

Drugs and Complementary Therapies





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 Ireland's only organisation 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 big difference to your life.

If you would like to volunteer, help raise funds or make a donation, call us on 01 661 8188, log on to arthritisireland.ie or find us on facebook!



Most people with arthritis will take some kind of medication to help reduce pain and keep their disease under control. An increasing number are also turning to complementary therapies to relieve their pain even further and improve their mobility, confidence and overall well-being.

Finding the balance of treatment that works best for you isn't always easy, but this booklet is a good starting point. Whether you want to know more about your current medication or treatment, or whether you want to explore others, this short guide will give you the key facts about some of the main drugs and therapies which can benefit people with arthritis.

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Drugs

DRUG GROUPS

Drugs are a fact of life for most people with arthritis. They can be extremely effective in reducing pain and can also slow down the effects of your disease. Therefore it is important that you feel in control of your medication and can discuss what works best for you with your doctor or health team.

Part of this is about understanding the types of drugs that might be used to treat your condition and how they work.

‘After a lot of trial and error, I have finally found a drug combination that suits me and my body’





It is important to remember that any drug can have side effects. You should discuss these with your doctor and decide whether the benefits you might receive from taking a drug will outweigh any potential side effects.

There are two main families of drugs used by people with arthritis, and your doctor may prescribe a combination from each. They are:

- **Drugs which control the symptoms of your disease.** These are used to treat most types of arthritis, including osteoarthritis and rheumatoid arthritis, and they alleviate specific symptoms such as pain, swelling and stiffness. They include painkillers and non-steroidal anti-inflammatory drugs (NSAIDs).
- **Drugs which affect the disease itself.** These drugs affect the progression of the disease through, for instance, suppressing the immune system (the body's own defence system). These drugs include disease modifying anti-rheumatic drugs (DMARDs) and corticosteroids (steroids). They can also control symptoms.



THE FOUR MAIN TYPES OF DRUG

Painkillers (analgesics)

Painkillers come in varying strengths and are used specifically to relieve pain. Paracetamol is a readily available painkiller which you can buy over the counter at a pharmacy. It is the simplest and safest painkiller – providing you follow the correct dosage instructions – and it is often the best ‘over-the-counter’ medicine to try first. Some anti-inflammatory drugs such as aspirin and ibuprofen can also be used as painkillers in low doses. Stronger painkillers – including morphine, buprenorphine, codeine, diamorphine, dihydrocodeine and pethidine – are generally only available on prescription.

Analgesics 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 (see further on) or analgesics.

What you should know

Nausea, vomiting, drowsiness, constipation and occasionally breathing difficulties are all possible side effects of this stronger type of painkiller and these medicines may become less effective if used long term. If your pain is masked by painkillers it is possible to damage or over-use a joint without noticing.

NSAIDs

Non-steroidal anti-inflammatory drugs – NSAIDs for short – are the most common of all drugs used to treat arthritis. They are often taken alongside painkillers. They function by relieving pain and stiffness, and reducing inflammation in the joint lining. Inflammation is the body's response to injury and is in fact designed to help with the healing process. However, in affected joints, especially with rheumatoid arthritis, it is the inflammation itself which causes the problems.

The number of different NSAIDs can be confusing, especially as each one often has more than one brand name. The most commonly prescribed NSAIDs are:

Ibuprofen:	Brufen/Nurofen and others
Diclofenac:	Voltarol/Diclomax/Difene
Indometacin:	Indocid and others
Naproxen:	Naprosyn and others
Piroxicam:	Feldene
Nabumetone:	Relifex

NSAIDs are usually taken by mouth, but may also be prescribed in suppository form or supplied as creams and gels which you rub onto the skin over painful areas. Your doctor will advise you on which is the most appropriate anti-inflammatory to take. Some must be taken several times a day, while others have a slow release action and only need to be used once a day. A low dose is usually prescribed at first and increased if necessary.

What you should know

While many people have no problems with these drugs, some NSAIDs can cause side effects such as damage to the stomach lining, heartburn, indigestion, rashes and wheeziness.

You can help minimise side effects by making sure you take the tablets with or after meals. You can also help by keeping alcohol to a minimum and not smoking. (See also 'Anti-ulcer drugs' below.)

'I'm very careful when I take my NSAID to take it with food so my stomach stays healthy'

Great care is taken when prescribing NSAIDs to people with asthma or with a history of wheezing as they can cause an acute asthma attack or aggravate these conditions.

If you are allergic to aspirin you may also be allergic to NSAIDs and you should seek your doctor's advice before taking these medicines.

As with all medications, if you develop any new symptoms you should discuss these immediately with your doctor.

Anti-ulcer drugs: Peptic ulcers are a common complication caused by the treatment of arthritis. NSAIDs, alcohol and smoking can all irritate the stomach lining enabling an ulcer to form. Ulcer-healing drugs such as ranitidine (Zantac), lansoprazole (Zoton) and omeprazole (Losec) are sometimes prescribed to be taken with NSAIDs. These drugs reduce the production of acid in the stomach, helping the ulcer to heal. Some NSAIDs are also available ready combined with an anti-ulcer drug. For example, diclofenac sodium when combined with misoprostol is called Arthrotec.

Cox-2 inhibitors: These are a newer type of NSAID designed to be safer for the stomach. Like the traditional NSAIDs described earlier, Cox-2 inhibitors help reduce pain and inflammation, but studies show they cause less damage to the stomach lining.

However, other evidence has shown Cox-2s may increase the risk of cardiovascular (heart) disease, especially in people with a history of heart disease or stroke.

Although these drugs are becoming more established, their use is being strictly regulated. Longer-term studies to determine their safety will continue.

DMARDs

Disease-modifying anti-rheumatic drugs (DMARDs) are used to treat rheumatoid arthritis and other forms of inflammatory arthritis including lupus, juvenile idiopathic arthritis and ankylosing spondylitis. They are not specific painkillers, but they lessen the activity of arthritis by reducing swelling and stiffness – reducing the pain as well.

Disease-modifying drugs

- are slow acting, so it can take weeks or even months for their full effect to be felt
- are often effective where NSAIDs alone are not
- can have higher levels of toxicity than NSAIDs, with potentially more damaging side effects.

Specific DMARD drugs include: gold, hydroxychloroquine, leflunomide, penicillamine and sulfasalazine.

Other types of disease modifying anti-rheumatic drugs include:

- *immunosuppressants*, which damp down the activity of the immune system – the body's natural defence – because in some forms of arthritis, like rheumatoid arthritis, the immune system causes the body to attack its own tissues. Immunosuppressant drugs include azathioprine, cyclosporin, cyclophosphamide and methotrexate



- *Biologic response modifiers*, also known as biologics, are medications that stimulate or restore the ability of the immune system to fight arthritis.

This group of drugs includes anti-TNFs – which work by blocking the action of a chemical called tumour necrosis factor (TNF). TNF is thought to play an important role in driving the inflammation and tissue damage of rheumatoid arthritis, and anti-TNFs may be able to delay or even prevent this damage. Specific anti-TNFs include etanercept (Enbrel), infliximab (Remicade) and adalimumab (Humira).

Research findings on anti-TNFs are very promising. Though they are not free of side effects and aren't suitable for everyone, they may offer new hope to people with severe rheumatoid arthritis who have not been helped by older disease-modifying drugs.

They are usually taken in conjunction with methotrexate or another DMARD.

Other biologic treatments for rheumatoid arthritis have become available since anti-TNFs were developed. They target different parts of the immune system thought to play a part in inflammatory arthritis. These include rituximab (MabThera), abatacept (Orencia) and more recently, tocilizumab (RoActemra). See 'Drugs in Detail' further on for more information.

What you should know

Because these drugs affect your immune system, you may be more susceptible to infection and other side effects. So if you develop a sore throat or other new symptoms, you should tell your doctor immediately. People on DMARD treatment should have their blood count and liver enzymes checked regularly.

The HSE recommends that all people taking immunosuppressants and steroid tablets (see further on) should have yearly flu vaccinations and pneumonia vaccinations every 5 years. Some other vaccinations can be dangerous, so it is very important to discuss immunisation with your GP before starting any immunosuppressant medication.

‘I’d much rather not take medication, but I know my rheumatoid arthritis would get out of control’

Some DMARDs can affect your fertility and be dangerous in pregnancy, so it is important to get advice from your doctor before starting any treatment.

Steroids

Corticosteroids (steroids) can be extremely effective in both reducing inflammation and controlling the body’s response to inflammation. They include cortisone, triamcinolone, prednisolone and methyl prednisolone.

For people with arthritis they are taken in three main ways:

- as an injection into a particular joint, vein or muscle to control specific areas of inflammation. The steroid is often combined with a local anaesthetic and is injected into or near a joint to reduce pain and inflammation. The effects of the treatment normally start within one or two days and the benefits can last from a few weeks up to several months

- as an injection but not in a particular place, for example, in rheumatoid arthritis for a general flare-up on an occasional basis
- as tablets usually taken daily to reduce more widespread inflammation and to damp down the normal attack response of the body's immune system.

What you should know

Although steroid tablets can be highly effective, they are known to result in side effects if taken over long periods or in high doses. These include high blood pressure, bone thinning, weight gain, diabetes and mood swings.

Your doctor is likely to prescribe them in as low a dose as possible and may suggest additional treatment to protect your bones.

It can be dangerous to suddenly stop taking steroids or to alter your dose unless agreed with your doctor. Ask your doctor or pharmacist for a card which records which steroid you are on and the dose, or wear a Medic Alert bracelet. This way, if anything happens to you, you will still get your steroids. If steroids are lost from the body, for example by vomiting or diarrhoea, you should consult your doctor.

Steroids can result in unwanted side effects, but untreated inflammatory disease also carries a serious risk. You and your doctor will need to consider carefully the relative risks and benefits before deciding whether or not to use steroids.

See page 27 for more information on prednisolone, the most commonly prescribed steroid tablet for people with rheumatoid arthritis.

Viscosupplements

Viscosupplements, given as injections, are an alternative treatment to steroid injection for people with osteoarthritis. They contain a synthetic form of hyaluronic acid, one of the body's natural chemicals, which acts as a lubricant and shock absorber in the joints. Brand names include Hyalgan, Durolane and Synvisc.

There are few risks or side effects associated with this treatment.

SAFETY CHECKLIST

There are a number of things to remember for taking drugs safely.

1. Take time to discuss possible side effects of your medication with your doctor – it will help you weigh up the risks and benefits of a treatment.
2. Keep a list of all the drugs you are taking. Let your doctor or pharmacist see this before you start on any new treatment – even ‘over-the-counter’ medicines including vitamins, creams, gels and rubs etc.
3. Some drugs affect your immune system and can leave you prone to infection. So it is important to report any new symptoms to your doctor without delay.
4. Expect to have your blood and urine tested regularly, before and during your treatment. Other tests such as chest X-rays may also be needed.
5. Follow the instructions for taking your medication – keeping to the correct dose and times, and noting whether your tablets are best taken with or without food.
6. Always read the leaflet enclosed with medicines carefully.
7. Some drugs used by people with arthritis can affect fertility in men and women, and be harmful if you are pregnant or breastfeeding. Always check with your doctor first.
8. With some drugs you may need to avoid alcohol or reduce your intake. Ask your doctor for advice.
9. If you miss a dose, don’t try to catch up by taking more next time. Ask your doctor or pharmacist what you should do.
10. Immunisation against flu and pneumonia is recommended for everyone taking immunosuppressants, anti-TNFs and steroid tablets. Immunisations involving live vaccines such as polio and rubella should be avoided. Ask your doctor for more information.
11. Remember, if one drug doesn’t work for you, or you get severe side effects, this won’t necessarily happen with them all. Ask for regular medication reviews, persevere and work with your doctor to find a treatment that suits you.



DRUGS IN DETAIL

This is a short guide to some of the most commonly prescribed disease modifying anti-rheumatic drugs, biologic drugs and steroid medications for people with arthritis. The drugs are listed alphabetically within their different groups using the medical name for each. The brand names by which you might know them better are included in brackets alongside.

DMARDs

Methotrexate (Maxtrex)

Methotrexate (Maxtrex) – is used to treat several different types of rheumatic disease including rheumatoid arthritis and psoriatic arthritis. It can be more effective and have fewer side effects than gold, penicillamine, azathioprine or auranofin, and is usually prescribed early in the disease. Because one of its actions is to reduce the activity of the immune system, it can leave you prone to infection and you should tell your doctor immediately if you develop a sore throat, fever, bruising or bleeding or any other new symptoms. If you come into contact with anyone who has chickenpox or shingles, or if you develop these conditions, you may need special treatment so tell your doctor straight away.

It is normally taken in tablet form once a week and is slow acting, taking up to 12 weeks to become fully effective. You will need regular blood tests every two to four weeks as methotrexate can, very occasionally, damage the bone marrow or the liver. It can also interact with some sulphur containing antibiotics such as Septrin. If your doctor prescribes an antibiotic remind them you are taking methotrexate.

If you drink alcohol while on methotrexate, you may be at risk of causing liver damage. Talk to your doctor to see whether it is safe for you to drink and how much.

Possible side effects: Some people feel unwell several hours after taking this drug or even a couple of days later. This feeling usually settles down after a few hours. Other side effects can include:

- itchy skin or rash
- sore mouth or mouth ulcers
- vomiting or diarrhoea.

Taking folic acid (a vitamin) can reduce the likelihood of mouth ulcers, gut irritation and diarrhoea. This should not be taken on the same day that methotrexate is taken.

‘Since taking methotrexate,
I’ve really cut down on the
amount of alcohol I drink’

Azathioprine (Azamune or Imuran)

Azathioprine (Azamune or Imuran) – is an effective treatment for several different types of rheumatic disease, including rheumatoid arthritis, lupus and other connective tissue disorders such as Behçet’s disease and polymyositis. One of the actions of azathioprine is to affect how your immune system works, so it is always prescribed with

care. If you are on steroid treatment, your doctor may also prescribe azathioprine as it sometimes means the dose of steroids can be reduced. Azathioprine is taken as a tablet, once or twice daily with food. Because it is a slow-acting drug, you may not notice any effects for eight weeks or longer.

Possible side effects: The most common side effects of azathioprine are feeling sick and a loss of appetite. Though less common, you may also experience:

- jaundice (yellowing of your skin)
- unexplained bruising and bleeding
- there is also a slightly increased risk of developing certain types of cancer with azathioprine which you should discuss with your doctor.

Cyclophosphamide (Endoxana)

Cyclophosphamide (Endoxana) – works by suppressing the activity of bone marrow and reducing the number of red blood cells. It is a very powerful drug and is only prescribed under close supervision. It is used to treat several different types of rheumatic disease, including lupus and diseases which inflame the walls of blood vessels.

Cyclophosphamide can be given in tablet form or in hospital by injection into a vein. It does not work immediately – it may, in fact, take six weeks or more to take effect. Because cyclophosphamide affects the blood and the bladder, your doctor will arrange a blood and urine test before you start treatment with the drug, and regular tests during treatment.

Possible side effects: Cyclophosphamide can lead to permanent sterility in men and reduced fertility in women, so this drug is used with caution. Inflammation and bleeding of the bladder is another important side effect you might experience. If this happens you may notice blood in your urine and you must tell your doctor straight away. Also, because this drug can lower your immunity there is a risk that herpes zoster infection (shingles) might

occur. Cyclophosphamide can react with some gout and anti-diabetic drugs so give your doctor all the details about your current medication. There is also a slightly increased risk of certain cancers with cyclophosphamide, which you should discuss with your doctor.

Hydroxychloroquine (Plaquenil)

Hydroxychloroquine (Plaquenil) – and chloroquine were originally developed to treat malaria, but have been used successfully for people with rheumatic disease. They are known as anti-malarials and are among the mildest and least toxic of the disease-modifying anti-rheumatic drugs (DMARDs). People with lupus or rheumatoid arthritis are most likely to benefit from these drugs which work by slowing down the progress of the disease, reducing inflammation and blocking the impact of ultra-violet light on the skin (this is particularly useful for people with lupus).

Hydroxychloroquine is taken as tablets once or twice a day, preferably with food. Because anti-malarial drugs are slow acting, it can take three to six months for their full benefit to be felt, although some effects may be noticeable within four to six weeks.

Possible side effects: Risk to the eyesight is negligible in the doses which are used today, but your doctor may check your vision before starting treatment and then once a year after that. Other side effects are also uncommon but can include:

- indigestion
- diarrhoea
- headaches
- skin rashes
- occasional blurred vision.

Gold by injection (sodium aurothiomalate)

Gold by injection (sodium aurothiomalate) – is also referred to by its brand name Myocrisin, or more simply as gold. Gold is one of the oldest drugs used in the treatment of

rheumatoid arthritis and in this form it is always given as an injection. Gold is also used in some cases of psoriatic arthritis and palindromic arthritis.

Initially, the injection is given once a week into the buttock. This will be done at your rheumatology clinic or your GP's surgery. If gold treatment helps your arthritis, you will probably continue to take it indefinitely. It is a slow-acting drug and may take from three to six months to become effective. If your arthritis improves, the interval between injections will gradually be extended to four weeks or longer. It is usual to give a small test dose first to see if you have any strong reactions.

'I've tried a number of DMARDs. I now take an anti-tnf and methotrexate. They are working great'

Possible side effects: Gold can cause side effects, but not everyone will experience them. The commonest fall into three main groups:

- skin and hair – dermatitis is common, but its severity can be reduced by reporting any itchiness or rash to the doctor before the next injection. Loss of hair can also occur
- blood – bone marrow damage can occur, causing a reduction or complete loss of white blood cells or platelets. It can be avoided by regular full blood counts before each injection
- kidneys – toxic effects on the kidneys can be identified by the appearance of protein in the urine. Regular urine tests must be done before each gold injection.

Reactions to gold normally stop once treatment is stopped. Always carry your gold record card with you and give it to the nurse or doctor to fill in after every test and before every injection.



Leflunomide (Arava)

Leflunomide (Arava) – is a disease-modifying anti-rheumatic drug (DMARD). Like other drugs in this group it acts to suppress the natural response of the immune system to attack its own tissues, causing pain and other symptoms in people with rheumatoid arthritis. It comes in tablet form and is taken daily. As with other DMARDs, leflunomide does not work immediately and it may be up to six weeks before you feel any effect and as long as six months before you feel the full benefit. You must have regular blood and blood pressure tests if you are taking leflunomide and you may be asked to keep a card recording the results.

Possible side effects: Because leflunomide works on the immune system, you may be more prone to infection and should discuss any new symptoms with your doctor straight away. This drug can also seriously affect the liver. Unusual tiredness, abdominal pain or jaundice (yellowing of the eyes or skin) should be reported to your doctor immediately.

Some of the more common side effects are:

- sickness or diarrhoea
- mouth ulcers
- weight loss
- hair loss.

Auranofin (Ridaura)

Auranofin (Ridaura) – gold taken orally is an alternative to injections (see page 17) and is used for treating rheumatoid arthritis. It is the only form of gold that can be taken by mouth. It is taken daily in tablet form, preferably with food. Although it is usually easier to tolerate, auranofin can be less effective and it does not work for everyone. It is slow acting and may take from three to six months to become effective. If your arthritis is not improving adequately after six months, your doctor may increase the dose for a period. If you notice absolutely no improvement in the first six months, treatment may be stopped altogether.

Auranofin may reduce the number of white cells and platelets in your blood. This makes you more prone to infections and to bruising and bleeding.

It can also affect the kidneys, causing a leakage of protein into the urine. Blood and urine tests will be done regularly either at your rheumatology clinic or your GP's surgery and you may be given a urine dip-stick to do the test yourself.

Possible side effects: The most common side effects of oral gold are loose stools or diarrhoea, which can usually be controlled by eating more fibre. Other less common side effects include:

- rash
- mouth ulcers
- bruising
- dry cough
- breathlessness.

Penicillamine (Distamine)

Penicillamine (Distamine) – can slow the activity of rheumatoid arthritis, reducing the swelling and stiffness in your joints and therefore reducing the pain. Penicillamine is distantly related to penicillin, but can usually be taken

by people who are allergic to penicillin. It is a slow acting drug, often taking up to six months to become fully effective. You should take penicillamine at least one hour before or after a meal. This will prevent the drug from reacting with your food.

‘The tablets allow me to do things with the children so I think it’s worth taking them’

It is important to have regular blood and urine tests for as long as you are being treated with penicillamine because in certain cases it can cause a leak of protein into the urine. It may also reduce the number of white cells and platelets in your blood making you more prone to infections and to bruising or bleeding. You should avoid taking iron tablets if you are taking penicillamine. If you do the two drugs will combine and be ‘washed’ out of the body with neither being effective.

Possible side effects: The most common side effects are:

- feeling sick
- diarrhoea
- skin rashes.

If a rash develops, you feel weak or have a fever, contact your doctor as soon as possible. Less urgent but still important for your doctor to know, penicillamine sometimes gives a metallic taste to food or a strange smell to your urine. You may also lose your sense of taste about six weeks after starting the drug, but this is not permanent.

Sulphasalazine (Salazopyrin EN)

Sulphasalazine (Salazopyrin EN) – is now widely used to treat rheumatoid arthritis and other types of arthritis, such as that associated with psoriasis. It reduces the

inflammation in joints and decreases pain, swelling and stiffness. It may be used in addition to steroids to help control your disease.

The drug has a special 'enteric' coating which means it dissolves more slowly, passing beyond the stomach before releasing its contents. This can help reduce nausea and stomach irritation. The tablets should be swallowed whole so that the coating is not broken. They must not be chewed or crushed. You will need to have monthly blood tests for the first three months of taking the drug, followed by tests every three months.

Possible side effects: The most common are:

- sickness (nausea)
- headaches, especially in the early days
- loose stools.

If you experience any of these or other symptoms you should tell your doctor and in the case of a skin rash you should stop taking the drug immediately. If you develop a sore throat and mouth this should be reported to your doctor as soon as possible. Sulphasalazine may also turn your urine orange or dark yellow. This is nothing to worry about. If you use extended-wear contact lenses tell your doctor as they may develop an orange stain.

Cyclosporin (Neoral)

Cyclosporin (Neoral) – is used for people with rheumatoid arthritis to reduce pain, swelling and stiffness. It is also effective in treating other conditions such as psoriatic arthritis and lupus. It is usually taken in capsule form, twice a day, although it is also available as a liquid. People normally start on a low dose, and increase it as necessary. It may take up to four months before you feel any benefit.

Possible side effects: A rise in blood pressure and kidney problems are risks associated with cyclosporin. The risks increase the longer the treatment is used so your doctor will arrange regular checks on your blood and blood pressure to monitor these. You may be asked to keep a booklet recording your blood test results.

‘I used to resent taking the tablets so I stopped them and was very ill as a result’

Other side effects can include:

- feeling sick
- diarrhoea
- gum overgrowth
- tiredness
- excess hair growth
- mild tremor (shaking)
- a burning sensation in the hands and feet in the early stages of treatment.

Biologic drugs

Adalimumab (Humira)

Adalimumab (Humira) – is an anti-TNF drug and is available for people with rheumatoid, psoriatic arthritis and other inflammatory forms of arthritis. You will only be prescribed adalimumab if you have active rheumatoid arthritis and have already tried methotrexate and another DMARD which did not work. Your consultant will not prescribe it if you are pregnant, breastfeeding or have an infection, and may decide against adalimumab if you have had cancer or tuberculosis, or other repeated infections in the past.

Adalimumab is usually taken once every two weeks by injection under your skin. You, your partner or another family member can learn to do this, or it will be done by a nurse. If adalimumab works for you, you should start feeling better in around 2 to 12 weeks.

Possible side effects: Because adalimumab is a relatively new drug, its long-term side effects are not yet known.



But you may experience:

- redness, swelling or pain at the injection site
- a greater likelihood of developing infections
- allergy to the drug itself (though this is rare).

‘The drugs don’t cure my pain but they certainly help’

Etanercept (Enbrel)

Etanercept (Enbrel) – like adalimumab and infliximab, etanercept is an anti-TNF drug which is available for people with rheumatoid arthritis. It is also used to treat children with juvenile idiopathic arthritis and may be used for people with psoriatic arthritis and ankylosing spondylitis.

As with adalimumab, there are certain conditions under which your doctor will not prescribe etanercept (see ‘Adalimumab’ on the previous page).

If etanercept is suitable for you, it will need to be injected under your skin once or twice a week. This is something you, your partner or another family member can learn to do, or it can be given by a nurse.

‘I never thought I’d learn to inject myself. But the benefits of the anti-TNF make it worth the 10 seconds of gritted teeth’

You will have a chest X-ray and blood tests before starting treatment and regular blood tests while you are taking the drug. If you respond to the treatment, you will probably feel better in around 2 to 12 weeks.

Possible side effects: As with the other anti-TNF drugs, because they are still new, the long-term side effects are still not clear. Taking etanercept can make you more prone to infections so if you develop a fever, bruising or bleeding, or any new symptoms you should tell your doctor without delay.

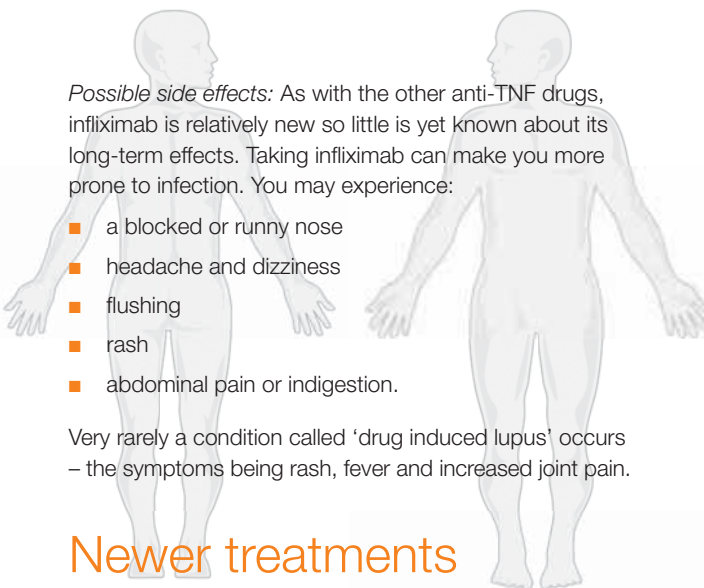
You may also experience:

- a blocked or runny nose
- headache or dizziness
- rash
- abdominal pain or indigestion
- inflammation around the injection site.

Infliximab (Remicade)

Infliximab (Remicade) – is one of the three anti-TNF drugs available for people with rheumatoid arthritis. The other two are adalimumab and etanercept and, as with these, infliximab is usually only prescribed for people who meet specific criteria (see ‘Adalimumab’ on page 23).

Infliximab is given over several sessions, usually in hospital, using an intravenous drip into a vein. You will have a chest X-ray and blood tests before starting treatment and regular blood tests while you are taking the drug. If infliximab works for you, you should begin to feel the benefits in around 2 to 12 weeks.



Possible side effects: As with the other anti-TNF drugs, infliximab is relatively new so little is yet known about its long-term effects. Taking infliximab can make you more prone to infection. You may experience:

- a blocked or runny nose
- headache and dizziness
- flushing
- rash
- abdominal pain or indigestion.

Very rarely a condition called ‘drug induced lupus’ occurs – the symptoms being rash, fever and increased joint pain.

Newer treatments

Other biologic treatments for rheumatoid arthritis have become available since anti-TNFs were developed. They target different parts of the immune system thought to play a part in rheumatoid arthritis.

Rituximab (MabThera)

Rituximab (MabThera) – is a type of biologic drug that has recently become available for people with severe rheumatoid arthritis. It works by selectively targeting B-cells, which are known to play a role in the progression of rheumatoid arthritis. You will only be prescribed rituximab if you have already tried treatment with another medication. Rituximab is for use in conjunction with methotrexate. Rituximab is given in a single treatment course of two infusions two weeks apart. Each dose, which is usually given in a hospital, lasts for 6-12 months.

Abatacept (Orencia)

Abatacept (Orencia) – doesn’t need to be given with methotrexate. It works by interfering with the T-cell response, which affects the mechanism of rheumatoid arthritis. You will only be prescribed abatacept if you have already tried treatment with another medication. It is given by infusion in hospital. You receive your

second dose two weeks after your first, and then you receive a dose every four weeks.

Tocilizumab (RoActemra)

Tocilizumab (RoActemra) – is a new biologic drug that is prescribed for treatment of moderate to severe rheumatoid arthritis, which has not responded to another medication such as methotrexate. It is administered by monthly infusion and may be used on its own or in combination with methotrexate. It works by blocking one of the most common chemical influencers in the rheumatoid system called IL-6.

Possible side effects: As this is a new medication, there is little known about the long-term effects.

You may experience:

- upper respiratory tract infection
- blocked or runny nose
- headache
- high blood pressure.

You will only be prescribed rituximab, abatacept or tocilizumab if you have not had sufficient success in using another medication.

Steroids

Prednisolone (Deltacortril Enteric)

Prednisolone (Deltacortril Enteric) – is the most commonly prescribed steroid for people with rheumatic diseases. When taken orally, it acts as a powerful anti-inflammatory by suppressing the normal activity of the immune system. It is used by people with rheumatoid arthritis, lupus, polymyalgia rheumatica, giant cell arteritis and other inflammatory diseases. Because of its possible side effects, though, it is generally limited to treating people with inflammatory diseases where major organs are involved, where there is a possibility of vasculitis (inflammation of blood vessels), or where a person is not responding to other types of treatment.

Prednisolone is available as a plain tablet or in a special form called 'enteric coated' so that it dissolves more slowly, passing beyond the stomach before releasing its contents. This can help reduce nausea and stomach irritation. Coated tablets should always be swallowed whole (not crushed or chewed). Prednisolone works very quickly. You will usually notice a benefit within a few days. Your doctor will test your blood and urine from time to time because steroids can mask diabetes symptoms.

Possible side effects: The longer you take prednisolone and the higher the dose, the more likely you are to have side effects. If you are on very low doses you may never have any problems – 5mg is generally regarded as the threshold dose below which major side effects are unlikely to occur. Your doctor will aim to keep you on the lowest possible dose necessary to keep your disease under control.

‘My doctor was really helpful when I was trying to decide on a course of treatment’

Steroids can have a number of unwanted side effects. For more about these see the introductory section on ‘Steroids’ on page 11.

This is only an outline of some of the drugs taken by people with arthritis. Your doctor will be able to discuss in more detail with you which drugs may be best suited to you – arthritis affects everyone differently so you will need to work with your doctor to develop your own treatment package.

Information and advice about drugs can change. To ensure that you have the latest information, visit the Arthritis Ireland website, ring the Arthritis Ireland Helpline on **LoCall 1890 252846** or check out the Irish Pharmaceutical Healthcare Association website **www.medicines.ie**.



Complementary Therapies

AN INTRODUCTION

As their name suggests, these types of therapies are designed to complement and work alongside conventional medicine and treatments – not replace them. They concentrate on treating the whole person.

Even if your usual drug treatment is working well, you may be curious to know why many people living with arthritis are choosing to explore therapies like acupuncture, aromatherapy and reflexology, and want to know whether you could benefit too.

The wide choice of complementary therapies can be bewildering, but they all have a common goal: to treat the person, not the condition itself.





Like conventional medicine, though, complementary therapies cannot offer a cure for arthritis. Unlike conventional medicine, there is very little scientific evidence to support these therapies. However, many people claim they can help alleviate symptoms such as pain and stiffness, as well as counteract some of the unwanted side effects of drugs.

The following pages offer a short introduction to the complementary therapies that are popular among people with arthritis – as well as touching on some of the less well-known treatments.

‘I was apprehensive about trying
massage, but it is so relaxing.
I feel wonderful after’



SAFETY CHECKLIST

If you do decide to try a complementary therapy, the following checklist will help you ensure your treatment is reliable and safe.

1. Ask your GP if he or she can refer you on the public system.
2. Ask your complementary therapist how much treatment will cost and how long it will take.
3. Find out whether the therapist is a member of a professional body.
4. Find out whether they have insurance in case something goes wrong.
5. Ask about their training and how long they have been practising.
6. Beware of anyone who suggests you stop taking prescribed drugs.
7. Don't stop taking prescribed drugs without discussing it with your GP.
8. Tell your complementary therapist about any prescribed drugs you are taking.
9. Tell your GP about any complementary therapies you are using.

'I make sure I have a long discussion with a new therapist to check they understand my joints. If I don't trust them, I won't use them'

THERAPIES IN DETAIL

Touch, pressure and movement therapies

Acupressure

Acupressure has been described as acupuncture without the needles. Its roots are also in traditional Chinese medicine and it works on the same principle of stimulating points along the 'channels' where life energy (or chi) flows. Many acupuncturists will also use acupressure as part of their treatment – using their fingers, thumbs and even feet and knees to stimulate acupoints. It can also be suitable for self-treatment at home for minor ailments such as headaches.

Contact: Association of Complementary Health Therapists on **053 9383734** or by email on **info@irishtherapists.ie**.

Visit their website: **www.irishtherapists.ie**

Acupuncture

The roots of acupuncture lie in traditional Chinese medicine where it has been practised for thousands of years. It works on the theory that health is determined by the flow of internal energy (chi) through the body. By inserting fine needles at these special points, imbalances in the flow of energy can be corrected.

Acupuncture is generally believed to be useful as a form of pain relief, but it cannot slow down or stop the disease process in rheumatic conditions. The scientific view is that acupuncture points correspond to nerve pathways in the body and inserting needles at these points causes the release of the body's natural opiate-like painkillers. This also relates to the 'gate' theory of pain: stimulation by the needles causes a message to be sent to the spinal column which closes the 'pain gate' and so blocks pain impulses to the brain. Generally, between three and six treatment sessions are required although long-standing complaints may need more.

Contact: *The Acupuncture Council of Ireland on 1850 300600 or by email on info@tcmci.ie. Visit their website www.tcmci.ie*

Alexander technique

The Alexander technique concentrates on how we use our bodies in everyday life and teaches people new ways of using the body to improve balance, co-ordination and awareness. By learning to stand and move correctly, people can ease stresses on their body and alleviate conditions that are made worse by poor posture. The Alexander technique is generally taught one-to-one and you need regular practice to successfully change a lifetime of bad habits. Most people need between 15 and 30 lessons to become proficient.

Contact: *The Irish Society of Alexander Technique Teachers by email on info@isatt.ie Visit their website www.isatt.ie*

‘The Alexander technique helped me learn to use my body properly and improve my posture. It’s helped reduce my pain’

Aromatherapy

Aromatherapy uses essential oils from plants to promote health and well-being. Essential oils can be used in many ways, including as a vapour which is inhaled, in baths or in a burner. But one of the most common methods is as part of an aromatherapy massage. This combines the benefits of touch with the therapeutic properties of essential oils. The oils can help users both through their powerful aromas and by being directly absorbed through the skin. Each oil has its own particular properties – some are invigorating, some relaxing and some act as anti-inflammatories.



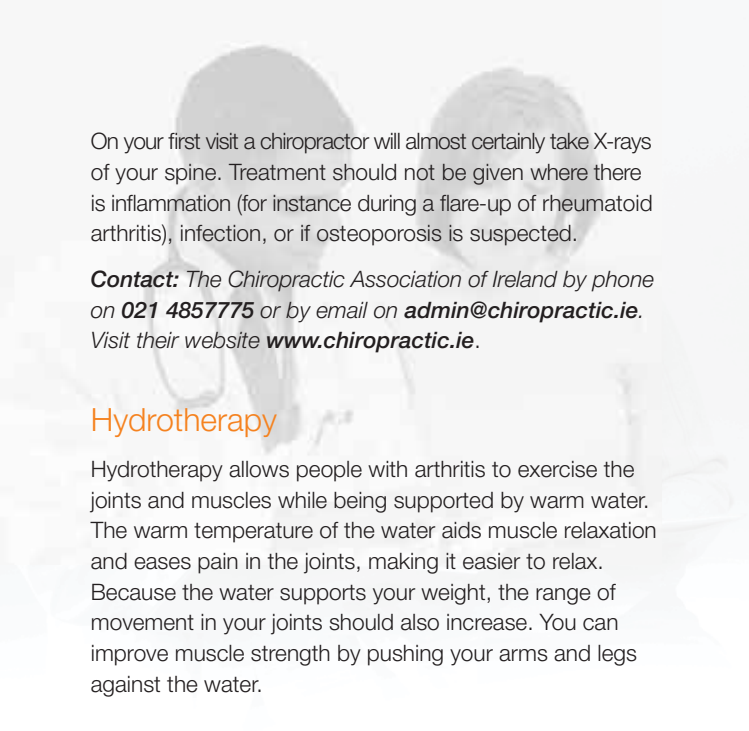
Pure essential oils can be used at home and are available at health food shops, chemists and by mail order. Rosemary, camomile, marjoram and juniper oils are all thought to be good for muscular or joint aches and pains.

Contact: Association of Complementary Health Therapists on **053 9383734** or by email on **info@irishtherapists.ie**. Visit their website: **www.irishtherapists.ie**

Chiropractic

Chiropractic is one of the complementary therapies which has gained most respect from the medical community. It aims to improve mobility and relieve pain by focusing on mechanical problems in the joints – especially the spine. Chiropractors use their hands to adjust the joints in the spine and other parts of the body where movement is restricted. While they cannot reverse the damage in joints affected by arthritis, chiropractors claim that this regular adjustment can keep joints healthier and more mobile, while also reducing pain and slowing down further damage.

‘A good therapist will always experiment with varying oils and take into consideration how their client is feeling on the day’



On your first visit a chiropractor will almost certainly take X-rays of your spine. Treatment should not be given where there is inflammation (for instance during a flare-up of rheumatoid arthritis), infection, or if osteoporosis is suspected.

Contact: *The Chiropractic Association of Ireland by phone on **021 4857775** or by email on **admin@chiropractic.ie**. Visit their website **www.chiropractic.ie**.*

Hydrotherapy

Hydrotherapy allows people with arthritis to exercise the joints and muscles while being supported by warm water. The warm temperature of the water aids muscle relaxation and eases pain in the joints, making it easier to relax. Because the water supports your weight, the range of movement in your joints should also increase. You can improve muscle strength by pushing your arms and legs against the water.

‘Hydrotherapy and aromatherapy have, in the short term, induced a relaxed, soporific effect which certainly made me feel better’

Most hydrotherapy pools range in depth and have steps to get into the pool but there is normally a hoist too. A physiotherapist oversees the session.

Contact: *The Irish Society of Chartered Physiotherapists by phone on **01 4022148**, by email **info@iscp.ie** or visit their website **www.iscp.ie**.*

Massage

We use massage instinctively to ‘rub something better’ or soothe and calm someone in distress. As a therapy it can loosen stiff muscles by using gentle, soothing and kneading movements, and improve the tone of slack

muscles using firmer, faster movements. Massage can also increase the flow of blood and lymph through the body and ease tension. On a psychological level, a good massage leaves you feeling relaxed and cared for.

‘Massage relaxes my muscles and also has a soothing effect on my whole system, easing the pain and increasing my mobility’

Swedish Massage generally takes place on a special table and for a full body massage it is usual to undress down to underwear and to wear towels.

Contact: *Irish Massage Therapist Association, P.O. Box 10546, Dublin 8. By email on info@massageireland.org or visit their website www.massageireland.org*

Osteopathy

Like chiropractic, osteopathy focuses on the importance of the spine and joints. It is based on the belief that misalignments of bones can interfere with the flow of body fluids (especially blood) and with the correct functioning of the nerves. A disturbance in the normal balance of these processes is thought to result in disease. Osteopaths use ‘adjustments’ of the joints (similar to those described for chiropractors) and more relaxing manipulation for softer areas to correct structural and mechanical faults and allow the body to heal itself. They may also give advice on lifestyle changes and suggest exercises to do at home.

Osteopathy is most commonly used for back and joint pain – arthritis, sciatica, frozen shoulders and sports injuries. It should not be used to treat people with osteoporosis, inflamed joints or during the first three months of pregnancy.

Contact: *Osteopathic Council of Ireland by email on secretary@osteopathy.ie or visit their website www.osteopathy.ie.*



Reflexology

Reflexologists believe that stimulating the reflex points in the feet can help remove energy blocks, relieving stress and allowing the body to heal itself. The therapy is built on the principle that pressure applied to one part of the body can relieve pain in other parts. Practitioners apply a pressing movement using their finger or thumb. This is generally pleasant, but can be painful on a sensitive reflex point. The pressure is too firm to be ticklish.

Contact: *Irish Reflexologist's Institute Limited by phone on **041 9806904** or by email **administrator@reflexology.ie** or visit their website on **www.reflexology.ie**.*

Tai chi ch'uan

Performed daily by millions of Chinese people, tai chi aims to improve the flow of chi (energy), calm the mind and promote self healing using sequences of slow, graceful movements.

It is a non-combative martial art, and ideally should be performed outdoors. It is best to learn in classes where the teacher can correct your posture, although videos/DVDs are also an option for learning the basic techniques. For a noticeable benefit, daily practice is recommended.

Yoga

Yoga is a way of promoting flexibility and strength in mind and body. It can improve posture, muscle tone and mobility. It can also help relaxation. Yoga positions have evolved over thousands of years as a way of stretching and readjusting the balance of the spine (the structural and nervous centre of the body). Asanas (positions) move the body in many different directions and this, together with special yoga breathing, stimulates muscles and joints, circulation, digestion and the nervous and endocrine systems.

There are many books available and most gyms, local centres and leisure centres offer yoga classes. While yoga can be useful in combating stiffness in arthritis, you should seek your doctor's advice since not all the positions are suitable for people with a limited range of movement in their joints or with replacement joints.

‘Benefits of yoga have been better posture, better body shape, improved flexibility and a sense of well-being’

Other therapies you may want to explore

Qigong – Pronounced ‘chi gong’ this is a system of easy-to-learn movements, breathing and meditation designed to improve the circulation of chi (life energy) around the body.

Reiki healing – This involves a therapist placing their hands in 12 different positions over the body to treat all of the major organs and glands and restore the balance of chi (energy).

Shiatsu massage – Shiatsu means ‘finger pressure’ in Japanese and involves using fingers to apply stretching and squeezing movements to break up blockages in the energy flow.

Medicine and diet-related therapies

Herbalism

Herbalism works by stimulating the natural healing processes of the body, rebalancing and cleansing it. Like the synthetic drugs used in orthodox medicine, herbs have antibacterial and anti-viral properties. Practitioners believe that if correctly prescribed, herbs can be combined and targeted to activate, regulate and heal any organ in the body, unless the tissue has been completely destroyed.

Because treatment is aimed at restoring the natural balance of the body, a herbalist may suggest dietary changes as well as a prescription of herbal medicine.

Homeopathy

Homeopathy is based on the principle that 'like is cured by like'. Homeopathic remedies use minute amounts of natural substances to stimulate the body's own defenses against specific symptoms.

'I tried homeopathy and I felt it definitely helped me with the management of my symptoms'.

Homeopathic remedies generally come from vegetables or minerals – and sometimes animals. Although some are potentially toxic they are used in such dilute form that there is no danger. Side effects are unusual, and remedies are not normally harmful when taken alongside conventional medicines.

Medical homeopaths are doctors or other health professionals who have additional qualifications in homeopathy. Non-medical homeopaths are professionals who only practice homeopathy. Using a medical homeopath offers you the additional reassurance that your practitioner has conventional medical skills, but the quality of the homeopathic treatment won't necessarily be better.

Contact: Irish Society of Homeopaths by email on info@irishhomeopathy.ie or visit their website www.irishhomeopathy.ie

Other therapies you may want to explore

Ayurveda – This treatment aims to restore health through purifying techniques using herbal remedies, but also diet, yoga postures, meditation, breathing exercises and massage.

Naturopathy – This relies on the body's own ability to heal itself – with a little help. It uses dietary and lifestyle changes, as well as other techniques including herbs, hydrotherapy, yoga, massage and osteopathy.

Nutritional therapy – This uses diet and dietary supplements, such as vitamins, as a basis for treatment. Nutritional therapists believe that most chronic illnesses, including arthritis, can be helped or slowed down with the right nutritional methods.

Arthritis Ireland's booklet '*Healthy Eating and Arthritis*' contains more information on the most commonly taken supplements for people with arthritis and further information is also available on www.arthritisireland.ie.

Mind and emotion therapies

Counselling

The aim of counselling is to help you explore problems by talking freely and confidentially to a specially trained person about the things that worry or affect you – including your illness. Counselling should always be an equal partnership between you and your therapist.

Counsellors encourage you to make your own decisions and support you in putting these into practice. Successful counselling can also give you an opportunity to express any anger or frustration you may be feeling as a result of your arthritis. It can also help you manage stress, come to terms with a new diagnosis and help you change your lifestyle if that is needed.

There are well-established routes for appropriately trained counsellors and psychotherapists to become professionally accredited – so finding someone who belongs to a recognised body, such as the Irish Association for Counselling and Psychotherapy, should not be a problem. You may need to try several counsellors before finding one who is right for you.

Contact: *Irish Association for Counselling and Psychotherapy by email on iacp@iacp.ie or visit their website www.iacp.ie.*

Meditation

Meditation is essentially relaxation for the mind. It helps people by allowing them the time and space to achieve a better awareness of the self, and of their relationship with their environment. It can be effective in helping people manage their stress or a stress-related illness. There are a number of different forms of meditation, sometimes focusing on breathing or on a mantra – a calming word which is repeated over and over.

Meditation is best practiced in a comfortable position with eyes closed and each muscle group relaxed. You can learn the techniques in a class or at home with a book or CD.

Support

Arthritis Ireland's helpline provides practical and emotional support and information to people with arthritis and their families. The lines are open **Monday to Friday** from **10am to 4pm** on **LoCall 1890 252846**.

Other therapies you may want to explore

Analytical psychotherapy – This is based on verbal communication with the therapist who will use the ideas of Jung and Freud to help you explore your fears, expectations and behavioural patterns. The aim is to increase your self-understanding and ability to view the world objectively.

Autogenic training – Autogenic means ‘generated from within’ and this therapy aims to teach you to relax and decrease stress through a series of basic mental and physical exercises.

Hypnotherapy – This is a technique for inducing relaxation to relieve certain symptoms or bring about a change in lifestyle. It can help control pain, relieve stress and help combat addictions. All hypnosis is self-induced, although a therapist can help you get into a hypnotic state more easily.

Music therapy – Music is known to stimulate the release of chemicals in the brain – helping alleviate depression and creating a sense of well being. It can also stimulate the release of endorphins which protect the body against pain by relaxing it.

Spiritual healing – Spiritual healers aim to treat your spirit as well as your body and mind by channelling healing energies usually through their hands. They also aim to re-energise and relax you, enabling you to draw on your natural resources to deal with illness or injury.

For further information on how **Arthritis Ireland** can help you live your best possible quality of life, contact us on **LoCall 1890 252846** or visit our website at **www.arthritisireland.ie**.

Become a friend of JA

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 Arthritis

€3 per Month



Additional benefits:

As a valued supporter of Arthritis Ireland you will also receive:

- 12 month subscription to our regular magazine (min 4 per annum) which will be packed full of inspiring stories and ideas from our volunteers, fundraisers, branch members and friends. Arthritis Ireland's magazine will keep you informed and up-to-date on everything going on in Ireland's arthritis community
- An up to date information pack on arthritis
- A useful arthritis friendly gift*



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.*

Arthritis Ireland
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Grand Canal Quay
Dublin 2

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



Supported by an unrestricted
educational grant from:

