in high doses, steroids in tablet form can cause side effects such as weight gain and osteoporosis, diabetes and high blood pressure. Your doctor will try to give you the lowest effective dose and you will be carefully monitored. You should not alter the dose yourself, or stop taking steroids suddenly.

Steroid Injections

Steroids can also be injected into an inflamed joint, or into muscles to treat soft tissue conditions, such as tennis elbow. They can be injected directly into the veins during an arthritis flare-up. Injecting doesn't usually cause the same side effects as tablet steroids.

However, your doctor might recommend steroid injections if your joints are particularly painful or your ligaments and tendons have become inflamed.

Taking drugs can be a worrying business and it's natural that you may be concerned about side effects. To help ease your mind, you will be carefully monitored for the side effects of certain drugs, with regular blood tests.

Painkillers (analgesics)

What are painkillers?

Pain killers are drugs that are used to help reduce pain. They are also called analgesics. Painkillers come in varying strengths and types, and are used specifically to relieve pain. Some are available over the counter, while stronger painkillers are available by prescription only.

There are a number of different types of painkillers:

1. **Simple Non-Opioid Painkillers:** These are the most common type of painkillers, usually available over the counter e.g. paracetamol, ibuprofen
2. **Compound Painkillers:** A combination of drugs used in one tablet e.g. co-codamol, which includes paracetamol and a low dose of codeine
3. **Opioid Analgesics:** These are stronger painkillers containing a high dose of opioid than the other painkillers e.g. codeine, tramadol, morphine

How are they taken?

Painkillers are usually taken by mouth or given by injection. However, slow release painkilling patches, known as opioid patches, are also available although not widely prescribed. These are put on the skin and the pain-killing effects last between three and seven days. The patches are used on people whose pain is not managed with non-steroidal anti-inflammatory drugs or analgesics.

Remember

The internet is a hugely valuable resource for information and support when learning about RA. However, it is important to remember not all the information is reliable. Try to stick to reputable websites, such as arthritisireland.ie, webmd.com and nhs.uk.

Surgery

People with RA don't often need surgery. Very occasionally, a damaged tendon may need surgical repair. Sometimes, after many years of disease, a joint that has been damaged by inflammation is best treated with joint replacement surgery. This may help people with severe, advanced RA who have not responded well to other, more traditional pain management plans. Benefits of surgery include less pain and better movement and function. It's important to remember that surgery is not a treatment for the inflammation of RA.

“I have my mobility and life back since my knee replacement.”





TAKING CARE OF RA

A diagnosis of any medical condition can be difficult. It's important to understand that, while there is no cure for arthritis, there is a lot you can do to manage your disease. Treatment in the past number of years has greatly improved, allowing many people to function at normal or near-normal levels.

When you are diagnosed with RA, you are bound to have questions about what the future holds for you. One of the most unpredictable things about RA is that symptoms can come and go.

What is a flare?

A flare is a severe episode of inflammation. It occurs when you have painful or swollen joints that won't settle down, or your pain is increased. You may find it very hard to move, especially when you wake up. You may also feel generally unwell and very fatigued. Flare-ups can last a couple of days but they can also stretch to a month or so.

“It's tough slowing down sometimes but I learned that I need to balance rest and activity so I can enjoy the things I love.”

Over time, you may be able to notice the warning signs of a flare although this does not always happen. One of the most frustrating things about RA is that it is unpredictable – a flare can happen at any time.

How do I know if I am in a flare?

Signs to watch for:

- Your morning stiffness lasts longer than usual
- You're more tired than normal
- Your blood tests report high levels of inflammation
- Symptoms become more severe lasting more than two days
- Increased swelling, stiffness and pain in your joints and muscle groups
- Disturbed sleep
- Difficulty managing your routine and daily activities

By recognising that you are experiencing a flare early, you can get a head start on managing it.

What can bring on a flare?

- Stress
- Another illness, such as an infection
- Medication – Are you taking your medication correctly? Perhaps you may need more or different medication
- Overdoing it
- Overusing a joint

How do I manage a flare?

- The first thing you can do in managing a flare is to realise that you are having one. By recognising that you are having a flare you can get an early start on managing it.
- Keep a diary of your symptoms – this will help your healthcare team to see if there are any triggers.
- Take painkillers if needed.
- Try to control stress levels.
- Hot packs, heating pads, paraffin wax baths (for hands), warm tub baths, showers or warm water pools can all help the joints feel better. Ice packs or running cool water on the joints a few times a day can help reduce pain and swelling.
- Do gentle range of motion exercises.
- Use breathing techniques.
- Try to get a good night's sleep.
- Use an electric blanket if you find it helps morning stiffness.
- Don't be afraid to ask for help.
- Strike a balance between rest and activity.

“Different techniques work for me at different times and depending on which joints are inflamed.”

- Plan and prioritise your daily activities – you will be less likely to get carried away and overdo things.
- Break bigger tasks into smaller, more manageable ones.
- Speak to your healthcare team.



When should I contact my healthcare professional?

This is a very individual decision and, over time, you will get a better understanding of your RA and what is normal for you. While everybody is different, if you are experiencing a flare that is not settling down and the pain is severe enough to interfere with everyday life, it is advised that you contact your medical team. If in any doubt, call your rheumatology nurse, GP or rheumatologist. They will be able to offer you advice based on your own medical case.

How can I cope with pain?

Pain from arthritis can be felt for a variety of reasons. Inflammation in the joint causes heat, redness, swelling and loss of movement, and can often cause pain. Damaged joints can be painful as well.

Pain is a very personal experience. It can range from a dull ache to short stabs, and, for some, it comes and goes. There is a lot you can do to develop the tools, skills and resources to help you break the pain cycle and help you to self-manage your arthritis. Some useful things to help manage pain include:

- Painkillers
- Gentle exercises

“It’s the hardest thing to describe, sometimes I feel so physically exhausted the simplest tasks seem the most difficult.”

- Gentle massage
- Splinting (supporting) an inflamed joint for a short period of time to allow it rest
- Striking or achieving a balance between rest and activity. Try to focus on something other than the pain – such as phoning a friend, watching TV, listening to a relaxation tape
- Relaxation – ease tension. Take time out to read, take a bath, listen to music or other activities you find relaxing
- Using a TENS machine (This is a battery-operated unit that sends small electrical currents through pads placed on the skin over painful areas. These currents may help to relieve or control pain)
- Try to be patient. It may take a little while for things to settle down.

Take care of your joints

It’s important to start looking after your joints as soon as you know that you have RA. Be clever about how you use your joints.

Tips on how to use your body more effectively:

- Make the job as easy as possible – use gadgets or products that take the effort out of the task e.g. dishwasher/frozen vegetables/electric toothbrush.
- Spread the load – use both hands to lift and hold instead of one.



- Use less effort to do the job (use the microwave instead of the oven).
- Don't grip things too tightly - this puts extra pressure on your joints.
- Avoid sitting in one position for a prolonged time as this may increase stiffness.
- Be aware of your posture – if you slouch, the weight of your body falls forward, putting added strain on muscles and joints.
- Use your strongest joints for any activity rather than using your smallest i.e. use the palm of your hand to push instead of the tips of the fingers.

Fatigue

One of the biggest challenges for people with RA is fatigue and learning to manage it. Most people feel tired after a hard day, but the fatigue that comes with RA is different. Fatigue is a feeling of extreme tiredness and exhaustion. You may experience feelings of heaviness, have tired muscles, increased pain and have no energy. This can affect your mood and motivation also.

You may feel so exhausted you feel unable to carry out normal, everyday activities and have difficulty concentrating but this can be helped by pacing and light exercise.



Fatigue tends to be worse during a flare-up, but can vary from a stubborn, ongoing tiredness to a sudden drop in energy that leaves you completely wiped out. It may mean you are too tired for even simple tasks. That can be extremely frustrating.

Like pain, fatigue can vary a lot and may have a number of causes:

- Your disease is active and you are experiencing a lot of inflammation, which release chemicals that consume energy
- Some medications used in the treatment of RA can cause fatigue
- Your medication may not be right for you
- Pain can increase your fatigue
- A poor diet or missing meals
- Anaemia - not having enough iron in the body
- Overdoing things or being under-active
- Too much or too little sleep
- Poor fitness

Things you can do to combat fatigue:

- Follow a healthy balanced diet and make sure your energy intake is good. Food is your body's fuel and you need it to keep going.
- Prioritise – plan ahead, schedule time for rest breaks. Cut out unnecessary exertions and efforts.
- Learn to say no – you don't have to say yes to everything. By saying no, you can choose to focus on the things you enjoy.
- Pace yourself avoid doing too much or too little and try to conserve energy. Do the same amount of activity each day, building up the activity level slowly if necessary. You do not have to give up any activities that you are currently doing.
- Balance heavy and lighter activities throughout the day and week.
- Learn the balance between exercise and rest. Knowing when you need to rest is important. Overdoing activity or under doing activity may bring on a flare.

“I now do things like shop on the internet.”

- Keep active – when you are exhausted it is tempting to cut down on exercise, but muscles in poor condition will tire sooner than stronger ones. Light regular aerobic exercise can help to reduce fatigue.
- Get a good night's sleep – only you know how much sleep your body needs. If you need to nap, get into bed, set an alarm and aim for 20 or 60 minute nap durations. This is the best for a normal sleep cycle. Napping for longer can leave you feeling more wiped out.



- Speak to your healthcare team – they might check to see if something else is causing your tiredness and can help you learn how to manage your fatigue.
- Be open about your emotions – talk openly about your feelings and relationships with someone who understands such as friend, family member or the Arthritis Ireland Helpline.
- Ensure you are taking your medication correctly.

Sleep

Getting a good night's sleep plays an important role when living with RA. Sleep allows your body to get the rest it needs. When you sleep, your body secretes hormones that repair the wear and tear you've done throughout the day.

People living with RA are more likely to have broken sleep than others. Getting a good night's sleep is sometimes easier said than done. If you're not sleeping properly, it's important to find out why. Poor quality sleep can make pain and fatigue worse. It's important to talk to your healthcare team if you're not sleeping properly. The cause could be something related to your medication, such as taking steroids late at night which can keep you wide awake. Or it could be the pain itself, causing you to wake.

The amount of sleep we need varies from person to person. Some people need eight hours while others need only a few hours.

A poor night's sleep can make managing your arthritis more difficult. Here are some tips to improve your sleep routine:

- Relax before bed – take some time to wind down.
- Have a routine – go to bed and get up at the same time each day.
- Have a relaxation phase before going to bed, avoid going to bed stressed or straight after activity. Take a warm bath or shower/ do a relaxation exercise or listen to music.
- Take a warm bath or shower before bed – this may help to ease pain.
- Make sure the bedroom is a haven of peace and ease. Remove clutter or any reminders of stress.
- Minimise noise and light by using ear-plugs and eye-masks.
- Reduce your fluid and caffeine intake; and avoid alcohol before bed.
- Avoid using gadgets in the bedroom or before going to sleep – for example, TV, phone, computer.
- Use a good quality pillow to support your neck and shoulders.
- Don't toss and turn - if you are unable to sleep after 20 or 30 minutes, get up but avoid doing anything that stimulates the brain such as watching TV.
- Exercise regularly but not in the 3 hours prior to bed-time. This can help with getting a good night's sleep.
- Ensure muscles are as relaxed as can be – deep breathing and other relaxation techniques may help with this.



Healthy Eating

Your body needs a range of nutrients, so make sure you eat a healthy, balanced diet. Include lots of fruit, vegetables, pasta, pulses (such as beans and lentils), fish and white meat. Cut down on sugary and fatty foods. Eating well will also help you lose excess weight, which can put extra strain on your joints. Every kilogram of excess weight a person carries puts four extra kilograms of pressure on the joint. Healthy weight loss is one of the major benefits of healthy eating for people with arthritis.

The most important link between your diet and arthritis is your weight. Being overweight puts an extra burden on weight-bearing joints (back hips, knees, ankles and feet). Maintaining an appropriate weight will help you more than any food supplements. If you are overweight and have arthritis, consider a balanced diet as a way to help you achieve and maintain a healthy weight.

For others, healthy eating may give you the energy to complete your daily activities. Proper nutrition is vital to controlling body weight and managing arthritis symptoms. As someone living with arthritis, you are, unfortunately, at a higher risk for developing other conditions such as obesity, diabetes and heart disease. Maintaining a healthy diet will help reduce this risk.

If you are thinking about dieting, talk it over with your doctor or dietician first. Beware of diets that claim to cure arthritis,

For more information, see Arthritis Ireland's booklet "Healthy Eating and Arthritis" or visit www.arthritisireland.ie

and never begin a diet that involves stopping medication without discussing it with your doctor first.

There is a lot of debate about whether what you eat affects RA. Certain foods may help. Studies on essential fatty acids (found naturally in oily fish) show that they can ease joint pain and stiffness – though it might take several months. Include more of these foods in what you eat, and consider taking a supplement.

Some people notice that certain foods make their arthritis flare up, but this is unusual. If you notice this, and can work out which food is the trigger, it makes sense to avoid it. Try removing it from your diet for about 3-4 weeks and then reintroducing it. If you do have food intolerance you'll notice a flare-up in your arthritis within a few days. Make sure you don't miss out on essential nutrients. Get medical advice if you are unsure, and don't assume that what works for someone else will work for you.

Alcohol and RA

There is some evidence that small amounts of alcohol provides some protection against RA but it is not recommended to have alcohol as part of a healthy diet. If you do drink, spread your drinking over the week and stick to the recommended limits i.e 17 standard drinks a week for men and 11 standard drinks a week for women. Alcohol in moderation does not seem to interfere with RA.

However, there are some medications that can interact with alcohol and so it is important to discuss this with your nurse or doctor. Loss of bone density has been reported in people who consume large amounts of alcohol.

Smoking and RA

Cigarette smoking, whether you have RA or not, has no positive effects on any aspect of your health. People living with RA are strongly discouraged from smoking as it makes symptoms worse. Studies have shown that smoking is associated with poor long-term outcomes. Research has also shown that smoking increases the risk of heart of disease, putting people living with RA at a higher level of risk.

If you are a smoker, one of the best things that you can do for your overall health is to quit. If you need help or advice about quitting, contact the National Smokers Quit Line on 1850 201 203 or visit www.quit.ie. Many local hospitals also run clinics to help you quit.

Supplements

People with RA often take supplements, including herbal remedies, homeopathic medicines, vitamins, minerals and dietary supplements.

If you decide to try these therapies or supplements, you should take note of whether or not they seem to help you. Base your decision to continue taking them on whether you notice any improvement.

Before you start taking supplements:

- Find out as much as you can about the ones you're considering.
- Remember that supplements will not cure arthritis.
- Check with your doctor or pharmacist to see if it's ok to take along with your prescription drugs.
- Tell your doctor if you are taking any supplements and report any side effects immediately.
- Keep a record of how you feel so you can see if they are having an effect.
- Buy brands from reputable manufacturers.
- Consider the cost – taking supplements can be expensive.

Exercise and rest – get the balance right

Exercise is known to have many benefits for people with RA. It can help protect the joints and strengthen muscles, offering better protection against flares. It can also be the furthest thing from people's minds when they live with pain



on a regular basis.

However, for people with arthritis, the benefits of exercise are enormous. Inflammation can lead to muscle weakness and stiffness in the joints.

Exercise is important to prevent this and to keep your joints working properly. Strong muscles and tissues support those joints that have been weakened and affected by arthritis.

“I used to think that exercise was bad for me. But now I know that it’s essential to keep my arthritis in check.”

It is important to be physically active, but rest is also essential – especially when your joints are inflamed or your arthritis flares up badly. When the disease is active, it’s important to balance rest and physical activity. Resting inflamed joints makes them more comfortable, but too much inactivity will make them stiff. This is why a balance is needed. Physical activity and exercise are not only good for your general health, but they strengthen muscles and protect the joints as well.

Plan an exercise programme that is right for you

Exercise won't make your arthritis worse as long as it is the right kind of exercise. The wrong sort of exercise could put strain on your joints. A properly designed programme of physical activity reduces pain and fatigue, improves mobility and overall fitness and alleviates depression. It allows someone with arthritis to lead a more productive, enjoyable life. Your GP or rheumatologist can refer you to a physiotherapist who can help you work out a programme combining flexibility (range of movement) and strengthening and aerobic exercises.

Range of Movement

Range of movement (ROM) exercises are the foundation of every exercise programme. Everyone should do these as they help maintain flexibility and are important for good posture and strength. The exercises involve taking joints through their full range of movement and then easing them a little further. ROM exercises are done smoothly and gently so they can be done even when in pain. To achieve the most benefit, these exercises should be done every day. When in a flare, it's advisable to only do gentle range of motion exercises like stretching exercises.

Aerobic

Aerobic exercise is any exercise that raises your heart rate. This type of exercise burns off calories, speeds up the body's metabolism, helps maintain a strong heart and helps muscles work more effectively. It also helps control and reduce weight, improves sleep, strengthens bones, reduces depression and builds up stamina.

The best forms of aerobic exercise for people with arthritis are walking, cycling and swimming. Begin any exercise by stretching to warm up. To get the greatest benefit, aerobic exercise should be done for 30 minutes most days of the week. You are at a good level if you start to sweat and can still hold a conversation at the same time. Check with a doctor before beginning any regime. These exercises, done correctly and consistently, will provide some relief from the pain of arthritis, help with good posture and increase your energy and vitality.

Strengthening

Strengthening exercises are especially beneficial, because they help to strengthen the muscles, which move, protect and support your joints. Many people become less active when they develop arthritis because of the pain and fear of causing damage. This can lead to muscle wasting and weaker joints. By developing strong muscles, joints become more stable and activities such as walking and climbing stairs are easier. Start slowly, gradually building up the repetitions.

As the muscles get used to doing more, they become stronger. The type of exercises you do will depend on which joints are affected and how severe your condition is. Always check with a doctor or physiotherapist before starting a regime.

Tips for exercise

- Begin gently and build up gradually. Do a little every day, rather than a lot every now and then.
- Find something you enjoy. Try walking, swimming, dancing or cycling. If you are planning any high impact sports, such as GAA or tennis, it's important to speak to your doctor first.
- Exercise when you are least in pain, stiff or tired and your medication is most effective.
- Do your range of movement exercises at least once a day. First thing, they'll help ease morning stiffness; last thing at night they'll help to stop the stiffness developing.
- Listen to your body and don't overdo it. If you feel more pain two hours after exercising than you did before, do less next time. Don't continue with an exercise or activity that causes severe pain, stiffness or fatigue.
- If you have a flare-up, only do range of movement exercises.

- If you're starting any exercise programme, let your instructor know that you have RA beforehand.
- Choose an exercise programme that includes a combination of range of motion, strengthening and aerobic exercises. For more details, see Arthritis Ireland's booklet 'Physical Activity and Arthritis'.
- Set goals for yourself and track your progress.
- Wear suitable clothing and footwear.
- Know your limit - exercise should not cause you pain but you should feel a good stretch.
- It's recommended that you aim for 30 minutes of physical activity each day and build-up to five times a week. If you have not exercised for a while, you may need to start with shorter bursts building up to 30 minute sessions slowly. You can do 30 minutes continuously or combine several 10 to 15 minute sessions.

Complementary therapies

Many people with RA find complementary therapies helpful – particularly massage, acupuncture, aromatherapy, the Alexander technique and reflexology. None of these will cure RA, but they may ease pain and stiffness and reduce some of the side effects of taking drugs. They will also help you to relax. You can usually use them alongside conventional treatment, but it's important to speak with your healthcare team first.

Find out as much as you can about the effectiveness, potential risks and safety of the therapies you are interested in. It is a good idea to get a recommendation from someone you trust and check a therapist's qualifications. Always treat therapists, who advise you to stop conventional treatment, with extreme caution.

TAKING CONTROL

Any long-term condition can affect your moods, emotions and confidence, and it can have an impact on your work, social life and relationships. If you find that things are getting you down, talk things over with a friend or your doctor. You can contact support groups if you want to meet other people with RA.

Emotions

Everyone's experience of arthritis is different. Not all people experience the same symptoms, level of pain, fatigue or have the same feelings. Don't be surprised if you feel frustrated one day and perhaps angry the next. It is good to let your emotions out. Bottling them up can make things worse. Some people find that their lives don't change that much and that they can more or less carry on as normal. Some people become stronger and more determined as a result of having to adapt their lives to fit in with their arthritis. Everyone is different. Your own reactions to arthritis will differ from week to week, but it is perfectly natural to feel out of sorts sometimes.

Relationships

Sharing information about your condition with family and friends can really help them to understand what you're going through. They may really want to help, but don't know how. You may be worried about letting them down or about depending on them too much. Talking and listening is the key. Explain how your arthritis affects you and be as clear as you can about how you are feeling.

Relationships may come under a bit of strain. If you have a partner, talk to them about how you feel, both physically and emotionally, and encourage them to ask questions. Sex can sometimes be painful, particularly if your hips are affected. Experimenting with different positions will usually provide a solution. If you are feeling stiff or having trouble moving around, it is hard to be spontaneous – even a hug can be difficult if you are in pain. There will be times when you are just too tired or too sore to get close to your partner but there are alternatives.



- Try different positions of supporting your body with pillows and cushions to make love-making more comfortable.
- Have a warm bath or shower beforehand which will help to loosen your joints.
- Think about asking your partner to give you a gentle massage.
- Don't be embarrassed to raise the issue with your healthcare team and talk to them about it.

Pregnancy and planning a pregnancy

Women

In general, having rheumatoid arthritis will not affect your fertility or chances of having a baby. However, when planning for a baby it is best to discuss your plans in advance with your rheumatology team.

“I felt great while I was pregnant, I went into remission.”

Sometimes it may be necessary to change or alter the doses of your current medications as some may be harmful to your baby. During this time you may need more frequent monitoring to be sure your disease remains inactive or in a quiet phase. It is when your disease is inactive that you have the best chance of conceiving. It is also important to remember that as for anyone else planning a pregnancy, the importance of:

- Stopping smoking
- Avoiding alcohol
- Trying to lose weight if you are overweight as this may make it harder for you to become pregnant. Of course, losing weight will help your joints as well.
- Taking folic acid (0.4mg a day) for at least 12 weeks before you become pregnant will reduce the risk of spina bifida in you baby. If you have been taking methotrexate in the past or are still taking sulfasalazine, your doctor may recommend that you continue to take folic acid during your pregnancy.
- Taking regular exercise which will have the benefit of keeping you fit and ready for pregnancy.

Join Arthritis
Ireland's Pregnancy
or Parenting
online forums by
visiting [www.
arthritisireland.ie](http://www.arthritisireland.ie)

Men

As for women, men should discuss with their rheumatology team their plans to start a family as some medications, can lower their sperm count and cause problems with the development of the baby. Your rheumatology team may make changes to your medications which may require more frequent monitoring to ensure your disease remains a quiet phase or inactive. Once your partner is pregnant, your rheumatology team may restart your previous medications. Again this may depend on how your disease is doing.



During pregnancy

About 50-60% of women with RA may enjoy a remission or absence of their disease during pregnancy and may only experience some of the 'normal' discomforts that women with no disease may have. Some women however may continue to have active disease or flares during some or all phases of pregnancy. There is no way of knowing how each woman will feel or how their arthritis may behave.

Therefore, your rheumatology team will continue to monitor you and may need to add in some medication (usually steroids) to help control your arthritis.

Of course during pregnancy you will also be seen by your obstetric team who will continue to monitor your baby during your pregnancy. It is important that they are aware of your RA and medications (past and present) and know about any changes your rheumatology team may make during your pregnancy. Most women with RA have planned normal deliveries but do discuss any of your concerns or worries with your team.

It is also during your pregnancy that you will be asked whether you plan to breastfeed. Breastfeeding has benefits for your baby and if this is something you wish to do for your baby (and yourself) even for a short period, do discuss it with your midwife.

For most women, delivery is usually straightforward. If you have RA in your back or hips, moving these joints during labour may cause pain. Different positions can be used in childbirth which should allow natural birth even if you've had hip replacements. Research shows that pregnancy does not appear to influence long-term joint damage. If you wish to breastfeed, this will affect when you go back on your medication.

After the birth and breastfeeding

Some women with RA may notice that their arthritis flares after having their babies. Sometimes this can be quite soon after giving birth (2-12 weeks) but may happen up to 6 months after delivery. At this point in time there is no way of knowing who will have a disease flare so it is important that you have a pre-arranged appointment with your rheumatology team.

It may be necessary to restart or alter your rheumatology medications but this will be done in consultation with you. If you are breastfeeding you will be started on medications which won't pass into your breast milk and are the safest possible option for your baby.

Work and arthritis

Most people diagnosed with RA are of working age so you may well be settled in a career already or be in education. An occupational therapist and other members of your healthcare team can give you specific advice in this area but only you can decide how much you want to tell people about your RA. It may not affect your work at all – other than time off for hospital appointments – but hiding it and struggling on if you have difficulties could make your arthritis worse. Employers are generally supportive once they know you want to remain a productive worker and remain an employee with them. It is however, important that you get as much support as possible to help you manage your work routine while maintaining all the other necessary or valued activities in your life. Fatigue and ability to do chores outside of the working day are often factors leading to people giving up work as opposed to the job itself.

For a while after diagnosis, you might find it tough to go



to work, but things should improve once your medication starts to take effect. Try not to make a rash decision at the time of being diagnosed. You will need time to judge how suitable your line of work is to dealing with the symptoms you experience or if your medications allow you to work in the job without major difficulty. Some people choose

“I’ve got a good, comfortable chair and my desk is set up correctly, which makes such a difference.”

to work reduced hours or change to part-time while they are getting their disease under control. With advances in treatment for RA, it is possible for most people to remain working and indeed many do. It often depends on how well supported you are outside of work and also how suitable the job is for your physical ability and energy levels.

In general, an employee has no right under employment law to be paid while on sick leave. The Citizen’s Information Board or the HR department in your workplace can advise you about your entitlements. Your contract of employment or employee handbook should give you information about your sick pay entitlements. You may also apply for Illness Benefit if you have made a certain number of social insurance contributions. If you do not have enough social insurance contributions, you should contact the Department of Social Protection’s representative at your local health centre who will assess your situation.

Managing RA in the workplace

Be open and honest about your needs with trusted co-workers and your employer. Remember that others may not understand what RA is so they may need a little help understanding also.

- Seek advice and support from an occupational therapist at an early stage. They can advise on a wide range of work issues. For example, they can assess if the work role is appropriate for you and can liaise with your employer to negotiate adjustments/ changes if needed.
- Organise your workspace for your needs – most organisations can provide an ‘ergonomic’ assessment of your workplace and workplace furniture. An ergonomic assessment examines how suitable and comfortable your work area is for your individual needs.
- Take regular movement breaks – for example, walking to the photocopier or water fountain. No-one needs to know you are doing this for a movement break.
- Take into account your commute to work and allow extra time for this if needed. You may need to take a rest after traveling to or from work so allow for this in your time-plan.
- Take your break times and try to leave the building for a short period of light exercise if possible.
- Take your annual leave and try to spread it out over your calendar year. You may need to use leave for rest at times.
- Pace yourself in what you need to do after a working-day and be prepared for deadlines.
- You may need to cut back on household chores and prioritise time for rest/ light exercise/social outings.

Arthritis Ireland's online shop offers a wide range of products to make day-to-day living with arthritis easier.

- Be flexible – be prepared to change your working hours or work from home if it helps. You may need support to negotiate such changes with your employer.

Legislation

Be aware of your rights and entitlements as a worker with a chronic illness. As a worker with RA, it is important that you know what support and advice you are entitled to. Under the law, employers must make ‘reasonable accommodation’ for employees who have a disability. An employer is obliged to take appropriate measures to enable a person who has a disability to work unless those measures would impose an unreasonable burden on the employer. This should allow you do your job as easily as possible and/or to improve the physical environment in which you work. This may be small changes like being exempt from night-shifts or getting your work-station ergonomically set-up, but these changes must be deemed “reasonable” by the employer.

Depending on how your RA affects you, the time may come when you need to consider changing jobs. Your occupational therapist can help you with this decision and help you find pathways to new employment or retraining. A small number of people find they have to stop working altogether – this is never an easy decision and it is important to get professional advice about your rights and options. Remember that giving up work does not mean that you are giving up life: retraining, further education and voluntary work may all open new doors for you and can be very beneficial for your health and satisfaction.

If you are having difficulties relating to work, an occupational therapist can help you by assessing all the aspects of your role, looking at any barriers that might be holding you back and help ensure that the work you are doing is the right type of work for you.

Education

Retraining or returning to education is sometimes a desire when people feel they want or need a change in career or job area. There are many educational programmes available now to those that are unemployed or have chronic illnesses. The adult education guidance service for your county **www.aegai.ie** can also provide guidance as to your education/training option or your occupational therapist can also advise.

For more information see Fit for Work Ireland's booklet "Working with arthritis, back pain and related conditions: a guide for employees" (available from Arthritis Ireland) or visit www.fitforwork.ie

There is a lot of support and help available for people living with arthritis in every learning centre, college or university. A disability or access officer can help with a range of support services to ensure that students with RA have full access to the same facilities for study and recreation as the rest of the college community. Some people with RA may require extra time for exams, a scribe, movement breaks, a laptop, or online notes and this can sometimes be arranged with support from your occupational therapist or healthcare team. The Citizen's

"My arthritis has made me much more determined to make something of my life."

Information Board can also advise you as regards educational allowances you may be entitled to.

PRACTICALITIES

Adjusting to RA may not be easy, but there are plenty of sources of help. The first step is finding out what is on offer and what your rights are. There are many ways you can set things up at home to make sure your environment is as stress-free as possible.

At home

There are lots of handy gadgets, tools and useful changes or adaptations that can help around the home. In the kitchen, for instance, they might include:

- Rearranging cupboards and drawers so the things you use the most are nearby.
- Minimising the energy you spend on household chores - your home does not have to be a “show house”.
- Leaving commonly used items on your work surfaces i.e. tea-bags/ sugar.
- Ensuring the height of worktop surfaces are belly-button height.
- Using lightweight pans, mugs, kettle, and so on.
- Using equipment with easy-to-use buttons and switches.
- Using kitchen utensils with wide fat grips – generally the fatter the handle the better i.e. mashers/ peelers.
- Getting an electric tin opener, a cap gripper, or knives and peelers with padded handles.
- Opting for lever taps and well designed spring-loaded cupboard spaces if possible.
- Sitting on a stool while you are preparing food or ask your occupational therapist about getting a “perching stool”.

- Using a trolley for moving heavy items across the room.
- Using frozen vegetables and microwave items when possible i.e. baked potatoes.
- Avoiding scrubbing when cleaning i.e. use a dishwasher or leave items to soak.
- Avoiding ironing by folding items when warm from a dryer or hang neatly to dry.

You could also think about paying a cleaner, or getting a handyperson in for bigger tasks if possible. Local organisations may be able to put you in touch with volunteers to help you with jobs around the house. Ask your local authority, citizens information centre or library if they know of any such volunteers. Your public health nurse may also be able to assess your eligibility for home-help support.

Finances and access to benefits

The Citizens Information Board offers a comprehensive booklet that outlines all entitlements for people with a disability, including rights relating to work, education and training. You can get this booklet 'Entitlements for People with Disabilities' by visiting your local Citizens Information Centre or contacting them on LoCall 1890 777 1212 or www.citizensinformation.ie

Social insurance payments

You may also be able to apply for state benefits to help with the extra costs of having arthritis or if you are unable to work. Some of the main disability-related payments are:

Illness Benefit

This was previously called Disability Benefit and is a short-term payment made to people who are under 66 and unable to work due to illness. It can be paid in the

long-term. Your PRSI contributions or credits must be up to date.

Invalidity Pension

Invalidity Pension is payable for as long as you are unable to work. At the age of 65, the personal rate of payment increases to the same rate as the State Pension (Transition). At age 66, you transfer to the State Pension (Contributory).

Other Benefits

A **Living Alone Increase** is payable regardless of age if you live alone. You may also qualify for free travel and the **Household Benefits Package**, which includes allowances towards household bills.

The **Treatment Benefit Scheme** is a scheme run by the Department of Social Protection that provides dental, optical (vision) and aural (hearing) services to people with the required number of PRSI contributions.

Means-tested payments

Disability Allowance

This is a long-term, means-tested payment made to people with a disability. The disability must be expected to last at least a year. You must be aged between 16 and 66, satisfy a means test and a habitual residence test (a test about how long you've been living in Ireland), and have a specified disability which restricts you in undertaking suitable employment. The means test will take your own means and the means of your spouse or partner into account. Your parents' means are not counted.

You may qualify for a **Living Alone Increase** and the **Household Benefits Package**, which includes allowances towards household bills.

If you are awarded Disability Allowance, you get a **Free Travel Pass** automatically. This allows you to travel free and your spouse or partner to travel free in your company. If you are medically assessed as being unable to travel alone, you may be entitled to a **Companion Free Travel Pass**.

Health service

Medical Card

Most medical cards are granted on the basis of a means test or medical need. Each case is decided on its merits but you may qualify if your income is not much above the guideline figure and your medical costs are very high. It may be possible for one or more members of a family (who would not otherwise qualify) to get a medical card in their own right if they have high medical expenses or needs.

GP Visit Cards

The purpose of this card is to help people who are not eligible for medical cards with the costs of visiting a doctor. The card covers you for GP visits but nothing else.

Drugs Payment Scheme

With a Drugs Payment Scheme (DPS) card, an individual or family in Ireland only has to pay a maximum amount every month for approved prescribed drugs, medicines and certain appliances, even if the actual cost is more than the maximum amount set. Everyone in Ireland who doesn't have a medical card should apply for the DPS card.

Hospital charges

Everyone resident in Ireland is entitled to be treated free of charge in a public bed in a public hospital. Some people may have to pay maintenance charges. Outpatient services, when you are referred by your GP, are also provided free of charge.



Tax relief

You may get tax relief on certain health expenses, including prescription medication, which you have had to pay for yourself and can't claim the money back from any scheme or government department. You make this tax claim on a Med1 form, available from your local tax office or online at www.revenue.ie.

Claiming benefits can be complicated and time consuming, so it's worth getting expert help and advice from:

- a social worker from your local health office
- a housing welfare officer from your local authority.
your local social welfare office

SUPPORT FROM ARTHRITIS IRELAND

You can learn more of the skills that will help you deal with RA on one of Arthritis Ireland's self-management courses.

Living Well with Arthritis, our most popular course, focuses on what you can do for yourself, how to get the most from your health professionals, handling pain, fatigue and depression, relaxing and keeping active. It is a great chance to meet and share tips with other people who know what you are going through.

Looking for somebody to speak to about living with RA? Why not give the Arthritis Ireland Helpline a call. All our volunteers are living with arthritis and, as such, have a strong understanding of what it is like to live with a lifelong condition like RA. They would be happy to hear from you if you are in need of a listening ear. Call 1890 252 846.

Finally...

There is no cure for RA, but when you are diagnosed early and start the right treatment, you can take control of your disease and avoid severe damage to your joints. Most people with RA can lead active and productive lives with the help of the right medication, surgery (in few cases), exercise, rest and joint protection techniques.

For more information on how Arthritis Ireland can help you, contact us on LoCall 1890 252 846 or visit our website at www.arthritisireland.ie.

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Become a friend of

Help manage the pain of arthritis



While some people with arthritis lead active, productive lives, many more are not so lucky. Unfortunately, there is no cure for arthritis but there are many ways to limit the effect on a person's life.

Your support of just €3 per month, will not only provide you with the information you need to manage your arthritis but it will also help to provide the information and support services in communities throughout Ireland needed to:

- 1.** Ensure that NO child faces the prospect of growing up with arthritis alone through our JA programme
- 2.** Help people deal with the sense of loss and depression that arthritis can bring through our peer support and national Helpline service
- 3.** Help people maintain their mobility and independence through our national exercise programme
- 4.** And help people to break the constant cycle of pain through our self-management programmes

Arthritis Ireland

€3 per Month



Additional benefits:

As a friend of Arthritis Ireland you will receive:

- 12 Month subscription to our BIG NEWS magazine which is packed full of inspiring stories and ideas from our volunteers, fundraisers, branch members and friends. BIG NEWS will keep you informed on everything going on in Ireland's arthritis community.
- An up-to-date information pack on arthritis.
- A useful arthritis friendly gift.*
- A chance to have your say in the direction of Arthritis Ireland by having voting rights at our AGM.



To read more about how to manage arthritis and to learn about the many ways your support will make a BIG difference visit arthritisireland.ie

*Free gifts are subject to change and supply.

Become a friend today

€3
per
Month

Yes, I would like to help manage
the pain of arthritis

☐ **Monthly* payment of €3** (€36 per annum)

**Monthly payments by Direct Debit only. See reverse for details.*

PERSONAL DETAILS

Name:

Address:

Telephone:

Email:

DOB:

Do you have arthritis? Yes ☐ No ☐

If Yes, what kind of arthritis?

CREDIT CARD (Once off annual payment of €36)

€36 per
annum ☐

Other
(€36 + donation) €

€20 per
annum OAP ☐

Please charge by: VISA/VISA DEBIT ☐ Mastercard ☐

Card No:

Exp date:

CVV:

Signature:

Date:

CHEQUES AND POSTAL ORDERS

Payable to Arthritis Ireland



If you would **not** like to have voting rights at
our AGM please tick here. ☐

Please turn over for Direct Debit payment details >

Payment details



SEPA DIRECT DEBIT MANDATE

**Please complete all marked fields*

By signing this mandate form you (A) authorise **Arthritis Ireland** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from **Arthritis Ireland**. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Debtor Name*

Debtor Address*

City / County*

Debtor A/C Number IBAN*

Debtor Bank ID Code BIC*

Type of Payment*: Recurrent ☐ One Off ☐

Creditor Name: Arthritis Ireland

Creditor ID: IE90SDD360028

Creditor Address: 1 Clanwilliam Sq, Grand Canal Quay, D 2

Unique Reference No. (URM) For Office Use Only

Signature(s*)

Date of Signature*

For Arthritis Ireland Information Only:

Amount of Direct Debit**

Date of First Payment*

****Arthritis Ireland will debit your account for the amount indicated above from the first day of each month until further notice.**

Note: If you are a PAYE tax payer or are self employed, gifts of €250 in one year (€21 per month) could be worth an additional 31% to us, at no extra cost to you.

Arthritis Ireland
1 Clanwilliam Square
Grand Canal Quay
Dublin 2

Helpline	LoCall 1890 252 846
Email	info@arthritisireland.ie
Web	www.arthritisireland.ie



Arthritis Ireland

Little Things *make a Big Difference*