40 WAYS TO OUTSMART RHEUMATOID ARTHRITIS

Firefighter Ken Knott puts out hip pain!

“What My Mom’s Arthritis Taught Me”

Singer Amy Grant shares family lessons in resilience.
Medication Guide Enbrel® (etanercept) for injection

What is Enbrel®? Enbrel® is a medicine that blocks the action of TNF. Enbrel® is used to treat:

- Rheumatoid arthritis (RA) in adults.
- Ankylosing spondylitis (AS).
- Psoriatic arthritis.
- Moderate to severe plaque psoriasis in adults.
- Psoriasis.
- Moderate to severe active Juvenile Idiopathic Arthritis (JIA).

Do not use Enbrel® if you:
- Have an infection that has not healed through your body (e.g., stomach ulcer).
- Have been told not to take Enbrel® by your doctor.

Before starting Enbrel®, be sure to talk to your doctor:
- Other medicines you are taking, including prescription and nonprescription medicines.
- If you are allergic to rubber or latex.
- Other medical conditions you have (such as diabetes, kidney problems, or heart problems).
- If you are pregnant or plan to become pregnant.
- If you are breastfeeding or plan to breastfeed.
- If you have had hepatitis B or C.

What are the possible side effects of Enbrel®? Enbrel® can cause a severe rash, a swollen face, or trouble breathing.

Your doctor will prescribe instructions for injections, and you should read this instruction sheet before you start using Enbrel®.

What are the ingredients in Enbrel®? See the table below for a list of ingredients in Enbrel®.
Try superstar Amy Grant’s favorite mussel recipe—a family dish made by her country-singer husband, Vince Gill!

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NEWS you can use

RA REMISSION—

it is possible!

NEWS FLASH: The ability to achieve sustained remission or keep disease activity low for people with early-stage rheumatoid arthritis (RA) is within reach, reports a Dutch study in Arthritis Care & Research. How? A treatment approach called treat-to-target, which aims specifically at reaching remission (i.e., your meds may be stepped up if remission isn’t achieved by a certain time). The key, however, is getting treatment within a year after symptoms start—so if you’re plagued with pain or swelling in your wrists, knuckles or feet (RA’s hallmark symptoms), see a rheumatologist. And if you’ve been recently diagnosed, discuss remission goals with your doctor.

Protect yourself from falls

The common causes of falling in folks over 65—such as tripping on a throw rug or bumping into furniture—are well known. But a new study in Arthritis Care & Research explains why younger adults with rheumatoid arthritis (RA) are more prone to falling than those without the condition. The main culprits? Swollen or tender hips, knees or ankles; use of certain medicines that can affect balance; and extreme fatigue. If you’ve fallen in the past year, or just feel unsteady on your feet, tell your healthcare provider—she can tweak your treatment and suggest balance exercises or prescribe physical therapy.
“I fight fires—and hip pain can’t stop my call to duty!”

Ken Knott, a firefighter for the city of Mercer Island, WA, is not the sit-down-and-rest type, especially when it comes to his job. But just shy of his 50th birthday, the devoted fireman suddenly had trouble keeping up with a schedule that included scaling tall buildings as a rope rescuer and diving for the SCUBA rescue team. “When I couldn’t even walk on flat ground without pain or bend down to roll up a fire hose, I knew I had a big problem,” says Ken.

“It just tore me up.”

As his pain grew, the local hero was forced to face a harsh reality: He could no longer act on his passion for saving lives. “My co-workers were scared to ask me to assist with carrying patients down the stairs on stretchers, because of the fear that I would drop them,” says Ken. “That was humiliating.” Beyond the physical pain, there was the emotional anguish of being unable to confidently help others. “I got to the point where someone I was rescuing asked me, ‘Are you okay? It just tore me up.’”

During his struggles, Ken couldn’t pinpoint what was causing his pain. Was it an old high school football knee injury? His feet? His legs? He was stunned when the orthopedist diagnosed him with osteoarthritis of the hip. But the biggest surprise of all was that Ken was told he should do nothing about it—for the next 10 years. “The orthopedist said hip replacement surgery was my best option, but that I should wait until I was older to do it,” says Ken. “But I didn’t know if I could get around for another 10 years.”

That night, Ken went to work researching more immediate options.

“I’m back, and it feels awesome”

Ken’s search for a second opinion led him to Paul Manner, MD, an orthopedic surgeon at the University of Washington Orthopaedics and Sports Medicine clinic. Dr. Manner explained to Ken that an alternative to replacement surgery would be to resurface his hips (see box). Hip resurfacing is much like crowning a tooth—as it serves as the initial step in preserving healthy bone to allow for a future hip replacement.

Ken didn’t know this option even existed. “I realized that by resurfacing my hips, I’d buy time until I needed my hips to be totally replaced, and I’d have more flexibility and range of motion,” he says. “Plus, I’d avoidoutlining them.” (Joint replacements typically last 10 to 20 years until revision surgery is necessary.)

In December 2010, Ken had resurfacing surgery on his left hip first, followed by his right hip two years later. After intense rehab, Ken, now 53, says he’s regained a whopping 95% of his regular range of motion. The best part, he says: “Now, I can carry patients down stairs, pull hoses and move without pain. I’m back and it feels awesome.” Here, Ken gives tips on joint surgery:

• Let your buddies bolster you. “During rehab, I discovered there were about 10 guys in our jurisdiction who had had resurfacing done instead of replacement, all because I opened up about my upcoming surgery,” says Ken. “They gave me a lot of hope and great tips, like telling me to follow all the rehab steps.”

• Don’t get too comfy. “During rehab, my doctor told me to get out of bed every hour and walk. The temptation is to stay put, but moving really speeds up your recovery. I started with 100 yards and had worked up to 1 to 2 miles by the end of rehab,” says Ken.

• Voice your concerns. “I remembered after my first surgery, the rehab staff packed me up with ice. The second time around, they didn’t ice me right away. I was in a lot more pain, until I asked, ‘How come you aren’t icing me?’ They realized the mistake, and brought the ice right over.”

“Dana Gottesman

Web extra! Jillian Michaels talks about working out with osteoarthritis at HealthMonitor.com/Jillian

Guys: Should you go the resurfacing route?

Ken’s orthopedic surgeon, Paul Manner, MD, explains the pros and cons of this procedure, which is usually an option only for men. Women’s smaller anatomy and other factors are associated with a high failure rate.

Q: What is hip resurfacing? Is it different from hip replacement?

A: Total hip replacement involves replacing both sides of the hip joint. In resurfacing, we leave the bone intact on the femur (thigh bone) side, and sculpt and cap it, almost like the scoop on an ice cream cone. In resurfacing, we leave the bone intact on the femur (thigh bone) side, and sculpt and cap it, almost like the scoop on an ice cream cone.

Q: Who is a good candidate for this surgery?

A: We generally recommend resurfacing for men who are under 60, and are large and active. For those who don’t fit this model, hip replacement may be the way to go.

Q: What are the pros and cons?

A: Ask your doctor to explain these for your particular case. In general, benefits of hip resurfacing include: It’s easier to revise (for future implants), lower risk of hip dislocation, larger range of motion and a more normal gait. Possible drawbacks include: A small risk of femur fracture (at top of thigh bone), allergic reaction to the metal parts, requires a larger incision and a longer recovery time.

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Words of wisdom for rheumatoid arthritis

“Adjust your goals—and focus on what’s fun!”

PATIENT: Cathy Kramer
DIAGNOSIS: Rheumatoid arthritis (RA)
RESIDENCE: Chicago

HOW IT HELPS ME

“When I was diagnosed with RA, not being able to participate in physical activities and hobbies was one of the biggest challenges for me; it left me feeling defeated. But Dr. Fulop helped me redefine my goals to make them more attainable—but still just as fulfilling! For example, instead of starting a garden like I wanted, which would require time on my knees and using my shoulders, I started a small potted herb/hot pepper garden. The potted garden required very little energy, but reaped a ton of benefits. Also, rather than going on long bike rides, I started enjoying shorter rides around the neighborhood with my kids, which still provided exercise and family connection. It’s all about having a few important goals and taking small steps toward reaching those goals.”

WHY IT WORKS

“An RA diagnosis can be a turning point that either crushes individuals who are used to a very healthy and active lifestyle, or makes them stronger. Many times people give up because they feel they can no longer do the activity because of RA. Even though Cathy’s joint pain caused her to no longer be able to participate in activities she once enjoyed, that didn’t mean she had to give up the fulfillment she found within those activities. By redefining goals and looking underneath to what she gained from the activity, Cathy found the same fulfillment and boosted her endorphins (the feel-good hormones) because she was still able to participate. Staying active also improved blood flow, built muscle strength and optimized many other functions in her body—which is crucial for people with RA.”

—Diana Bierman

EXPERT: Judy A. Fulop, ND, MS, FABNO, who practices naturopathic medicine at Northwestern Integrative Medicine, Northwestern Memorial Physicians Group, Chicago

IT’S NOT OK TO JUST GET BY WITH RA PAIN.

Nobody chooses to have RA, but you do have control over how you live your life with it. If you feel like you’re just getting by, talk to your doctor. But keep in mind that patients and rheumatologists often think about RA in different ways. Rethinking how you have the conversation could make a difference in what your doctor recommends.

Visit RethinkRA.com to order your free RethinkKit today.
Coping with lupus?

What you need to know

BY LORI MURRAY

OUR EXPERT
Eliza F. Chakravarty, MD, associate member of the Arthritis and Clinical Immunology Research Program at Oklahoma Medical Research Foundation in Oklahoma City

Educate yourself the right way. “I warn patients there’s a lot of scary stuff on the Internet and it’s not necessarily accurate,” notes Dr. Chakravarty, who is also a medical adviser for the Lupus Foundation of America (LFA). Besides your doctor, reliable sources are the LFA (lupus.org; 800-558-0121) and Johns Hopkins Lupus Center (hopkinslupus.org).

Don’t give up—the right treatment is out there! “The good news is that with the medicines we have today, most people can live normal lives and go back to doing the things they want to do,” says Dr. Chakravarty. But you need to be patient: “When we haven’t found the right medicines yet, or it just takes time to heal and get the inflammation down, a lot of times people say, ‘How come I don’t feel any better?’ Except for steroids [a type of anti-inflammatory], almost all the medicines we have take a while to kick in—up to two months.” And if you’re thinking of not taking your medicine: “That’s the worst thing you can do! We’re not here to judge,” she says. “If you’re worried about something, or just don’t like the way you feel on it, bring it up with your doctor. There are a lot of options out there.”

Keep your doctor in the loop. “Your job is to tell me what’s going on, not only with your lupus but with your life,” notes Dr. Chakravarty. “My job is to help manage the disease so you can do the stuff you want to do. So tell me things like if you’re planning to have a child or taking a trip to Hawaii.” (Some meds affect pregnancy, and sunshine can trigger a flare.) That doesn’t mean you can’t do those things; just consult your doctor first!

Strive to feel your best! Partnering with your doctor is the key. As Dr. Chakravarty says to her patients: “You’re not in this alone. I’m in it with you, and things will get better. It may take time but we’ll find the treatments that work for you. Mostly, we can manage the disease really well. The goal is to help you live your life the way you want to live it.”

Feeling sad or anxious? Tell your doctor. These feelings are common when dealing with a chronic disease, but you can find relief with medication, counseling or lupus support groups (to find one, go to lupus.org or call 800-558-0121).

Drop the guilt. “When people are first diagnosed, or their symptoms come on suddenly, they start thinking, ‘What did I do to cause this?’” says Dr. Chakravarty. “And I tell them, ‘This is not your fault. Don’t wrack your brain looking for a cause—it’s just a whole lot of bad luck.’”

Remember that lupus is systemic. That is, it can affect the whole body and cause problems internally that you can’t feel, especially heart, lung and blood diseases. “Some things we can only detect with blood or urine tests,” says Dr. Chakravarty, who notes that lupus requires a lifelong effort to stay healthy (the LFA has resources that can help). Don’t assume everything’s okay if your symptoms go away—have regular checkups and blood tests!

Keep educating your family. “I often invite family members to come in to at least one visit,” says Dr. Chakravarty. “That way they can find out what’s part of the disease and what not to worry about. Some family members get panicky if the patient just coughs. And then there’s the other extreme, where someone says, ‘She’s just lazy; she can’t be that tired.’”

Educate yourself the right way. “I warn patients there’s a lot of scary stuff on the Internet and it’s not necessarily accurate,” notes Dr. Chakravarty, who is also a medical adviser for the Lupus Foundation of America (LFA). Besides your doctor, reliable sources are the LFA (lupus.org; 800-558-0121) and Johns Hopkins Lupus Center (hopkinslupus.org).

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Having lupus can put you on a roller-coaster ride of emotions. You’ve probably felt everything from relief (“I finally know what’s wrong!”) to anxiety (“Will I be able to have kids?”) to utter frustration (“I was feeling good—why am I so sick again?”). How to get a handle on it all? First, commit to partnering closely with your rheumatologist. Then follow the tips below, provided by Eliza F. Chakravarty, MD.

Drop the guilt. “When people are first diagnosed, or their symptoms come on suddenly, they start thinking, ‘What did I do to cause this?’” says Dr. Chakravarty. “And I tell them, ‘This is not your fault. Don’t wrack your brain looking for a cause—it’s just a whole lot of bad luck.’”

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“My pet is the best therapy!”

Here’s why folks with arthritis love spending time with their animals—one of their stories may just inspire you to get a little pet TLC!

BY KATIE ALBERTS

“My rabbits help me get up and go”

Animals have always been a huge part of Donna Evans’ life. “I used to be an Appaloosa horse trainer, and I bred and showed horses,” says the 52-year-old Gravois Mills, MO, resident. “Now my passion is rabbitry. I haven’t been at it for very long, but it’s incredibly rewarding—and a great help with my osteoarthritis, especially in the morning. I get up super early to exercise and take my morning medication, knowing my next stop will be the rabbits—cleaning their cages, feeding them and checking in on them. And if my pain is especially bad, I’ll take a break with Blaze, my half Netherland Dutch Dwarf doe, and sit on a chair relaxing with her on my lap. Rabbits really are little companions!”

“An animal needs no explanation!”

Developing rheumatoid arthritis (RA) as a teenager meant that Shelly Spence, now 32, spent a lot of time explaining herself to teachers, other kids and potential dates. “With RA you often don’t ‘look sick’ so you’re always educating people about the disease and justifying your limitations. Luckily, my family always had pets that were there for unconditional, quiet support. With a dog there is no need to explain and you can just be.”

“My dog has a nose for flare-ups”

In the 25 years that Leslie Vandever, 56, of Cameron Park, CA, has lived with rheumatoid arthritis, her dogs and cats have been amazing stress relievers. “My dogs always got me out of the house, but it’s my cats that really knew when and where I needed comfort. One of them, my dear old tuxedo cat, used to actually snuggle up over whichever joint was hurting me most, providing deep, comforting warmth exactly where I needed it. It always just amazed me how he seemed to know when and where I was hurting!” When he died, I didn’t expect that my next cat would do the same but sure enough, my newest cat-friend, Mouse, a rescued Maine Coon cat, does exactly the same thing, snuggling as close as she can get to whatever joint is flaring and then purring her heart out!

“People who have rheumatoid arthritis, like me, are more susceptible to depression, and you need to find ways to push against that,” says Roberta Stenzel of Waseca, MN. “My dog, Buddy, who at age 3 still acts like a puppy, is so entertaining, he won’t let me get the blues. How can you be depressed when the little guy is doing somersaults, begging or any of his other tricks?”

“NO PET?”

You can still enjoy the benefits!

• BECOME A VOLUNTEER: That’s the advice of Pia Silvani, vice president of training and behavior at St. Hubert’s Animal Welfare Center in Madison, NJ. “Our volunteers walk dogs, spend time sitting and socializing with cats or become canine coaches, helping us train animals.” Ask about programs at a local shelter, or visit paws.org.

• SIGN UP FOR A “DOG VACAY!” DogVacay.com is a new free site that connects you with pets in your neighborhood that need watching and walking. You can take your “weekend puppy” on a simple stroll or a rigorous hike; it’s up to you. And you can earn a few bucks from the dog’s owners, who will be relieved not to have to kennel their beloved animal.

• GO TO THE PARK AND OBSERVE. Studies show folks who are close to animals spend more time thinking about the day-to-day and living in the here and now, says Aubrey H. Fine, author of Handbook on Animal-Assisted Therapy (Academic Press, 2010). And that includes simply watching animals. “They can teach us how to adjust to physical limitations,” reveals Fine. “I had a patient who watched the perseverance of a bird who couldn’t perch, and it helped put her adaptations in a new light for her.”

Developing rheumatoid arthritis (RA) as a teenager meant that Shelly Spence, now 32, spent a lot of time explaining herself to teachers, other kids and potential dates. “With RA you often don’t ‘look sick’ so you’re always educating people about the disease and justifying your limitations. Luckily, my family always had pets that were there for unconditional, quiet support. With a dog there is no need to explain and you can just be.”
With today's rheumatoid arthritis (RA) treatments, there's every reason to aim for living the life you want, without being held back by bouts of pain and other symptoms. "These days when we treat successfully, most of the time patients don't have flares," says rheumatologist Ruth Kadanoff, MD, a professor at Loyola University Medical Center in Maywood, IL.

But what happens if you're following your doctor's treatment plan, feeling pretty good, then bam—you're hit with intense pain, stiffness and fatigue you can't shake? Odds are, your flare is due to one of these six triggers—and once you pinpoint it, you can take action to prevent, or at least minimize, the problem. (As always, discuss your symptoms with your rheumatologist.)

1 Skipping a dose of medication. Maybe you ran out of medication. Or want to see if you can get by on fewer doses. But missing even a single dose of your RA medication can allow inflammation to take over, says Dr. Kadanoff: "If you miss two or more doses of a certain medication—methotrexate, for example—you will hurt more than before." *FOIL IT!* "Ask for a refill a week before you'll need it," suggests Dr. Kadanoff. And be honest with your doctor. For example, if you're skipping doses to save money, try saying, "I want to follow your directions and take the medication, but my budget is tight." Your doctor can help you find a patient-assistance program or other resources.

2 Catching a virus. When a cold or the flu sets off your immune system, it can actually cause a flare. *FOIL IT!* "Shore up your defenses: Ask your doctor about getting the flu and pneumonia vaccines. Another tip: Use a cool-mist humidifier, since viruses thrive in low humidity.

3 Changing therapies. Sometimes switching to a new medication can cause your symptoms to flare, says rheumatologist Nathan Wei, MD, director of the Arthritis Treatment Center in Frederick, MD. "I don't see this often, but it does occur," he notes. *FOIL IT!* "Have a game plan ready! Ask your doctor ahead of time what pain reliever you can take to ease symptoms if you have a flare (see box for more info). And remember that it's temporary, just until your new med kicks in.

4 Stopping therapy for a medical reason. The doctor may ask you to stop your medication for a short while if you have an illness such as bronchitis, a urinary tract infection or a skin infection, or if you're having surgery, says Dr. Wei. *FOIL IT!* Fortunately, once your doctor says you can resume treatment, "things usually right themselves," says Dr. Wei. If you don't feel better after restarting your med, tell your doctor immediately.

5 Stress. When you're tense, stress hormones and other chemicals flood the brain, which may in turn trigger the release of inflammatory chemicals that attack joints. *FOIL IT!* For instant relief, Dr. Kadanoff recommends deep breathing: Sit with your eyes closed, inhale slowly through your nose, pause, then breathe out slowly through your lips.

6 Weather changes. Some studies link temperature or humidity changes with RA flares while others find no link. But Dr. Wei says many patients tell him they feel worse in cold, damp weather. *FOIL IT!* When bad weather is predicted, keep joints warm by wearing extra layers and using heating pads for 15 minutes at a time. —Dorothy Foltz-Gray

Get your RA relief here
Ask your healthcare provider about the best way to treat a flare, which may include these options:

- Gentle range-of-motion exercises. Skip strenuous activities and do slow range-of-motion exercises. Here's one for your hands: Make a loose fist, then extend your fingers. Then bend your wrists gently up and down. Repeat. Ask your doctor for other suggestions.
- Anti-inflammatory therapies. These include prescription and over-the-counter anti-inflammatory pain relievers such as ibuprofen and naproxen. But ask your rheumatologist which one to take and how often.
- Heat or cold. "Heat is helpful to joints that hurt," says rheumatologist Ruth Kadanoff, MD, a professor at Loyola University Medical Center in Maywood, IL. "And cold can help inflamed joints. Experiment to see which helps." Apply a heating pad or ice pack for up to 15 minutes at a stretch.

WEB EXTRA! Get six more tips for fighting flares at HealthMonitor.com/FightFlares
**PULMONARY DISEASE**

You do call the registry themselves and may receive a solution for injection under the skin (subcutaneous), is a prescription medicine that reduces signs and symptoms in:

- adults with moderate to severe RA, including those who have not been helped enough by other medicines for RA. ORENCIA may prevent further damage to your lungs and joints and may help your ability to perform daily activities.

**BEFORE YOU START ORENCIA**

Tell your healthcare professional about all your medical conditions, including if you:

- have an infection that won’t go away or are prone to infections. If you have an infection when taking ORENCIA, you may have a higher chance for getting serious side effects.
- are allergic to abatacept or any of the ingredients in ORENCIA.
- have or have had viral hepatitis. Before you use ORENCIA, your doctor may examine you for hepatitis.
- have had tuberculosis (TB), a positive skin test for TB, or have been in contact with someone who has it. Tell your healthcare professional right away if you get a dry cough that does not go away, weight loss, fever, or night sweats. Your doctor may examine you for TB or perform a skin test.
- have a history of chronic obstructive pulmonary disease (COPD).
- are scheduled to have surgery.
- recently received a vaccination or are scheduled for any vaccination. If you are receiving ORENCIA, and for 3 months after you stop ORENCIA, you should not receive live vaccines.
- have diabetes and use a blood glucose monitor. You may get false high blood glucose readings with certain types of blood glucose monitors the day you receive an infusion of ORENCIA (abatacept). Do not need to change your blood sugar monitoring if you are taking ORENCIA injection under the skin.
- are pregnant or planning to become pregnant. It is not known if ORENCIA can harm your unborn baby. Bristol-Myers Squibb Company has a registry for pregnant women exposed to ORENCIA. The purpose of this registry is to check the health of the pregnant mother and her child. Patients are encouraged to call the registry themselves or ask their doctors to contact the registry for them by calling 1-877-111-8772.
- are breast-feeding. You will need to decide to either breast-feed or receive treatment with ORENCIA, but not both.

Tell your healthcare professional about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Especially tell your doctor if you take other biologic medicines to treat RA such as: Enbrel® (etanercept), Humira® (adalimumab), Remicade® (infliximab), Kineret® (anakinra), Rituxan® (rituximab), Simponi® (golimumab), CIMZIA® (certolizumab pegol), and Actemra® (tocilizumab). You may have a higher chance of getting a serious infection if you take ORENCIA with other biologic medicines for your RA. Know the medicines you take. Keep a list of your medicines and show it to your doctor and pharmacist when you get a new prescription.

**IMPORTANT INFORMATION ABOUT POSSIBLE SIDE EFFECTS WITH ORENCIA**

ORENCIA can cause serious side effects including:

- Serious infections. ORENCIA can make you more likely to get infections or make the infection that you have get worse. Some patients have died from these infections. Your immune system may be less able to fight infection. For example, you may feel sick or get any of the following signs of infection: fever, feel very tired, cough, feel flu-like, or warm, red or painful skin.
- Allergic reactions. Allergic reactions can happen on the day of treatment or the day after receiving ORENCIA. Tell your doctor or get emergency medical help right away if you have hives, swollen face, eyelids, lips, tongue, or trouble breathing.
- Hepatitis B infection. If you are a carrier of the hepatitis B virus (a virus that affects the liver), the virus can become active while you use ORENCIA (abatacept). Your healthcare provider may do a blood test before you start or while using ORENCIA.
- Vaccinations. You should not receive ORENCIA with certain types of vaccines (live vaccines). ORENCIA may also cause some vaccinations to be less effective. Talk with your doctor about your vaccination plans.
- Respiratory problems in patients with Chronic Obstructive Pulmonary Disease (COPD). You may get certain respiratory problems more often if you receive ORENCIA and have COPD, including:
  - worsened COPD
  - pneumonia
  - cough
  - trouble breathing
- Cancer (malignancies). Certain kinds of cancer have been reported in patients receiving ORENCIA. It is not known if ORENCIA increases your chance of getting certain kinds of cancer.

**Common side effects of ORENCIA include:**

- headache
- upper respiratory tract infection
- sinus infection
- nausea

Tell your doctor if you have any side effect that you find troubling.

**Getting the Real Thing!**

There are quality standards in Europe monitoring the use of ORENCIA, including an "extra-virgin" label, but the U.S. does not currently have strict regulations. So if, you're thinking of buying a bottle of olive oil, check the label for "extra-virgin" to be sure you're getting what you think you're buying. Look for the estate where it was made, the harvest date, and the address of the estate.

Do you like your olive oil...

FRUITY? Opt for a Spanish variety. Golden yellow in color, it also has a nutty hint.

HEALTHY? Pick an Italian oil, which tends to be dark green with grassy, herbal undertones. A majority of olive oil is produced from olives grown in Spain, Italy and Greece. But some also hail from France and California.

STRONG? Go Greek.

**Storage tips**

The enemies of olive oil are air and sunlight, which causes loss of flavor and depletes antioxidants. The solution: Store the oil in a cool, dark place, out of direct sunlight (a room-temp cupboard is good). And look for olive oil in bottles made from dark glass, which helps protect it from light.

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**Tame Joint Pain with Olive Oil**

Looking for an easy, yet delicious, way to improve your diet? Eat like a Greek! Experts believe the Mediterranean diet—lots of produce, fish, nuts and whole grains—is loaded with anti-inflammatory ingredients. A key player: Olive oil! In fact, a study in Arthritis & Rheumatism found this healthy fat can inhibit pro-inflammatory enzymes associated with arthritis pain. Here's how to reap the benefits of this joint-friendly food.

**Extra-virgin olive oil**

Extra-virgin—which results from the first pressing of the olives—may be the priciest pick, but in return you’ll reap the most joint-healthy benefits. Headline news: Olive oil and osteoarthritis pain. That’s because the olives are physically pressed, not chemically processed, which preserves their antioxidants and anti-inflammatory oils.

**Virgin olive oil**

This oil results from the second pressing of the olives.

**How to use:**

- Good for cooking—brush on meats prior to grilling or broiling—but also may be flavorful enough to use straight out of the bottle on salads and veggies.

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**Olive oil and olive oil**

These are usually a blend of refined and virgin olive oils. Refined olive oil, which is lower quality, refers to olive oil that has been chemically treated to neutralize poor flavor or acidity.

**Flavor:** Light olive flavor

**How to use:**

- These tend to lack a strong flavor, so they’re best used for sautéing, searing and pan-frying.

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**[HEALTHY flavors]**

**WEB EXTRA!** Cooking with RA can be fun! Find out how at [HealthMonitor.com/CookingRA](http://HealthMonitor.com/CookingRA)
Make every day with arthritis easier!

Celebrex can help relieve arthritis pain...so you can keep moving.

Staying active can actually relieve arthritis symptoms. But if you have arthritis, staying active can be difficult. Celebrex can help relieve arthritis pain...so your body can stay in motion.

• Just one 200mg Celebrex a day can provide 24-hour relief for many with arthritis pain and inflammation.*
• Celebrex is proven to improve pain, stiffness and daily physical function in clinical studies.**
• Celebrex can be taken with or without food.
• In clinical studies, a lower percentage of patients taking Celebrex reported stomach discomfort (including indigestion, abdominal pain, and nausea) versus those taking prescription ibuprofen and naproxen.

When it comes to finding the right arthritis treatment for you, you and your doctor need to balance the benefits with the risks. So ask your doctor about prescription Celebrex. It could be an important step towards keeping your body in motion. Visit celebrex.com or call 1-888-CELEBREX for more information.

*Individual results may vary. **Clinical studies with osteoarthritis patients.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Important Safety Information:

All prescription NSAIDs, like CELEBREX, ibuprofen, naproxen and meloxicam have the same cardiovascular warning. They may all increase the chance of heart attack or stroke, which can lead to death. This chance increases if you have heart disease or risk factors for it, such as high blood pressure or when NSAIDs are taken for long periods.

CELEBREX should not be used right before or after certain heart surgeries.

Serious skin reactions, or stomach and intestine problems such as bleeding and ulcers, can occur without warning and may cause death. Patients taking aspirin and the elderly are at increased risk for stomach bleeding and ulcers.

Tell your doctor if you have: a history of ulcers or bleeding in the stomach or intestines; high blood pressure or heart failure; or kidney or liver problems.

CELEBREX should not be taken in late pregnancy.

Life-threatening allergic reactions can occur with CELEBREX. Get help right away if you’ve had swelling of the face or throat or trouble breathing. Do not take it if you have bleeding in the stomach or intestine, or you’ve had an asthma attack, hives, or other allergies to aspirin, other NSAIDs or certain drugs called sulfonamides.

Prescription CELEBREX should be used exactly as prescribed at the lowest dose possible and for the shortest time needed.

See the Medication Guide on the next page for important information about Celebrex and other prescription NSAIDs.
**Medication Guide for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)**

**Stop your NSAID medicine and call your healthcare provider right away if you have any of the following symptoms:**
- Shortness of breath or trouble breathing
- Chest pain
- Weakness in one part or side of your body
- Slurred speech
- Swelling of the face or throat

Stop your NSAID medicine and call your healthcare provider right away if you have any of the following symptoms:
- Nausea
- More tired or weaker than usual
- Itching
- Your skin or eyes look yellow
- Stomach pain
- Flu-like symptoms
- Vomiting blood
- There is blood in your bowel movement or it is black and sticky like tar
- Skin rash or blisters with fever
- Unusual weight gain
- Swelling of the arms and legs, hands and feet

Get emergency help right away if you have any of the following symptoms:
- High blood pressure
- Heart attack
- Stroke
- High blood pressure
- Heart failure from body swelling (fluid retention)
- Kidney problems including kidney failure
- Bleeding and ulcers in the stomach and intestine
- Low red blood cells (anemia)
- Life-threatening skin reactions
- Life-threatening allergic reactions
- Liver problems including liver failure
- Asthma attacks in people who have asthma

Get emergency help right away if you have any of the following symptoms:
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- Itching
- Your skin or eyes look yellow
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- Flu-like symptoms
- Vomiting blood
- There is blood in your bowel movement or it is black and sticky like tar
- Skin rash or blisters with fever
- Unusual weight gain
- Swelling of the arms and legs, hands and feet

These are not all the side effects with NSAID medicines. Talk to your healthcare provider or pharmacist for more information about NSAID medicines.

**Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.**

**Other information about Non-Steroidal Anti-Inflammatory Drugs (NSAIDs):**
- Aspirin is an NSAID medicine but it does not increase the chance of a heart attack. Aspirin can cause bleeding in the brain, stomach, and intestines. Aspirin can also cause ulcers in the stomach and intestines.
- Some of these NSAID medicines are sold in lower doses without a prescription (over-the-counter). Talk to your healthcare provider before using over-the-counter NSAIDs for more than 10 days.

**NSAID medicines that need a prescription**

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Trade name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Celecoxib</td>
<td>Celebrex</td>
</tr>
<tr>
<td>Diclofenac</td>
<td>Cataflam, Voltaren, Arthrotec (combined with misoprostol)</td>
</tr>
<tr>
<td>Diflunisal</td>
<td>Dicoral</td>
</tr>
<tr>
<td>Etodolac</td>
<td>Lodine, Lodine XL</td>
</tr>
<tr>
<td>Fenoprofen</td>
<td>Nattrol, Natrol 200</td>
</tr>
<tr>
<td>Flurbiprofen</td>
<td>Ansaid</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>Motrin, Tab-Prolix, VioProlix* (combined with hydrocortisone), Combunox (combined with oxycodone)</td>
</tr>
<tr>
<td>Indomethacin</td>
<td>Indoctrin, Indocid SR, Indo-Lemmon, Indocidin</td>
</tr>
<tr>
<td>Ketoprofen</td>
<td>Unan</td>
</tr>
<tr>
<td>Ketorolac</td>
<td>Toradol</td>
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<tr>
<td>Mefenamic Acid</td>
<td>Pulsan</td>
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<tr>
<td>Metoclopride</td>
<td>Mobic</td>
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<tr>
<td>Nabumetone</td>
<td>Relafen</td>
</tr>
<tr>
<td>Naproxen</td>
<td>Naprosyn, Anaprox, Anaprox DS, EC-Naproxyn, Naprel, Napragel (capped with lanugonip)</td>
</tr>
<tr>
<td>Oxaprozin</td>
<td>Daypro</td>
</tr>
<tr>
<td>Piroxicam</td>
<td>Feldene</td>
</tr>
<tr>
<td>Prescexam</td>
<td>Omnip</td>
</tr>
<tr>
<td>Tolmetin</td>
<td>Tolecten, Tolecten DS, Tolecten 600</td>
</tr>
</tbody>
</table>

**Serious side effects include:**
- Heart attack
- Stroke
- High blood pressure
- Heart failure from body swelling (fluid retention)
- Kidney problems including kidney failure
- Bleeding and ulcers in the stomach and intestine
- Low red blood cells (anemia)
- Life-threatening skin reactions
- Life-threatening allergic reactions
- Liver problems including liver failure
- Asthma attacks in people who have asthma

**Other side effects include:**
- Stomach pain
- Constipation
- Diarrhea
- Gas
- Heartburn
- Nausea
- Vomiting
- Dizziness

Get emergency help right away if you have any of the following symptoms:
- Shortness of breath or trouble breathing
- Chest pain
- Weakness in one part or side of your body
- Slurred speech
- Swelling of the face or throat

Stop your NSAID medicine and call your healthcare provider right away if you have any of the following symptoms:
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Get emergency help right away if you have any of the following symptoms:
- Shortness of breath or trouble breathing
- Chest pain
- Weakness in one part or side of your body
- Slurred speech
- Swelling of the face or throat

**What is the most important information I should know about medicines called Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)?**

NSAID medicines may increase the chance of a heart attack or stroke that can lead to death.

This chance increases:
- With longer use of NSAID medicines
- In people who have heart disease

NSAID medicines should never be used right before or after a heart surgery called a “coronary artery bypass graft (CABG).”

NSAID medicines can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Ulcers and bleeding:
- Can happen without warning symptoms
- May cause death

The chance of a person getting an ulcer or bleeding increases with:
- Taking medicines called “corticosteroids” and “anticoagulants”
- Longer use
- Smoking
- Drinking alcohol
- Older age
- Having poor health

NSAID medicines should only be used:
- Exactly as prescribed
- At the lowest dose possible for your treatment
- For the shortest time needed

**What are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)?**

NSAID medicines are used to treat pain and redness, swelling, and heat (inflammation) from medical conditions such as:
- Different types of arthritis
- Menstrual cramps and other types of short-term pain

Who should not take a Non-Steroidal Anti-Inflammatory Drug (NSAID)?

Do not take an NSAID medicine:
- If you had an asthma attack, hives, or other allergic reaction with aspirin or any other NSAID medicine
- For pain right before or after heart bypass surgery

Tell your healthcare provider:
- About all of your medical conditions
- About all of the medicines you take. NSAIDs and some other medicines can interact with each other and cause serious side effects. Keep a list of your medicines to show to your healthcare provider and pharmacist
- If you are pregnant. NSAID medicines should not be used by pregnant women late in their pregnancy
- If you are breastfeeding. Talk to your doctor

**What are the possible side effects of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)?**

**Generic Name**
- Celecoxib
- Diclofenac
- Diflunisal
- Etodolac
- Fenoprofen
- Flurbiprofen
- Ibuprofen
- Indomethacin
- Ketoprofen
- Kefetolac
- Mefenamic Acid
- Metoclopride
- Nabumetone
- Naproxen
- Oxaprozin
- Piroxicam
- Prescexam
- Tolmetin

**Trade name**
- Celebrex
- Cataflam, Voltaren, Arthrotec (combined with misoprostol)
- Dicoral
- Lodine, Lodine XL
- Nattrol, Natrol 200
- Ansaid
- Motrin, Tab-Prolix, VioProlix* (combined with hydrocortisone), Combunox (combined with oxycodone)
- Indoctrin, Indocid SR, Indo-Lemmon, Indocidin
- Unan
- Toradol
- Pulsan
- Mobic
- Relafen
- Naprosyn, Anaprox, Anaprox DS, EC-Naproxyn, Naprel, Napragel (capped with lanugonip)
- Daypro
- Feldene
- Omnip
- Tolecten, Tolecten DS, Tolecten 600

**Possible side effects:**
- Nausea
- More tired or weaker than usual
- Itching
- Your skin or eyes look yellow
- Stomach pain
- Flu-like symptoms
- Vomiting blood
- There is blood in your bowel movement or it is black and sticky like tar
- Skin rash or blisters with fever
- Unusual weight gain
- Swelling of the arms and legs, hands and feet

These are not all the side effects with NSAID medicines. Talk to your healthcare provider or pharmacist for more information about NSAID medicines.

**Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.**

**Other information about Non-Steroidal Anti-Inflammatory Drugs (NSAIDs):**
- Aspirin is an NSAID medicine but it does not increase the chance of a heart attack. Aspirin can cause bleeding in the brain, stomach, and intestines. Aspirin can also cause ulcers in the stomach and intestines.
- Some of these NSAID medicines are sold in lower doses without a prescription (over-the-counter). Talk to your healthcare provider before using over-the-counter NSAIDs for more than 10 days.

**NSAID medicines that need a prescription**

- VioProlix contains the same dose of ibuprofen as over-the-counter (OTC) NSAIDs, and is usually used for less than 10 days to treat pain. The OTC NSAID label warns that long term continuous use may increase the risk of heart attack or stroke.

This Medication Guide has been approved by the U.S. Food and Drug Administration.

LFB-0809-1.0
Could surgery give you more freedom from arthritis?

The answer may be yes if you’ve tried the standard treatments and still have pain and mobility problems, says Charles Melone Jr., MD, an orthopedic surgeon at Beth Israel Medical Center in New York City. First: Let your healthcare provider know if you think you’re ready for surgery. Then ask for a referral to an orthopedic surgeon to discuss options such as . . .

**Arthroscopy**
- **WHAT IT IS:** A procedure where a tool called an arthroscope—a thin tube containing a fiber-optic camera—is inserted through a small incision near the joint. This allows doctors to see inside the joint to diagnose and treat problems like bone spurs and torn cartilage, tendons, or ligaments.
- **WHY IT CAN HELP:** Arthroscopy is helpful when other imaging tests haven’t led to a diagnosis. If you need arthroscopic surgery, the recovery time is relatively short.
- **WHAT TO CONSIDER:** A study in the New England Journal of Medicine found that arthroscopy doesn’t seem to relieve pain due to knee OA, but it may help those who have large pieces of debris or torn cartilage in a joint.

**Joint replacement**
- **WHAT IT IS:** This involves removing all or part of a damaged joint and replacing it with artificial components.
- **WHY IT CAN HELP:** If you’ve tried nonsurgical treatments and your joint pain is still running the show—it’s interfering with sleep or daily activities and affecting your quality of life—this option can relieve pain and improve range of motion.
- **WHAT TO CONSIDER:** One way to increase your odds of a successful surgery: Sign up for “pre-hab”—exercise therapy done before the operation to increase your stamina, muscle strength, and flexibility.

**Joint fusion**
- **WHAT IT IS:** For this operation (known as arthrodesis), the surgeon removes a joint and fuses the bones into one immobile (unbendable) unit, but places it into a functional position. The most commonly fused joints are the ankles, wrists, and joints of the thumbs, fingers, and toes.
- **WHY IT CAN HELP:** Fusion is an option if your bones aren’t strong enough to support an artificial joint. The fused bone stabilizes the area so it can bear more weight.
- **WHAT TO CONSIDER:** This option is effective for pain relief, but you’ll lose range of motion because you won’t be able to bend the area.

—Lori Murray

Nervous about surgery? Do this first!

Ask your surgeon to put you in touch with a patient who’s already had the procedure and had the same problems as you, says Dr. Melone. “I like to do that for my patients because it’s often more helpful than when a doctor tells them about surgery, since it’s coming from someone who’s been through it and can tell them what to expect and what the person did to make it successful.”

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**SIGMA® Knee Replacements.**
Real Life Tested with over 25 years of clinical heritage.

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**DePuy Synthes Joint Reconstruction**

Working 15 hours a day on her farm, Lesa had no time for pain. So when her knee arthritis got really bad, her orthopaedic surgeon recommended a SIGMA® Knee from DePuy Synthes Joint Reconstruction. DePuy Synthes Joint Reconstruction offers a full range of knee solutions that are specifically designed to meet the needs of patients, regardless of their size or activity level.

To find out more about SIGMA and how you can add new technology for a more individualized knee replacement surgery, visit RealLifeTested.com.

© DePuy Synthes Joint Reconstruction, a division of DOI 2013.

**Important Safety Information:** Knee replacement is not for everyone. There are potential risks. Recovery takes time, and success depends on factors like age, weight, and activity level. Only an orthopaedic surgeon can tell if knee replacement is right for you.

With her trim shape and youthful good looks, you might think Amy Grant spends her time between concerts doing rigorous workouts with a personal trainer. The truth? “I don’t have time for the gym, so I walk and bike and just enjoy being active,” says the 52-year-old Grammy winner. “And when we have time as a family, we don’t go to the mall. We’re walking or kayaking or doing something fun outside,” Amy says, referring to her husband, country star Vince Gill, and their “blended” family of five children (four are from previous marriages, plus Amy and Vince have a 12-year-old daughter).

It’s just another healthy habit learned from her mom, Gloria. “My mom had osteoarthritis in her hands and knees, but she always stayed active,” says Amy, whose mother died two years ago at age 80. Even several joint surgeries couldn’t deter Gloria—and she had a staggering number: three knee replacements (two on her left knee), a hip replacement, shoulder surgeries to fix her rotator cuff, then a shoulder replacement. Yet her mom still managed to keep fit, says Amy, singer-songwriter Amy Grant shares family lessons in resilience, starting with her mom’s strategy for living well with osteoarthritis: Keep moving—and get creative in the kitchen!

BY LINDA CHILDER

HealthMonitor.com 33

“Mom was ahead of the curve”

Some of Amy’s favorite memories include gathering around the dinner table to share stories and homemade family meals. It’s a tradition her mom insisted on, and one that Amy continues with her own family. “Dinner was an honored mealtime,” says the Nashville native. “We never had fast food, and my mom always made a point of serving meat, vegetables and a salad at every meal.”

The surprising part? Many of her family’s dinnertime staples also happened to be good for the joints, including olive oil-based dressings and yummy dishes made with nutrient-dense greens like kale, spinach and collards.

“This was the 1960s, so my mom was ahead of the curve when it came to healthy eating,” notes Amy. “She loved to cook and taught me and my sisters how to make some of our favorite family meals. When I feel overwhelmed with work, I like to go into the kitchen and start cooking. It’s a very centering process.”

“Her legacy lives on”

Another childhood example Amy still follows: Make exercise fit your lifestyle. “My mom was never one to go to a gym, so she did the Jane Fonda workouts with weights on her bedroom floor,” says Amy. Mom didn’t let Amy and her three sisters sit around, either, often telling them to go outside and play. “It’s the same thing I say to my kids now,” she says.

Amy even has a portable—and fun!—fitness routine when she’s touring. “I bring a bicycle on the bus, and several people I tour with, including Vince, also bring bikes along,” says the Gospel pop singer. “We perform at night and spend the days exploring bike trails across the country.”

“My mom is my role model,” adds Amy. “She was always active, always learning—and always made the best of life.”

Turn the page for two of Amy’s favorite recipes!

What my mom’s arthritis taught me

Singer-songwriter Amy Grant shares family lessons in resilience, starting with her mom’s strategy for living well with osteoarthritis: Keep moving—and get creative in the kitchen!
Cajun Greens
Makes 6 servings
10 turkey bacon slices, chopped
2 medium onions, chopped
1 jalapeño pepper, minced
2 cloves garlic
2 cans stewed tomatoes
1 bundle collards, mustard or turnip greens
1 bundle kale
1 to 2 cups water
freshly ground black pepper
2 small bay leaves
1 tsp Cajun seasoning
• sauté bacon and onions.
• add jalapeño, garlic and tomatoes; sauté 5 minutes more.
• add all other ingredients and stir well. bring to a boil and cover.
• reduce heat and simmer for three hours with lid askew.

Nutrition facts (per serving)
Calories 120, fat 2 g (saturated fat 0 g), cholesterol 15 mg, protein 9 g, carbohydrates 19 g, fiber 5 g, sodium 660 mg, sugars 7 g, calcium 200 mg

Carrabba’s Mussels in White Wine Sauce

Carrabba’s Mussels in White Wine Sauce

Makes 6 servings
2 oz. olive oil
1 lb Canadian mussels, cleaned
6 cloves garlic, chopped
¼ yellow onion, chopped
1 oz. Pernod liquor
8 basil leaves, chopped
6 oz. butter
Juice of 1 lemon

• Heat oil in sauté pan.
• Add mussels, cover and cook until shells open, about 2 minutes.
• Remove top, add garlic and onions and toss. Cover pan again and cook for 1 minute.
• Remove top and add remaining ingredients. Reduce heat for 2 minutes with lid askew.
• Place in bowl and serve.

Nutrition facts (per serving)
Calories 120, fat 2 g (saturated fat 0 g), cholesterol 15 mg, protein 9 g, carbohydrates 19 g, fiber 5 g, sodium 660 mg, sugars 7 g, calcium 200 mg

Amy Grant’s family recipes
These are two of the superstar’s favorites, courtesy of her mom, Gloria, and country-singer husband, Vince Gill!

Just diagnosed with arthritis?
12 QUESTIONS FOR YOUR HEALTHCARE PROVIDER

1. What type of arthritis do I have?

2. Are there any tests I need?

3. Will I have arthritis forever? Could it go into remission?

4. What is the best treatment option for me?

5. Do you think it will relieve all my symptoms?

6. When will I begin to feel better?

7. Should I watch for any side effects?

8. Is there anything I should avoid while taking this treatment?

9. Will I ever need to stop taking my medications?

10. Is there anything I can do to prevent a flare?

11. What can I do to preserve my joint function?

12. Are there any emergency symptoms I should know about?

Are you a pro at overcoming the everyday challenges of living with rheumatoid arthritis? Want to share your passion with others? Join our team of volunteer Community Health Ambassadors, and we’ll give you all the tools and training you need to help your friends and neighbors live a better and healthier life.

Join today! Email us at volunteer@healthmonitor.com

JOIN US!

Health monitor®
COMMUNITY HEALTH AMBASSADORS™
Feeling down about RA?

When Kelly Young was diagnosed with rheumatoid arthritis (RA) at age 40, her first concern was for her five children, especially her 6-month-old son: “How will I be able to take care of my baby if I can’t even get his shoes on and off?” she remembers telling her doctor. “I was shocked by what I couldn’t do suddenly, like pull the sheets off the bed or raise my arms up to do my hair.”

Since then, Kelly, now 48, has learned to navigate not only the unpredictable nature of RA, but also the strong emotions it stirs up. “It’s a lot of confusion that strikes in the prime of life when people are working on their career and raising a family,” says Kelly, noting that RA often occurs between ages 20 and 50. “You might have fear or guilt or anxiety. You feel alone in your struggle because people don’t understand the disease.”

If that strikes a chord, here’s what Kelly wants you to know: “How you feel right now is not how it will stay.” stresses Kelly. “There are going to be better days.”

Unload your worries. “You need someone close by who can listen—a friend, a relative—someone that you can tell anything. That really takes the pressure off.” For Kelly, that included seeking professional support. “I went to a counselor for two years to deal with my fear and grief and eventually came to a place of acceptance.”

**Expert tip:** Psychologist and RA sufferer Lynette Menefee Pujol, PhD, of the University of Texas takes comfort in her spiritual practice. “I’m a person of faith, and I know when I’m frustrated or feeling down, praying or attending church services makes me feel part of a bigger community.” If you’re anxious about a particular decision, try writing about your problem. This reduces stress-triggered anxiety by freeing up areas of the brain needed for confident decision-making, notes psychology researcher Sian Beilock, PhD, of the University of Chicago.

Repeat this phrase. “It’s okay to ask for help.” As a homeschooling mother of five, Kelly knows how hard this can be, especially for parents. “We feel bad when we can’t do it all, but you have to give yourself permission to get help. I’ve even gotten gifts from my mom to get a housecleaner,” Kelly says gratefully.

**Expert tip:** Consider what someone is good at and ask for a hand in that area, suggests New Orleans based rheumatologist Madelaine Feldman, MD. For example, after Tara Manzquez of Vancouver, WA, was diagnosed with RA, she enlisted her husband, Jaime, to adapt the household to her needs. “Thanks to his Air Force career, he’s great at finding technical solutions,” she says, like helping Tara avoid hand pain by replacing doorknobs with levers and finding a garden hose with a special, easy-grip attachment.

Stay ahead of pain. “Don’t feel you’re stuck with the pain. Controlling it can help you cope better emotionally,” notes Kelly, who takes nonsteroidal anti-inflammatories as needed. Ask your doctor about the best treatment option for you.

**Expert tip:** If your meds aren’t helping, ask your doctor if changing the dosage or timing might work, suggests rheumatologist Elinor Mody, MD, of Brigham and Women’s Hospital in Boston. For example, taking your medication as soon as you wake up might lessen pain later in the day. Likewise, taking certain anti-inflammatories (such as prednisone) at night could interfere with restful sleep, which is crucial to controlling pain.

Learn all you can. Information is your greatest ally to help educate and empower others who have the autoimmune disease, says Kelly, who founded RAWarrior.com and the Rheumatoid Patient Foundation (Rheum4Us.org). “So many people don’t realize that RA is not just arthritis—it’s not just your joints. It can affect the eyes, heart, lungs—the whole body.” In fact, her foundation launched a campaign to promote “Rheumatoid Disease Awareness” to distinguish it from other types of arthritis.

**Expert tip:** Help your family become educated, too, says Dr. Feldman. “Many times a patient’s family doesn’t realize how sick their family member is because their joints are not always swollen. There’s more than the eye can see with this disease.” She suggests bringing family members to an appointment (alert the office ahead of time) so they can be involved in your care.

Cultivate a fighting spirit. “Keep fighting to get the care you need,” stresses Kelly, who remains hopeful about the new RA medication she recently started. “It takes courage to fight RA. I always tell people to never, ever give up.”

—Lori Murray

Get understanding

Find support online or in person, says Kelly, who works with Arthritis Introspective, a group that connects RA patients with community programs (ArthritisIntrospective.org). No local RA group? “Find someone through your doctor’s office,” she suggests. “If you can find just one person to meet for coffee, that’s a good start.” Or take advantage of social media: “I know two women in Oregon who met and wanted to find others with RA in their area. They started a Facebook page and now know about 20 other women.”

Unload your worries.

“You need someone close by who can listen—a friend, a relative—someone that you can tell anything. That really takes the pressure off.” For Kelly, that included seeking professional support. “I went to a counselor for two years to deal with my fear and grief and eventually came to a place of acceptance.”

**Expert tip:** Psychologist and RA sufferer Lynette Menefee Pujol, PhD, of the University of Texas takes comfort in her spiritual practice. “I’m a person of faith, and I know when I’m frustrated or feeling down, praying or attending church services makes me feel part of a bigger community.” If you’re anxious about a particular decision, try writing about your problem. This reduces stress-triggered anxiety by freeing up areas of the brain needed for confident decision-making, notes psychology researcher Sian Beilock, PhD, of the University of Chicago.

Repeat this phrase. “It’s okay to ask for help.” As a homeschooling mother of five, Kelly knows how hard this can be, especially for parents. “We feel bad when we can’t do it all, but you have to give yourself permission to get help. I’ve even gotten gifts from my mom to get a housecleaner,” Kelly says gratefully.

**Expert tip:** Consider what someone is good at and ask for a hand in that area, suggests New Orleans based rheumatologist Madelaine Feldman, MD. For example, after Tara Manzquez of Vancouver, WA, was diagnosed with RA, she enlisted her husband, Jaime, to adapt the household to her needs. “Thanks to his Air Force career, he’s great at finding technical solutions,” she says, like helping Tara avoid hand pain by replacing doorknobs with levers and finding a garden hose with a special, easy-grip attachment.

Stay ahead of pain. “Don’t feel you’re stuck with the pain. Controlling it can help you cope better emotionally,” notes Kelly, who takes nonsteroidal anti-inflammatories as needed. Ask your doctor about the best treatment option for you.

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—Lori Murray
Rituxan® (rituximab)  (tri-rik-sam)  

Rituxan®, its trade name, and its active ingredient are proprietary names used for a pharmaceutical product. The information provided here is a summary of the product labeling provided by the manufacturer. For complete and detailed information, please refer to the full prescribing information provided by the manufacturer.

**What is Rituxan?**

Rituxan® (rituximab) is a monoclonal antibody that is used to treat certain types of cancer and certain autoimmune diseases. It is a chimeric antibody, meaning it contains both human and mouse components.

**What should I tell my doctor before receiving Rituxan?**

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamin or mineral supplements, and herbal or homeopathic products. Inform your doctor if you have any of the following conditions:

- **Infections:** You should not receive Rituxan if you have any active infections, including hepatitis B or hepatitis C. If you have active hepatitis B or C, rituximab may make these infections worse.
- **Blood disorders:** Low blood cell counts can cause you to get infections, which may be serious. See “Increased risk of infections” below for a list of symptoms of infection.
- **Other infections:** You may have increased risk of infections during treatment with Rituxan. Tell your doctor about any symptoms of infection you have while you are being treated with Rituxan.

**It is not known if Rituxan is safe or effective in children.**

**Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamin or mineral supplements, and herbal or homeopathic products.**

**What is the most important information I should know about Rituxan?**

Rituxan® (rituximab) can cause serious side effects that can lead to death, including:

- **Bowel problems:** Severe, life-threatening bowel problems (including obstruction, perforation, or gangrene) may occur. Your doctor should give you medicines before your infusion of Rituxan to decrease your chance of having a severe bowel reaction. Tell your doctor or get medical help right away if you get any of these symptoms during or after an infusion of Rituxan:
  - Abdominal pain of any kind (including cramping)
  - Abdominal tenderness
  - Watery or bloody diarrhea
  - Inability to pass gas
  - Fever
- **Hepatitis B virus (HBV) reactivation:** You should be monitored for signs of hepatitis B reactivation.
- **Tumor Lysis Syndrome (TLS):** TLS is caused by the fast breakdown of cancer cells. TLS can be severe and may cause death. If you have TLS you should be monitored for the following symptoms and get medical help right away if you experience any of them:
  - High fever
  - Low urine output
  - Abnormal heart rhythm
  - High levels of phosphate in your blood
  - High levels of uric acid in your blood
- **Serious infections:** Serious infections may occur during or after treatment with Rituxan. Your doctor will give you medicines to help prevent infections. If you develop any of the following symptoms, tell your doctor right away:
  - Fever
  - Sore throat
  - Cough
  - Sore gums or mouth
  - Diarrhea
  - Breathing problems
- **Hepatitis:** Hepatitis may occur during treatment with Rituxan. Your doctor can give you medicines to help prevent hepatitis.
- **Hepatitis B virus reactivation:** Your doctor should give you medicines to prevent hepatitis B reactivation.
- **Blood disorders:** Low blood cell counts can cause you to get infections, which may be serious. See “Increased risk of infections” below for a list of symptoms of infection.
- **Drug interactions:** Rituxan® (rituximab) may interact with other medicines you take. Tell your doctor about all the medicines you take.

**Warning**

Drugs can interact with food as well as other medicines. For more information about drug interactions, see “Drug Interactions” below.

**How will I receive Rituxan?**

Rituxan® (rituximab) is given by infusion through a needle placed in a vein (intravenous infusion), in your arm. Talk to your doctor about how you will receive Rituxan.

- **Before each Rituxan treatment, your doctor or nurse will ask you questions about your general health. Tell your doctor or nurse about any new symptoms you have.**

**What are the possible side effects of Rituxan?**

Rituxan® (rituximab) may cause side effects that may be serious. Some side effects may be life-threatening. Tell your doctor or get medical help right away if you get any of these symptoms during or after an infusion of Rituxan:

- **Infusion reactions:** See “What are the most important information I should know about Rituxan?”
- **Hepatitis:** Hepatitis may occur during treatment with Rituxan. Your doctor can give you medicines to help prevent hepatitis.
- **Tumor Lysis Syndrome (TLS):** TLS is caused by the fast breakdown of cancer cells. TLS can be severe and may cause death. If you have TLS you should be monitored for the following symptoms and get medical help right away if you experience any of them:
  - High fever
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- **Hepatitis:** Hepatitis may occur during treatment with Rituxan. Your doctor can give you medicines to help prevent hepatitis.
- **Blood disorders:** Low blood cell counts can cause you to get infections, which may be serious. See “Increased risk of infections” below for a list of symptoms of infection.

**What are the ingredients in Rituxan?**

See Medication Guide. This Medication Guide provides a summary of the most important information about Rituxan. For more information about the ingredients in Rituxan, see the full prescribing information provided by the manufacturer.

**Possible side effects of infusions such as fever and chills.**

**Tell your doctor right away if you have any of the following symptoms or if anyone close to you has these symptoms:**

- **Parasites:** Tell your doctor if you have any of these symptoms:
  - Chills
  - Fever
  - Abnormal heart rhythm
  - Low urine output
  - Low blood cell counts
  - Low blood pressure
  - High levels of phosphate in your blood
  - High levels of uric acid in your blood

**Side effects of treatment with Rituxan include:**

- **Blood disorders:** Low blood cell counts can cause you to get infections, which may be serious. See “Increased risk of infections” below for a list of symptoms of infection.
- **Other infections:** You may have an increased risk of infections during treatment with Rituxan. Tell your doctor about any symptoms of infection you have while you are being treated with Rituxan.

**Common side effects during Rituxan treatment include:**

- **Chills**
- **Fever**
- **Increased risk of infections**

**Over the past two weeks (circle how often):**

- **I’ve been worried or anxious about my condition.**
  - Not at all
  - A little bit
  - A moderate amount
  - A great deal
  - All the time

- **I’ve felt depressed or discouraged.**
  - Not at all
  - A little bit
  - A moderate amount
  - A great deal
  - All the time

- **I’ve been irritable or unusually angry.**
  - Not at all
  - A little bit
  - A moderate amount
  - A great deal
  - All the time

- **I’ve been sleeping more or less than usual.**
  - Not at all
  - A little bit
  - A moderate amount
  - A great deal
  - All the time

- **I’ve been eating more or less than usual.**
  - Not at all
  - A little bit
  - A moderate amount
  - A great deal
  - All the time

- **I’ve been experiencing a physical, emotional or financial hardship.**
  - Not at all
  - A little bit
  - A moderate amount
  - A great deal
  - All the time

**Rituxan has put a damper on my social life.**

- Not at all
  - A little bit
  - A moderate amount
  - A great deal
  - All the time

**Rituxan has affected my marriage.**

- Not at all
  - A little bit
  - A moderate amount
  - A great deal
  - All the time

**I’ve been worried about changes in my appearance (e.g., joint deformity, hair loss or weight gain due to certain medications).**

- Not at all
  - A little bit
  - A moderate amount
  - A great deal
  - All the time

**I’ve had trouble coping with my arthritis.**

- Not at all
  - A little bit
  - A moderate amount
  - A great deal
  - All the time
STRONGER BONES—no matter your age!

Whether you’re 35 or 75, there’s plenty you can do to protect against fractures.

AGES 35 TO 49

What’s happening to your bones: You begin to lose a small amount of bone.

Stay-strong strategy: It’s possible to prevent bone loss with regular exercise, according to the National Institutes of Health (NIH), so continue to follow the fitness guidelines for younger women. Also, consume 1,000 mg of calcium and 400 to 800 IU of vitamin D daily.

AGES 50 AND UP

What’s happening to your bones: After menopause, most women experience rapid bone loss, thanks to a drop in bone-protective estrogen. During this time, women can lose up to 10% of their bone density. In fact, more than half of people age 50 and older have osteoporosis, according to the NOF. “How much bone you lose often depends on how much you were able to build when you were younger,” Dr. Abelson says. Women who exercised regularly and consumed enough calcium and vitamin D when they were younger may not lose as much bone as those who did little to stay strong.

Stay-strong strategy: Bump up your calcium intake to 1,200 mg a day and your vitamin D intake to 800 to 1,000 IU daily. Stay active with weight-bearing exercises, and if you’re 65 or older, get a bone density test every two years, recommends the U.S. Preventive Services Task Force. If you’re younger, ask your healthcare provider about getting screened if you break a bone after age 50 or have a family history of osteoporosis.

THE WINNER WILL...

• Receive an all expenses-paid trip to Los Angeles.
• Have his or her song put to music by a professional performing artist.
• Be our guest of honor at Health Monitor’s Concert for Diabetes and hear his or her song performed live!

TO ENTER

Send us lyrics about how diabetes has affected your life or, if you’re a caregiver, the life of someone you love. Write about a turning point, tell us about your silver lining or share your success strategies. This is your chance to inspire and empower millions of others impacted by diabetes—and spread your message of hope!

Email your submission to DiabetesSong@HealthMonitor.com. For complete instructions, visit HealthMonitor.com/Diabetes/Song.
Who’s involved? The Coalition of State Rheumatology Organizations (CSRO), a national advocacy group representing state and regional rheumatologists and their practices, and Health Monitor Network, the multimedia publisher of Arthritis Health Monitor and many other patient-education magazines, websites and apps.

What does CSRO do? This dedicated group—whose membership includes practicing rheumatologists—works hard at the state and federal government levels to make sure that all patients have access to the best possible care. For example, CSRO educates insurers, government officials, corporations and other groups about all aspects of rheumatology and explains why it’s critical that patients like you are able to get the care you need—from diagnostic tests and X-rays to cutting-edge treatments for all rheumatologic and musculoskeletal diseases.

When and where is this happening? Our collaboration occurs with every issue of Arthritis Health Monitor—including this one, which has been favorably reviewed by CSRO, in order to bring you the best and most useful information. PLUS, we’re working closely with CSRO to continue providing award-winning programming for Arthritis Health Monitor TV—the digital waiting-room experience that provides practical tips and insights on managing rheumatologic and musculoskeletal conditions.

To learn more about this important rheumatology organization, please visit www.csro.info.