

# 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](mailto:info@arthritisireland.ie)  
**Web** [www.arthritisireland.ie](http://www.arthritisireland.ie)



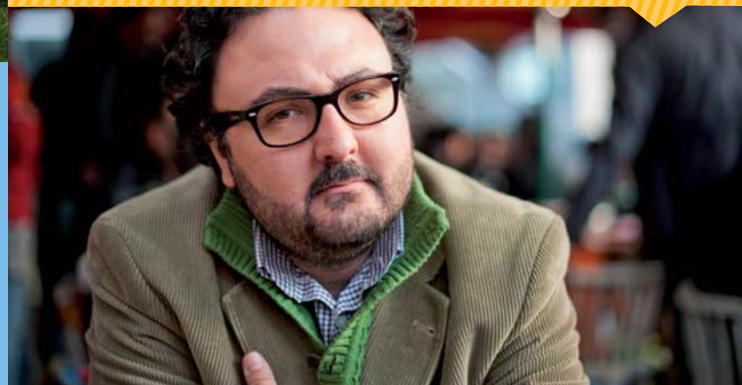
# Living with Osteoarthritis





# Arthritis Ireland

# €3 per Month



## 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 programme 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](http://arthritisireland.ie) or find us on facebook!

## 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](http://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

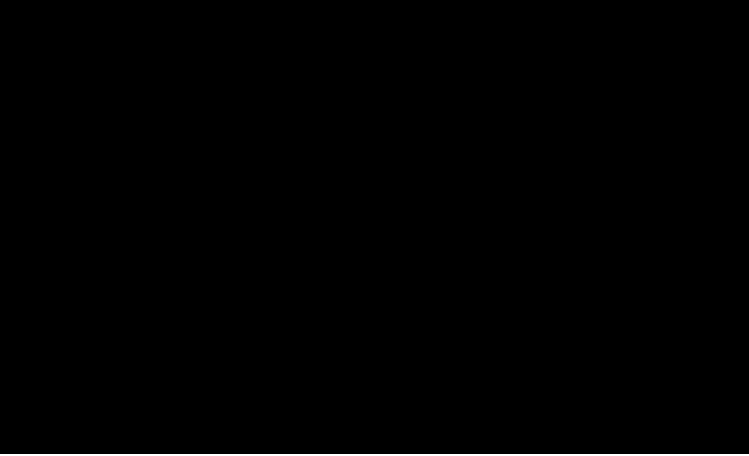
 If you would **not** like to have voting rights at our AGM please tick here. ☐

Please turn over for Direct Debit payment details >



Osteoarthritis is a disease of the joints affecting almost everyone as they get older but younger people – even teenagers – may develop it. Most people are likely to experience some level of pain and some degree of mobility problems.

Osteoarthritis cannot be cured, but an early diagnosis can help slow its progression and a lot can be done to ease the symptoms. As this booklet explains, there is a wide range of treatments to try and there is a lot you can do to make day-to-day living easier.



# Contents

<b>Introducing OA</b>	<b>4</b>
About the condition	
<b>Getting a diagnosis</b>	<b>9</b>
The process of getting diagnosed	
<b>Communicating with health professionals</b>	<b>11</b>
Who you will see, what you can do to manage your arthritis	
Treatment with drugs	
<b>Looking after your joints</b>	<b>15</b>
Ways of living with arthritis	
Using exercise, diet and complementary therapies to look after your joints	
Surgery	
<b>Practicalities</b>	<b>25</b>
Managing at home, in work and education	
Access to transport and benefits	
<b>Caring for yourself</b>	<b>32</b>
Considering your emotions, relationships and self-management	

# INTRODUCING OA

## What is OA?

Osteoarthritis is a condition that usually develops gradually, over several years. It affects a number of different joints.

For some people, the changes are so subtle and develop over such a long period of time that they are hardly noticeable. But others may experience gradually worsening problems, including pain and restricted movement, particularly in large joints such as the hip or knee. You may have to see the doctor from time to time to discuss your condition and your treatment.

We do not yet know the causes or the cure for osteoarthritis. Although there is a connection with the ageing process, doctors and researchers are trying to identify what factors in this process trigger the disease. They no longer see osteoarthritis as being an inevitable part of ageing or a wear and tear disease, but more an important challenge to fight.

## What happens?

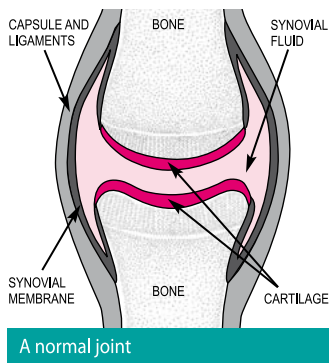
Healthy cartilage – the protective layer that covers the bone end in the joint – is very smooth, strong and flexible. It absorbs the stresses put on a joint and protects the bones from damage. In osteoarthritis, this becomes pitted, brittle and thin, and, over time, can wear out completely.

When the cartilage deteriorates, the bone underneath thickens and broadens out.

As the cartilage becomes thinner, the bones of the joint rub together, causing pain, inflammation and the gradual build-up of bony outgrowths (osteophytes), which make it look knobbly.

At the same time, the joint capsule becomes thicker and the amount of synovial (lubricating) fluid can increase, often causing the joint to swell. It may also become stiff and painful to move.





## Causes

Specific causes of osteoarthritis are hard to pin down. Several factors can increase the risk of developing it.

### Age

People usually develop osteoarthritis from their late 40s through to old age and it is often undiagnosed. Although it is uncommon before the age of 40, young people can develop it. It is not known exactly why older people tend to develop it, but it is probably due to bodily changes which come with old age, such as the muscles becoming weaker, putting on weight and the body becoming less able to heal itself.

### Gender

Osteoarthritis is more common and often more severe in women, especially in the knees and hands. It often starts after the menopause.

### Obesity

The effects of obesity on osteoarthritis are well documented. Carrying extra weight puts pressure on weight-bearing joints, especially the hips, knees and spine. It also increases the chances of osteoarthritis worsening once it has developed.

# ‘I know it’s best not to be overweight with OA, but it’s difficult’

## Joint injury

A major injury or operation on a joint may lead to osteoarthritis at that site later in life. Normal activity and exercise are good for the joints and do not cause osteoarthritis. However, very hard, repetitive activity may injure joints. Exercising too soon after an injury has had time to heal properly may also lead to osteoarthritis in that joint later on. It is always best to check with your doctor, physiotherapist or nurse when it is safe to exercise after you have sustained an injury.

## Heredity

One common form of osteoarthritis – nodal osteoarthritis – runs strongly in families. This particularly affects the hands of middle-aged women. In other common forms of osteoarthritis, heredity plays a small part compared with obesity, ageing and joint injury. There are some very rare forms of osteoarthritis that start at a young age and run in families and these are linked with single genes that affect collagen – an essential component of cartilage.

The standard explanation for osteoarthritis is that it is a result of wear and tear. Studies of people who have led very similar lives show some will have virtually perfect joints, while others have quite severe osteoarthritis. Therefore, it seems there must be an inbuilt susceptibility to, or protection against, osteoarthritis.

## Other types of joint disease

Osteoarthritis is sometimes caused by injury and damage from a different kind of joint disease years before. For example, people with rheumatoid arthritis can develop osteoarthritis in the joints that were most affected by rheumatoid inflammation.



## Myths

Osteoarthritis does have other causes – we just don't know what they are yet. But we do know enough to correct some myths.

Although there is no evidence to support the claim that weather makes arthritis worse, many people find that their joints often tend to feel worse when the atmospheric pressure is falling, for example, just before it rains. However, although the weather may temporarily affect symptoms, it does not cause arthritis.

## ‘My knee and spine are more painful when the weather turns bad’

Warmer regions in the world do not have lower incidences of arthritis than colder regions. Osteoarthritis occurs all over the world, in all types of climate.

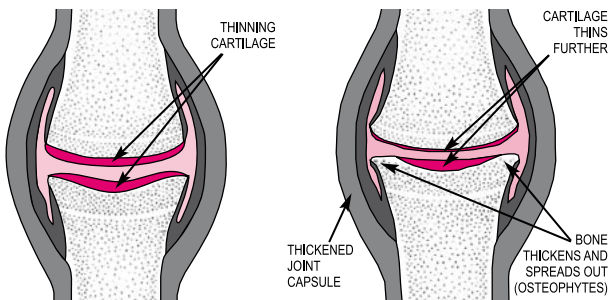
While some types of arthritis – gout for example – are directly affected by diet, there is no evidence that a particular diet will eliminate the condition. However, some people claim certain foods make their pain or inflammation worse. It is very important to keep your weight as close as possible to the ideal for your height and age.

Excess weight compounds the problem by putting extra strain on damaged joints. It is also important to eat a balanced diet to nourish muscles, cartilage and bone. This will reduce the risk of osteoarthritis.

## Which joints?

Osteoarthritis is variable and can affect different joints in different ways, but is most commonly found in the knees, hips, hands and spine.

Pain can vary in severity and can be so mild that many people don't even notice it, or so severe that mobility and quality of life is affected.



The early stages of osteoarthritis

More advanced osteoarthritis

The spine and weight-bearing joints such as the knees, ankles and hips are most frequently affected by osteoarthritis, making mobility difficult. Osteoarthritis in the fingers, thumbs and wrists affects grip strength and the ability to perform everyday tasks such as opening jars, picking small things up, writing and doing up buttons.

Shoulder and elbow joints are also susceptible to arthritis although this is much rarer. Some people may experience a grinding feeling in the shoulder and a reduced range of movement. Elbows are very sensitive to injury so very mild arthritis here can lead to quite a significant loss of mobility.

## Early signs and symptoms

The early signs of osteoarthritis are so mild that they are often easy to miss. The main symptoms are stiff and painful joints, with the pain tending to be worse while exercising the joint and at the end of the day.

Stiffness usually wears off after resting, but the joint may not move as freely or as far as normal and may ‘creak’ or ‘crack’ when moved. Muscle strengthening exercises can prevent the joint giving way.

Symptoms can vary and you may have bad patches of a few weeks or months followed by better periods.

You may find that it depends on how much physical activity you do. Joints may appear swollen. In more advanced cases, there may be constant pain and everyday tasks and movement may become difficult.

It is important you visit your GP and don’t ignore your symptoms, as early diagnosis will help prevent unnecessary damage.



# GETTING A DIAGNOSIS

Your GP will be able to assess whether you have osteoarthritis or whether your symptoms are due to another illness.

## Your history

Your GP will begin by asking you to describe the symptoms, and when and how the condition started. Make sure you tell your doctor exactly how you feel, giving a good description of pain, stiffness and joint function, how they have changed over time and how your work and daily life are affected. Finally, you will be asked about any other medical conditions you may have and whether you are taking any medicines.

## Physical examination

Your doctor will examine your joints and may check muscles, nerves and aspects of your general health, feeling for any bony swellings and creaking joints. They will also look for any restricted movement, joint tenderness and any thinning muscle, excess fluid or instability in the joints.



You may be referred, after a time, to a physiotherapist or occupational therapist who can give you special exercises to do and advice on how to relax, overcome mobility problems, avoid joint strain and cope with pain. If your arthritis is severe, you may be referred to a hospital specialist such as a rheumatologist or an orthopaedic surgeon.

## Testing for osteoarthritis

There is no blood test for osteoarthritis although you may be given one to rule out other types of arthritis.

X-rays are the most useful test to confirm osteoarthritis and to see how much damage has occurred. These will show such things as cartilage loss, bone damage and osteophytes (bony growths). X-rays do not determine how much your arthritis will trouble you, an X-ray that shows severe changes does not necessarily mean that you will have a lot of pain or disability. Also, they may not show early osteoarthritis damage.

# COMMUNICATING WITH HEALTH PROFESSIONALS

Your GP will be your main contact to do with matters concerning your treatment, and it is important to develop a good relationship to ensure that you are given the treatment that is most effective for you.

Don't be afraid of asking questions if something is not clear. It may help you to write things down or to take a friend or relative with you.

Doctors are often rushed, but it is important that you make the most of your consultations. This will help you understand and feel confident about any treatment you are given.

‘I did a lot of research and spoke to the Arthritis Ireland Helpline before I went to my GP, it really helped me’

You and your GP must work together to help you manage your arthritis and help you live as normal a life as possible. Ultimately, only you know how you feel and the difficulties you face.

## Getting the most out of your GP appointment

It is a good idea to make a list of about four questions to ask your GP before your appointment in case your mind goes blank. If you feel that you need more time with your doctor, you can always ask for another appointment or perhaps book a double appointment. Your local surgery will be able to tell you about its rules. When you join a practice you can ask at reception if a GP has a particular interest in arthritis.

Don't be afraid to discuss treatment options or to take on more responsibility for your own needs. It is worth reminding your GP of any other conditions you have or medications and supplements you are taking.

For more information on getting the best from your health professionals, see Arthritis Ireland's booklet '**Let's talk Arthritis**' or visit [www.arthritisireland.ie](http://www.arthritisireland.ie)

## Treatment versus prevention

While it can be difficult to avoid, injuries to a joint can increase the risk of developing osteoarthritis in the same joint, years later. However, maintaining a normal weight for your height and body structure, keeping physically active and avoiding excessive stress on the joints as you get older, can reduce the severity and impact of osteoarthritis. Ways to reduce stress on the joints include:

- sticking to your ideal weight
- pacing yourself. Instead of attending to the chores that need doing all at once spread them out
- wearing shoes with thick, soft soles can act as shock absorbers and reduce jarring
- using a walking stick can reduce the weight and stress on a painful hip or knee joint.

## What you can do to manage your arthritis

There are many things you can do to help manage your arthritis:

- general exercise – keep moving. Don't be afraid to use your joints
- swimming in a heated pool can help
- massaging the muscles around the joints will help ease pain and help keep you supple
- sleeping on a good mattress can ease pain
- mild to moderate disease can usually be managed successfully with painkillers, such as paracetamol or ibuprofen (a non-steroidal anti-inflammatory drug). Make sure you follow the dosage instructions on the packet.

A GP may prescribe a different non-steroidal anti-inflammatory drug (if this is appropriate for you) or a stronger codeine based painkiller.

‘I took a friend to the surgery with me, to prompt me in case I forgot to ask anything’

Should your condition deteriorate to the point where your mobility is severely affected, you may be advised by your GP to see a rheumatologist for specialist advice on medical management, or an orthopaedic surgeon to discuss the possibility of joint replacement surgery.

## Treatment with drugs

The medication each person is prescribed and how often they take them differs depending on their disease type and on how they react to the drugs. Some of the most commonly used drugs for osteoarthritis are listed below.

### Analgesics

These are pain-relieving drugs, such as paracetamol, that do not affect the arthritis itself, but help relieve the pain and stiffness. They come in varying strengths and the stronger ones are only available on prescription. Paracetamol, which is available over the counter, is the simplest and safest painkiller, and the best one to try first. Side effects are unusual, although taking too great a dosage can cause liver damage. Many pain relieving drugs, including pain relief gels, can be bought over the counter. Never take more than the recommended dose and, if in doubt, talk to your pharmacist or doctor.



Stronger, combined painkillers such as co-codamol and co-dydramol are available on prescription. They contain paracetamol and a second codeine-like drug. These are more likely to cause side effects, such as constipation or dizziness. Some anti-inflammatory drugs such as ibuprofen can be used as painkillers in low doses.

‘Painkillers don’t remove the pain completely, but they alter the nature of it, making it more bearable’

## Non-steroidal anti-inflammatory drugs (NSAIDs)

If you have mild inflammation in your joints, your doctor may prescribe a course of non-steroidal anti-inflammatory drugs (NSAIDs). However, if there is no inflammation, as is often the case with osteoarthritis, these drugs may have no advantage over painkillers. NSAIDs are more likely to cause side effects – especially indigestion and diarrhoea. They can interfere with the effectiveness of other drug treatments used to treat high blood pressure and heart disease. Ibuprofen and diclofenac are commonly used NSAIDs but there are many others. Your doctor will advise you which is the appropriate one to take, and the correct dose. Creams and gels can often help, especially for knee and hand osteoarthritis.

## Cox-2s

Cox-2 inhibitors are a type of NSAID, designed to be safer for the stomach. However, concerns have been raised about their side effects, including increased risk of cardiovascular problems, especially for people with a history of heart disease or stroke. Some drugs within the class have been withdrawn. If you want to know the latest about Cox-2s, discuss with your doctor what treatment is most suitable for you.



# LOOKING AFTER YOUR JOINTS

Most people can lead a full, active life with osteoarthritis by properly managing the condition and making small, common sense alterations to life.

There are many things that can be done to help alleviate the symptoms and prevent the disease from progressing. Regular exercise, protecting the joints from further injury and maintaining an ideal weight through a healthy diet will all benefit you.

Inflamed or damaged joints need to be cared for and protected. Keeping healthy is part of this, but you also need to avoid straining joints by overdoing things or doing them awkwardly. You may have to give more thought to the clothes and shoes you wear, to the way you lift, grip and carry things or to the way you arrange your home or place of work. An occupational therapist can help with all of this.

## Occupational therapists

Occupational therapists (OTs) can help if you are having difficulty with day-to-day tasks like washing, dressing, cooking and cleaning. They can also advise on your work environment. OTs are experts on what equipment is available to help you and where you can buy these items. They may also be able to supply some of the more expensive items on temporary loan. Your GP or hospital consultant can put you in touch with an occupational therapist. This may be at your local hospital or they may visit you at home.

# EXERCISE AND REST – A FINE BALANCE

Exercise can be the furthest thing from people's minds when they live with pain on a daily basis. However, for people with arthritis, the benefits of exercise are enormous. Exercise protects joints by keeping the muscles strong and keeping you mobile. It is also good for pain and stress and can help you lose any extra weight that puts strain on joints.

‘The Arthritis Ireland *Take Control with Arthritis* DVD provided me with practical and easy to follow exercises that I can do in my own home’

## Change the way you move

- spread the load – use both hands to lift and hold, for example
- shift rather than lift – slide heavy pans along a kitchen top
- use larger, stronger joints – rather than pushing a door open with your hand and wrist, use your shoulder or hip
- don't grip things too tightly – choose a fatter pen, for example. Hold it as loosely as possible or expand the grip with padding
- change positions often – shift position or stretch every half an hour
- watch your posture – slouching can add strain on muscles and joints.

Exercise won't make your arthritis worse – as long as it is the right sort. The wrong sort of exercise could put strain on your joints and damage them further. Ask your GP



whether it is appropriate for you to be referred to a physiotherapist, who will help you work out a programme combining flexibility (range of movement), strengthening or aerobic exercises.

## Range of movement

Range of movement (ROM) exercises form the backbone 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.

## 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 wastage 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.

## Aerobic

Aerobic just means 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 any benefit, aerobic exercise must be done for a prolonged period (20-30 minutes) two to three times a 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.

## Warm water exercise

Gentle exercise can be carried out in hydrotherapy pools that will usually be heated to round 34 degrees centigrade.

The warm water soothes the joints, relieves stiffness, and promotes better blood circulation. The water enables gentle and low-impact exercise, and also offers the resistance needed to keep muscles and joints in shape.

As with any exercise programme, consult your GP before you begin this type of exercise. It is very important not to overdo things. Rest your joints – especially when they are inflamed or particularly painful. Resting painful joints will make them more comfortable, but too much may make them stiff. You need to strike a balance between rest and activity.

Check out Arthritis Ireland's **"Take Control with Exercise"** DVD and book, a tried and tested exercise programme for people with arthritis. For more information visit [www.arthritisireland.ie](http://www.arthritisireland.ie)

Because the water supports your weight, the range of movement in your joints should increase and pain decrease. Most hydrotherapy pools range in depth and if you cannot lower yourself into the water, there will usually be a hoist.

# A healthy diet

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. Try to also cut down on sugary and fatty foods.

There is a lot of debate about whether what you eat affects arthritis – certain foods may help. Studies on essential fatty acids (found in oily fish) show that they can ease joint pain and stiffness. Try to include more of these in your diet and consider taking a supplement.

Some people claim that some foods seem to make their inflammation or pain worse. If you can work out which food is the trigger, talk to your doctor for advice. It is important you don't miss out on essential nutrients. Research in this area is complicated and much more needs to be done.

If you are considering a diet, talk it over with your doctor or dietitian first. Beware of diets that claim to cure osteoarthritis, and never begin a diet that involves stopping medication without discussing it with your doctor.



For more information read Arthritis Ireland's booklet 'Healthy Eating and Arthritis' or visit [www.arthritisireland.ie](http://www.arthritisireland.ie)

## Supplements

People with arthritis often take a huge range of supplements including herbal remedies, homeopathic medicines, vitamins, minerals and dietary supplements.

Many people with osteoarthritis believe they do offer relief. So far there is little evidence they improve arthritis or its symptoms, though recent findings for omega-3 fatty acids and glucosamine are promising.

Before you start taking supplements:

- find out as much as you can
- remember that supplements will not cure arthritis
- check with your doctor or pharmacist for interaction with 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.

Below are a few of the supplements most commonly taken by people with osteoarthritis.

‘I drink lots of semi-skimmed milk and take a supplement to keep my bones strong’

## Glucosamine

Glucosamine is popular with people who have osteoarthritis. It is a natural substance extracted from crab, lobster or prawn shells. While it does not cure arthritis, some people believe that it does help ease pain and stiffness. There is not much scientific evidence to support this at this stage. If you haven't seen an improvement after two months, it probably won't help you. There are no known major side effects, but lesser ones include nausea and indigestion. Glucosamine, which comes in capsule form, is often taken in combination with chondroitin.



## Chondroitin

Chondroitin sulphate exists naturally in our bodies and is thought to give cartilage elasticity and to slow its breakdown. In supplement form it is derived from the trachea of cattle or sometimes shark cartilage.

Don't expect to see any improvement for at least two months. If you have severe cartilage loss you probably won't get any benefit. There do not seem to be any serious side effects, but minor ones include nausea and indigestion. It could increase the chances of bleeding if you are taking any blood-thinning drugs. The long-term effects are not known.

## Fish oils

Fish oils, like cod liver oil, can produce a modest improvement in joint pain and stiffness and have a good record of easing the symptoms of osteoarthritis.

Recent research has found that omega-3 fatty acids are effective because they reduce the activity of the enzymes responsible for cartilage damage, and they switch off another enzyme known to cause much of the pain and inflammation of arthritis.

A daily dose, often in capsule form, must be taken for at least three to six months. Any benefit is lost when you stop taking it. Care should be taken not to exceed safe levels of vitamin A and D when taking cod liver oil. Studies still need to be carried out on the possible long-term toxicity of taking fish oils.

## Complementary therapies

Many people with arthritis have tried a range of complementary therapies in addition to the conventional drugs prescribed by their doctor. However, what works for one person may well not work for another.

There are a multitude of different therapies. Some are thoroughly reputable and are regulated by statutory bodies. Other therapies make highly dubious claims with little or no evidence to back them up.

Complementary therapies can generally be used alongside orthodox treatment, although doctors may vary in their attitudes to them. Any practitioner of these therapies who advises you to stop using conventional medications should be regarded with extreme caution.

‘I had hydrotherapy sessions which were wonderful, but by the time I drove 15 miles home, I undid all the good work’

Complementary therapies do not offer a cure for arthritis. They can, however, help alleviate some of the symptoms such as pain and stiffness as well as dealing with some of the unwanted effects of taking drugs.

Complementary therapies can play an important role in encouraging positive changes in lifestyle and outlook, such as increased self-reliance, a positive attitude, learning relaxation techniques and appropriate exercises. Lifestyle changes like these may help to stabilise or improve your arthritis.

Some of the most popular therapies are listed below.

**Acupuncture** may be useful for osteoarthritis. It aims to restore the natural balance of health by inserting fine needles into specific acupoints in the body to correct imbalances in the flow of energy, thereby relieving pain.

**The Alexander technique** concentrates on how you use your body in everyday life. By learning to stand and move correctly, people can alleviate conditions that are exacerbated by poor posture.

**Aromatherapy** uses essential oils obtained from plants to promote health and well-being. The oils can be vaporised, inhaled, used in baths or a burner, or as part of an aromatherapy massage.

# ‘The Alexander technique really helps my posture and relieves pain’

**Chiropractors** use their hands to adjust the joints of your spine, aiming to improve mobility and relieve pain.

**Massage** can loosen stiff muscles, improve muscle tone, increase the flow of blood and lymph, and ease tension. A good massage leaves you feeling relaxed and cared for.

**Osteopaths** manually adjust the alignment of the body and apply pressure to the soft tissues of the body to correct structural and mechanical faults and allow the body to heal itself.

**Tai chi** is a non-combative martial art designed to calm the mind and promote self-healing through sequences of slow, graceful movements.

## Finding a good therapist

Ask other people with osteoarthritis if they can recommend a therapist, but remember that what works for someone else may not suit you. The Association of Complementary Health Therapists can also help you find a qualified therapist, [www.irishtherapists.ie](http://www.irishtherapists.ie). Ask how much treatment will cost, and how many sessions you will need to feel a benefit. Ask if the therapist is a member of a professional body, what kind of training they have had and how long they have been practicing. Ask if they have insurance in case something goes wrong. They must take a full medical history.

Tell your therapist about any drugs you are taking, and your doctor about the therapy. Don't stop taking prescribed drugs without talking to your doctor first.

For more information see Arthritis Ireland's booklet "**Drugs and Complementary Therapies**" or visit [www.arthritisireland.ie](http://www.arthritisireland.ie)

# Surgery

While some people with arthritis will never need to have surgery, others find it is very successful in relieving pain caused by arthritis, improving mobility and reducing stiffness. Surgery is usually only considered after all other suitable treatment options have been explored and when the joint is badly damaged by arthritis.

Surgery can be minor – to assess damage done or to smooth joints and repair cartilage (known as an arthroscopy), or it can be more intrusive – to replace or to fuse a joint.

‘I still have a bit of pain since my op, but it doesn’t limit me like it used to’

There is a risk the operation won’t work, or will lead to further physical complications. Recovery may take some time and a lot of effort on your part.

However, many people decide that the positive effects on their lifestyle will outweigh any risks. Having surgery could bring about a dramatic improvement in your pain levels and quality of life. Surgery can also prevent joints deteriorating further and prevent disability.

In spite of great progress with artificial joints, many people with osteoarthritis who have had surgery still live with difficulties and pain because of their condition.

For more  
information see  
Arthritis Ireland’s  
booklet “**Surgery and  
Arthritis**” or visit  
[www.arthritisireland.ie](http://www.arthritisireland.ie)



# PRACTICALITIES

Living with osteoarthritis may not be easy, but there are plenty of sources of help and there is plenty you can do to help yourself.

## At home

There are many ways you can set things up at home to make sure that daily living is as streamlined and stress-free as possible.

‘Don’t let your pride get in the way of using equipment that may really help you’

In the kitchen, for instance, this might include:

- rearranging cupboards and drawers so the things you use the most are nearby
- lightweight pans, mugs or a kettle
- equipment with easy-to-use buttons
- an electric tin opener, a cap gripper, or knives and peelers with padded handles
- a stool to sit on while you are preparing food, or a trolley for moving heavy items

- devices for turning taps more easily
- evening-up your worktops, or raising the oven and fridge, so they are at the right height for you and you can slide things around.

Arthritis Ireland's *Easy to Use Programme* provides information and advice on practical, easy to use products and services that can make it easier for you to live day to day with your arthritis. Visit **[www.arthritisireland.ie](http://www.arthritisireland.ie)** for further details on these products.

## Help with costs

You may be able to get help with equipment or adaptations to your home. The Housing Adaptation Grant for People with a Disability, the Mobility Aids Grant Scheme and the Housing Aid for Older People Scheme are administered by your local authority. For further information on these schemes and to see whether you are eligible for help contact the Housing Department of your local authority.

There is no hard and fast rule on what you will get: following assessment you will be told what you are entitled to receive and you may have to contribute towards the cost. You may also have to wait a long time for an assessment or to get equipment. If your needs change, contact your local authority so they can move you up the waiting list.

## Work

Only you can decide how much you want to tell people at work about your arthritis. It may not affect your work at all - other than time off for hospital appointments or surgery - but hiding it and struggling on if you have difficulties could make your arthritis worse.

For more information and support on working with arthritis check out Arthritis Ireland's dedicated website [www.fitforwork.ie](http://www.fitforwork.ie)

The best policy is to be positive, honest and clear about your needs, and help people understand what arthritis means for you.

Smarter ways of working will help protect your joints and conserve energy. They can include:

- Organise your work – rearrange the work area, use computer equipment correctly, take regular breaks, relax, pace yourself and vary tasks.
- Be flexible – perhaps working a shorter day or fewer hours, or being based at home some of the time if that fits in with your job.

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

- 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.
- Pace yourself – don’t overdo it.
- 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. You may need to cut back on household chores and prioritise time for rest/ light exercise/ social outings.
- Take your break times always and try to leave the building for a short period of light exercise if possible.

For more  
information see  
Arthritis Ireland’s  
booklet  
**‘Working with arthritis,  
back pain & related  
conditions: a guide for  
employees’** or visit  
[www.fitforwork.ie](http://www.fitforwork.ie)



# Transport

People with osteoarthritis often find getting out and about difficult. Many rely on cars – either driving themselves or getting lifts – or public transport to get around.

There are a few things you can try to make driving easier. An automatic gearbox and power steering will reduce strain. Minor adjustments, such as a padded steering wheel, a headrest, extra side-mirrors or a wide-angled mirror may make driving easier.

There are various means tested supports available through the HSE including grants for adapting a vehicle, the **Disabled Person's Parking Card** and tax relief for necessary adaptations to vehicles. **The Irish Wheelchair Association** (tel: **045 893 094** or **www.iwa.ie**) and the **Disabled Drivers Association** (tel: **094 936 4054** or **www.ddai.ie**) provide advice and information on all aspects of motoring.

If you would like to learn to drive or have lost confidence in your driving skills, the **Motoring Advice and Tuition Service** in the Irish Wheelchair Association can provide assistance to you.

If you are relying on public transport you can apply for the **Free Travel Pass**, which allows you to travel for free on all public transports and selected private services.



## Benefits

The Citizens Information Board offer 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 office or contacting them on **LoCall 1890 777 121** or **[www.citizensinformation.ie](http://www.citizensinformation.ie)**.

You may 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:

### Social Insurance Payments

- **Illness Benefit:** Illness Benefit was previously called Disability Benefit. This is a short-term payment made to people who are unable to work due to illness. It can be paid in the long-term. To qualify you must be aged under 66 and unable to work because of illness. 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 State Pension (Transition). At age 66 you transfer to the State Pension (Contributory).

*Other benefits:* 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.

*Rehabilitative work:* You may be allowed to do rehabilitative or therapeutic work (maximum 20 hours a week) and retain your Invalidity Pension. You must get prior written approval from the Department of Social Protection before you start work.

- **The Treatment Benefit Scheme:** A scheme run by the Department of Social Protection that provides dental, optical and aural 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 may be entitled to Disability Allowance if you are aged between 16 and 66, satisfy both a means test and a habitual residence test, and have a specified disability which results in your being substantially restricted in undertaking suitable employment. Your means and that of your spouse or partner are taken into account. Your parents' means are not considered. 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 for 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 Cards:** Most medical cards are granted on the basis of a means test and/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 exceptionally 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 the 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. The income guidelines for the GP visit card are 50% higher than the medical card income guidelines.

- **Drugs Payment Scheme:** With a Drugs Payment Scheme (DPS) card, an individual or family in Ireland only has to pay a maximum amount monthly for approved prescribed drugs, medicines and certain appliances. As of January 2017, the maximum amount a family must pay is €144. 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. Out-patient 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, which you have incurred and for which you have not been reimbursed. The tax relief is at the standard rate of tax of 20%. So, if you spent €1,000 you would get a refund of €200. This claim should be made on a Med 1 form, available from your local tax office or online at **[www.revenue.ie](http://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 citizens information service: **LoCall 1890 777 121**
- your local social welfare office
- the Leaflet Request Line in the Department of Social & Protection: **LoCall 1890 20 23 25**
- online at **[www.hse.ie](http://www.hse.ie)**.

There are many ways in which you can learn to manage your osteoarthritis effectively and there is a lot of help available. You can learn to control your arthritis rather than let it control you. If you have any questions about living with osteoarthritis, contact Arthritis Ireland's Helpline on **LoCall 1890 252846 Monday to Friday from 10am to 4pm.**

# CARING FOR YOURSELF

## Your emotions

Everyone's experience of arthritis is different. Not all people experience the same symptoms, level of pain or fatigue or the same feelings. Don't be surprised if you feel frustrated one day and perhaps angry the next.

'The invisibility of pain is most frustrating'

It is good to let your emotions out. Bottling them up can make things worse.

Pain can usually be controlled; stiffness and inflammation relieved, and there are ways to overcome the loss of strength, grip and mobility.

Some people find that their lives do not 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.

For more information see Arthritis Ireland's booklet '**Coping with Emotions**' or visit [www.arthritisireland.ie](http://www.arthritisireland.ie)

Your own reactions to arthritis will differ from week to week, but it is perfectly natural to feel out of sorts sometimes.

## Your 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 not 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.

‘Nothing is more annoying than when someone says: “But you look so well”’

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 painful to get close to your other half, but there are alternatives.

Try different positions or supporting your body with pillows and cushions to make love-making more comfortable. A warm bath or shower beforehand will help to loosen your joints. You could even try persuading your partner to give you a gentle massage.

Don't be embarrassed to raise the issue with your healthcare team.



## Living well

From time to time, your arthritis will get on top of you. Anger, frustration, uncertainty, depression and fear are all very understandable and very common. Several things may help:

‘If I go out socialising, I accept I might feel a bit off colour the next day’

- try to build a good relationship with your health professional
- find out as much as you can about your arthritis. It will make you feel less worried about the future
- accept your limitations. Remind yourself about what you can do and enjoy, rather than the things you can't
- try to make space for your social life
- include exercise in your day. It will build your strength, help you to keep flexible and boost your mood
- talk to somebody who understands how you are feeling. This could be someone close to you or someone else with arthritis.

# SUPPORT FROM ARTHRITIS IRELAND

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

*Living Well with Arthritis*, our most popular course, focuses on what you can do for yourself, how to get the most from you 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 arthritis? 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 arthritis. They would be happy to hear from you if you are in need of a listening ear.

Call 1890 252 846.



# 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