



**www.arthritis.org**  
**800-283-7800**

# Arthritis Answers

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## IS IT ARTHRITIS?

Chances are, you or someone you know has arthritis or a related condition. These conditions can cause pain, stiffness and swelling in or around joints. This can make it difficult to do the activities that you normally do every day. But there are things you can do now to avoid arthritis or to reduce pain and keep moving.

Arthritis affects 70 million Americans, or one in three people. It affects people of all ages, including children. Arthritis is usually chronic, meaning that it lasts a long time. For many people, it may not go away.

### *Warning Signs of Arthritis*

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- Pain
  - Stiffness
  - Occasional swelling
  - Difficulty moving a joint
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If you have any of these signs in or around a joint for more than two weeks, see your doctor. These symptoms can develop suddenly or slowly.

### *Warning Signs*

Pain from arthritis can be ongoing or can come and go. It may occur when you're moving or after you have been still for some time. You may feel pain in one spot or in many parts of your body.

Your joints may feel stiff and be hard to move. You may find that it is hard to do daily tasks you used to do easily, such as climbing stairs or opening a jar. Pain and stiffness usually will be worse in the morning or after periods of inactivity.

In some types of arthritis, the skin over the joint may appear swollen and red, and feel warm to the touch. With some types of arthritis, you may have fatigue, a poor appetite or fever.

## Causes

There are more than 100 different types of arthritis and related conditions. The cause of most types of arthritis is unknown.

Scientists are studying several major factors that are thought to be important in arthritis. These factors include:

- the genetic factors you inherit from your parents;
- the role of inflammation and the immune system in causing joint damage; and
- lifestyle factors, including injury to joints.

The importance of these factors is different for every type of arthritis.

## CAN YOU PREVENT IT?

There are steps you can take to reduce your risk for getting certain types of arthritis or to reduce disability if you already have arthritis. These steps are discussed in the following sections.

### Prevention of Arthritis

It's important to stay at your recommended weight, especially as you get older. People who are overweight are more at risk for osteoarthritis (OA), the most common form of arthritis. Extra weight increases your risk for getting OA in the knees, and possibly in the hips. This is especially true for women. In men, extra weight increases the risk for getting gout too.

What if you're already overweight? Research shows that middle-aged and older women of average height who lose 11 pounds or more will decrease the risk of developing knee OA by 50 percent over a 10-year period. To lose weight, exercise and eat foods low in calories. If you're having trouble with weight control, ask your doctor or a registered dietitian for help.

Joint injuries caused by accidents, injuries or overuse can increase your risk for OA. Keeping the muscles around joints strong – especially the thigh muscles that support the knee – will help prevent injury.

## If You Have Arthritis

What can you do to maintain your independence if you already have arthritis? Studies show that exercise helps reduce the pain and fatigue of many different kinds of arthritis and related diseases. Exercise keeps you moving, working and doing daily activities that help you remain independent. Read the exercise section of this booklet for tips to help you start or maintain an exercise program.

## Assess Your Joint Health

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### WHAT'S YOUR RISK?

*[Please answer each question the best you can.]*

1. Are you 45 years of age or older?  
\_\_\_Yes \_\_\_No
2. Have you ever had an injury to your knee severe enough to put you in bed; to force you to use a cane, crutch or brace; or to require surgery?  
\_\_\_Yes \_\_\_No
3. Are you more than 10 pounds overweight?  
\_\_\_Yes \_\_\_No
4. Have you in the past, or do you currently, participate in greater than 3 hours per day of heavy physical activities, such as bending, lifting, or carrying items on a regular basis?  
\_\_\_Yes \_\_\_No

5. Did you have hip problems that caused you to limp as a child?  
 Yes  No

2 - With MUCH Difficulty  
 3 - UNABLE To Do

**WHAT ARE YOUR SYMPTOMS?**

*[Please answer each question the best you can.]*

6. Has a doctor ever told you that you have arthritis?  
 Yes  No

a. Dress yourself, including shoelaces and buttons?

0      1      2      3

7. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint?  
 Yes  No

b. Stand up from an armless, straight chair?

0      1      2      3

8. In a typical month, were these symptoms present daily for at least half of the days in that month?  
 Yes  No

c. Get in and out of a car?

0      1      2      3

9. Do you have pain in your knee or hip when climbing stairs or walking 2-3 blocks (1/4 mile) on flat ground?  
 Yes  No

d. Open a car door?

0      1      2      3

10. Do you have daily pain or stiffness in your hand joints?  
 Yes  No

\*Please add the numbers shown next to each of your answers for question 12.  $a+b+c+d=$

- If you answered yes to any of questions 1-5, you are at risk for arthritis.
- If you answered yes to two or more of questions 6-11, you might have symptoms of arthritis.
- If you scored a 6 or more on question 12, please contact your health-care professional immediately.

11. Are you now limited in any way in any activities because of joint symptoms (pain, aching, stiffness, loss of motion)?  
 Yes  No

Discuss your symptoms with your health-care professional at your next appointment. If you're given a diagnosis of arthritis or a related condition, there's still good news. You can do something to help take control of your arthritis. Contact your local Arthritis Foundation chapter or visit the Foundation's Web site ([www.arthritis.org](http://www.arthritis.org)) to learn more about how you can live successfully with arthritis.

12. Because of joint symptoms, rate your ability to do the following:  
 0 - Without ANY Difficulty  
 1 - With SOME Difficulty

**HOW IS ARTHRITIS DIAGNOSED?**

It's important to find out what type of arthritis you have because treatments are different for the various types of arthritis. Early diagnosis



and treatment are important to help slow or prevent damage to joints that happens during the first few years for several types.

It is important that you see a rheumatologist (roo-ma-TALL-o-jist), a specialist in the diagnosis and treatment of arthritis and related conditions. See page 16 for more about rheumatologists. You can call your local Arthritis Foundation chapter at 800/283-7800 for a list of rheumatologists in your area.

Your doctor can tell you if you have arthritis and what type it is. When you see your doctor for the first time about arthritis, expect at least three things to happen. Your doctor will:

- ask questions about your symptoms;
- examine you; and
- possibly order tests and/or X-rays.

You can help your doctor by writing down the answers to the following points before your appointment. Bring your answers when you see your doctor.

### *What to Tell Your Doctor*

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- Where it hurts
  - When it hurts
  - When it first began to hurt
  - How long it has hurt
  - If you have any swelling
  - What daily tasks are hard to do now
  - If you have ever hurt the joint in an accident or overused it on the job or in a hobby
  - If anyone in your family has had similar problems
- 

Arthritis may cause tenderness or swelling around the joint or limit movement of a joint.

Your doctor will examine your joints to check for swelling, tender points, to see what movements cause pain, and to see if the joint moves through its normal range of motion. Your doctor also will check for other signs often found in people with arthritis including skin rashes, mouth sores, muscle weakness, eye problems or involvement of internal organs, such as the heart or lungs.

Finally, your doctor may do some tests. These may include tests of your blood, urine or joint fluid. They also may include X-rays of your joints. The tests help determine what type of arthritis your doctor thinks you have based on your medical history and physical exam and help rule out other diseases that cause similar symptoms.

### *What Your Doctor Should Tell You*

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- If it's arthritis or a related condition
  - What type it is
  - What to expect
  - What you can do about it
- 

The results from your medical history, physical exam and tests help your doctor match your symptoms to the pattern for a specific disease. Symptoms for some types of arthritis develop slowly and may appear similar to other types in early stages. It may take several visits before your doctor can tell what type of arthritis you have.

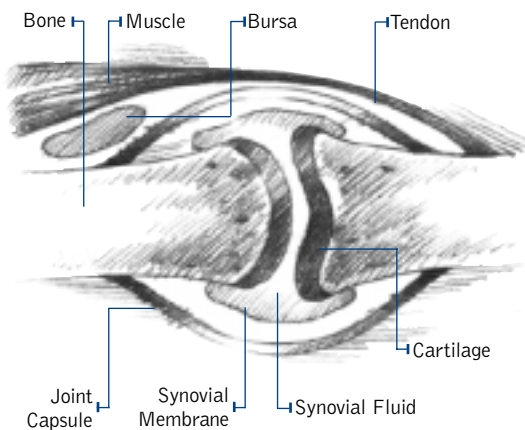
### **WHAT TYPE OF ARTHRITIS DO YOU HAVE?**

There are more than 100 different types of arthritis and related diseases, so it is important to know which type of arthritis or related disease you have so you can treat it properly. If you don't know which type you have, make an appointment with your doctor or ask during your next visit.

Arthritis most often affects areas in or around joints, which are parts of the body where bones meet, such as your knee. The ends of the bones are covered by cartilage, a spongy material that keeps bones from rubbing together. The joint is enclosed in a capsule and lined with tissue called the synovium. This lining releases a slippery fluid that helps the joint move smoothly and easily. Muscles and tendons support the joint and help you move. Different types of arthritis can affect one or more parts of a joint to produce pain and swelling and limit use of the joint.

Certain types of arthritis also can affect other parts of the body such as the skin, eyes, mouth and internal organs, such as the heart, lungs or kidneys.

Some common types of arthritis and related conditions are described on the following pages.

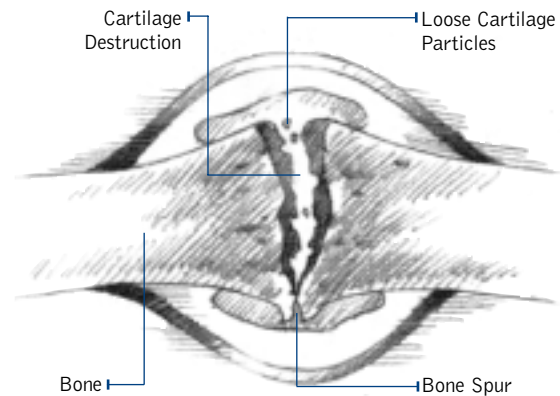


Different types of arthritis can affect different parts of a joint.

### Osteoarthritis

The most common type of arthritis is osteoarthritis (ah-stee-oh-ar-THRY-tis), or OA. OA affects about 21 million Americans. OA is sometimes called degenerative arthritis because it causes the breakdown of cartilage and bones, causing pain and stiffness. OA usually affects

the fingers and weight-bearing joints, including the knees, hips, back and neck. It affects both men and women and usually occurs after age 45. Treatments for OA include medication, exercise, heat or cold, joint protection, pacing your activities, weight loss if overweight, self-care skills and sometimes surgery.

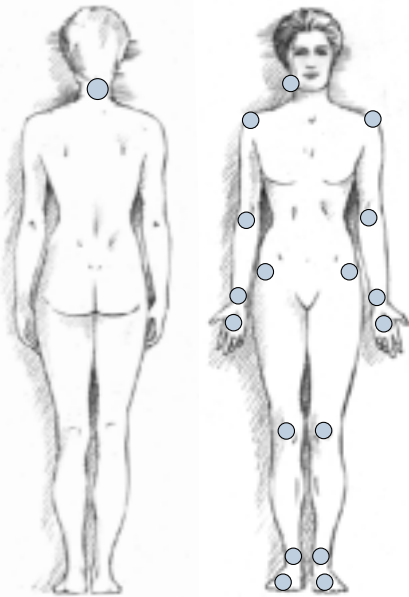


Joint with osteoarthritis

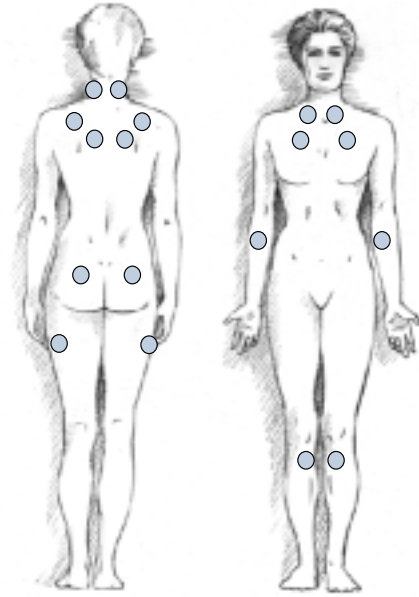
### Rheumatoid Arthritis

In rheumatoid arthritis (ROO-ma-toyd ar-THRY-tis), or RA, an abnormality in the body's immune system causes inflammation of the joints. Inflammation begins in the joint lining (synovium) and over time lead to damage of both cartilage and bone. Rheumatoid arthritis often affects the same joints on both sides of the body. These joints include:

- hands
- wrists
- feet
- knees
- ankles
- shoulders
- neck
- jaw
- elbows



Joints that may be affected by rheumatoid arthritis



Some of the tender points that are common in fibromyalgia

RA affects about 2.1 million Americans and is more common in women than in men. Treatments include medications, exercise, rest, joint protection, self-care skills and sometimes surgery.

### Fibromyalgia

Fibromyalgia (fy-bro-my-AL-ja) is a disease that causes widespread pain and distinct tender points, which are places on the body that are highly sensitive to touch and produce pain. People with fibromyalgia usually have fatigue, disturbed sleep and stiffness. Fibromyalgia is a common condition that usually affects women. It does not cause muscle or joint damage. Treatments include exercise, antidepressants and muscle relaxants, pacing your activities and self-care skills.

### Osteoporosis

Osteoporosis (ah-stee-oh-po-RO-sis) is a disease that causes bone to lose mass and become thin and brittle. This can lead to painful fractures, rounded shoulders and loss of height. Osteoporosis affects more than 28 million Americans, most of whom are women. It is the major cause of bone fractures in postmenopausal women and the elderly. People with some forms of arthritis (such as rheumatoid arthritis or lupus) also are at risk for developing osteoporosis because certain medications called glucocorticoids (such as prednisone) can cause osteoporosis.

Many of the steps you can take to prevent osteoporosis also can help treat it. These steps include increasing calcium and vitamin D intake, taking medication to reduce bone loss, exercising regularly and maintaining a healthy lifestyle. Your doctor can help determine which treatments are best for you.



Normal bone



Bone with osteoporosis

Osteoporosis makes bone less dense and more susceptible to fractures.

## Lupus

Lupus is a disease that affects the skin and joints. In some people, lupus also affects the internal organs such as the kidneys, lungs or heart. Lupus affects women about eight to 10 times more often than men. Symptoms often first appear in women between ages 18 and 45. Some of the more common symptoms include:

- a rash over the cheeks and across the bridge of the nose;
- scaly, disc-shaped sores on the face, neck and/or chest;
- abnormal sun sensitivity;
- kidney problems; and
- arthritis.

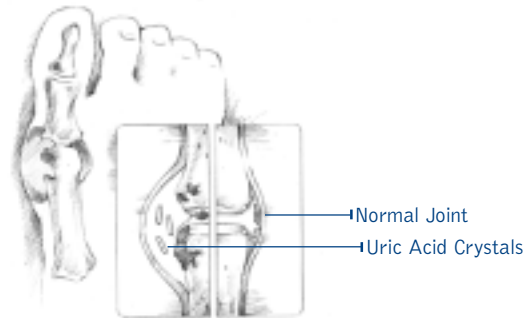
Lupus occurs more often in African Americans than in Caucasians, and also may occur more frequently in Asian and Latino populations. Treatments include taking medications to reduce inflammation or reduce the immune system's activity, balancing rest with exercise and eating a proper diet.

## Gout

Gout occurs when the body produces too much or is unable to rid itself of a natural substance called uric acid. This leads to high levels of uric acid in the blood which may lead to the

formation of uric acid crystals in the joint that cause severe pain and swelling. Certain foods such as sardines, anchovies and organ meats, also can raise your uric acid level.

Gout most commonly affects the big toes,



Joint with gout compared with a normal joint

ankles and knees. However, gout can develop in any joint. More men than women have gout. Treatments include anti-inflammatory and special gout drugs, weight reduction if overweight and limiting alcohol intake.

## Low Back Pain

Low back pain can be caused by a back strain or injury or from certain types of arthritis, such as osteoarthritis and ankylosing spondylitis. Treatments include pain relievers or anti-inflammatory drugs, exercise, heat or cold, joint protection, weight loss for overweight patients, pacing your activities, self-care skills and complementary therapies, such as yoga, acupuncture, massage and chiropractic.

## Bursitis and Tendinitis

Bursitis and tendinitis are caused by irritation from injuring or overusing a joint. Bursitis affects a small sac called the bursa that helps to cushion the muscles and tendons surrounding the joint. Tendinitis affects the tendons that attach muscle to bone. (See the illustration of a normal joint to see where tendons and bursae are located.)

Treatments include anti-inflammatory drugs, injections, heat or cold, and rest.

### Polymyalgia Rheumatica

Polymyalgia rheumatica (poll-ee-my-AL-ja-roo-MA-tick-uh) causes pain and stiffness in the neck, shoulders and hips. The pain and stiffness are caused by inflammation of the joints and surrounding tissues. Treatments include medication, exercise and rest.

There are many more types of arthritis and related conditions, including:

- vasculitis;
- scleroderma;
- juvenile rheumatoid arthritis (JRA); and
- psoriatic arthritis.

### WHO MAY HELP TREAT YOU?

Part of your treatment plan may involve working with different health-care specialists such as those listed below.

**Family physicians, primary-care physicians, general practitioners, internists and pediatricians** provide general medical care for adults and for children with different types of arthritis. These doctors also can help you find a specialist.

**Rheumatologists** are specialists who treat people with arthritis and related diseases. Your primary-care doctor may refer you to this kind of specialist. Most rheumatologists are internists who have had two to three years of additional training in the care of people with arthritis and related diseases.

**Pediatric rheumatologists** are specialists in the diagnosis in and treatment of children with arthritis and related diseases. Most pediatric rheumatologists are pediatricians who have advanced training in the care of children with arthritis and related diseases.

**Ophthalmic specialists** provide eye care and treatment.

**Orthopaedic surgeons** have specialized training in performing surgery on the bones, joints, muscles and other parts of the musculoskeletal system. You would see an orthopaedic surgeon if your joints are damaged and there is a need to consider a surgical procedure, such as joint replacement.

**Physiatrists** may direct your physical therapy and rehabilitation activities.

**Podiatrists** are experts in foot care. If arthritis affects your feet, a podiatrist can prescribe special supports and shoes. Podiatrists also may perform foot surgery to correct foot abnormalities.

**Psychiatrists** can help you manage the emotional and mental distress related to your disease. They are doctors and can prescribe medication.

**Nurses** trained in arthritis care assist your doctor with your treatment. They also help teach you about your treatment program and can answer many of your questions.

**Nurse practitioners** provide more comprehensive care than that of a nurse. They hold advanced degrees and can prescribe medication in most states.

**Dietitians** provide weight reduction counseling and specific information on possible food and medication interactions.

**Occupational therapists** can teach you how to reduce strain on your joints while doing everyday activities. They can fit you with splints and other devices to help reduce stress on your joints.

**Pharmacists** fill your prescriptions for medicines and can explain the drugs' actions and side effects. They can tell you how different medicines work together, and they also can answer questions about over-the-counter medicines.

**Physical therapists** can show you exercises to help keep your muscles strong and your joints



from becoming stiff. They can help you learn how to use special equipment to move better.

**Physician assistants** work with a supervising physician. They do physical examinations, diagnose and treat illnesses, order tests and assist in surgery. They also can prescribe medication in most states.

**Psychologists** help you manage emotional and mental stress related to your disease.

**Social workers** can help you find solutions to social and financial problems related to your disease. They also can support you in coping with your arthritis.

## WHAT TREATMENTS WORK?

Before beginning your treatment, your doctor will diagnose which type of arthritis or related condition you have. There are many things that help reduce pain, relieve stiffness and keep you moving. Your care may involve more than one kind of treatment. Your doctor may prescribe medications, but there are many things you can do on your own to help manage pain and fatigue, and move easier.

Finding the right treatment for you may take time. Be sure to let your doctor know if a treatment is not working. Your treatment may change as your arthritis changes.

Treatments for arthritis can be divided into several categories, which are described on the following pages.

### Medication

Many different drugs are used to treat arthritis and related diseases. The ones your doctor prescribes will depend on the type of arthritis you have. Some medications are available without a prescription, but others must be prescribed by your doctor. You should always check with your doctor before taking any medication, including

over-the-counter (OTC) drugs and dietary and herbal supplements. Your doctor can tell you how much and when to take them for best relief, as well as how to avoid any drug-related problems.

**Nonsteroidal anti-inflammatory drugs (NSAIDs)** reduce pain and swelling. Some NSAIDs, such as aspirin, ibuprofen and naproxen, are available without a prescription. Others are only available by prescription. The most common side effect of these medications is stomach upset. Call your doctor if you have stomach pain that continues. COX-2 inhibitors, such as celecoxib (*Celebrex*), rofecoxib (*Vioxx*) and valdecoxib (*Bextra*), are a subcategory of NSAIDs that may be safer for the stomach.

### *What You Should Know About Your Medication*

- Its name
- How much to take
- How and when to take it
- How quickly it works
- What benefits to expect
- When to call your doctor if you don't get relief
- Side effects to watch for
- Other drugs to avoid taking with it

**Glucocorticoids**, such as prednisone and cortisone, are prescribed to reduce severe pain and inflammation. They are available only by prescription. They may be given in pill form or by injection into the joint or soft tissues around the joint, the muscle, or into a vein. Joint injections can bring quick relief for many forms of arthritis, but they can only be used several times in one year because they may weaken bone, tendons and cartilage. Your doctor will carefully monitor you for side effects.

**Analgesics** are prescribed for pain relief. Acetaminophen (*Tylenol*) is a common non-narcotic

analgesic commonly used for the treatment of mild to moderate pain. Narcotic analgesics including codeine, propoxyphen (*Darvon*) and others may be used for more severe forms of arthritis pain. Analgesics do not reduce the inflammation or swelling that can be associated with some forms of arthritis, but they are helpful when pain is the main problem. They are generally considered to be safer than NSAIDs for most people.

**Disease-modifying antirheumatic drugs (DMARDs)** slow down the disease process and limit joint damage in RA and some other types of inflammatory arthritis. These medications include methotrexate, sulfasalazine, hydroxychloroquine and leflunomide. They are available only by prescription and may take several weeks or months to work. Your doctor will carefully monitor you for side effects from taking these powerful drugs.

**Biologic response modifiers (BRMs)**, such as etanercept (*Enbrel*), infliximab (*Remicade*) and anakinra (*Kineret*), are drugs that help reduce pain and inflammation by blocking the action of cytokines. These drugs are used mainly in people who have not found relief from other treatments.

**Sleep medications** may help you sleep better and help your muscles relax. These drugs are used to help people with fibromyalgia sleep better. They are available by prescription and are used at bedtime in low doses.

## Exercise

Regular exercise is important to keep you moving and independent. Exercise helps lessen pain, increase movement, reduce fatigue, prevent weight gain and helps you look and feel better. There are three main types of exercises.

**Range-of-motion exercises** reduce stiffness. They keep your joints flexible by moving them to their fullest extent. You should try to do these exercises daily.

**Strengthening exercises** increase or maintain muscle strength. Strong muscles help keep your joints stable and make it easier to move. Try to do these exercises daily or every other day.

**Endurance exercises** build fitness. They help keep your heart healthy and control your weight. You should do endurance exercises for a total of 20 to 30 minutes, three times a week, at a pace that raises or sustains your heart rate. You can build your endurance by exercising for shorter periods several times a day. Examples of endurance exercises include:

- walking;
- swimming; and
- riding a stationary bicycle.

Exercise at the time of the day when you have less stiffness or pain. Start slowly. Build up the amount of time you exercise and the number of repetitions you do. Exercise at a level that allows you to talk comfortably during the activity. If pain from exercise lasts more than two hours, you may have done too much. Reduce your level of activity next time. Stop exercising right away if you have chest pain, severe dizziness or shortness of breath, or if you feel sick to your stomach.

## Heat and Cold

Using heat or cold over joints or muscles may give you short-term relief from pain and stiffness. You also can use heat or cold to help prepare for exercise.

Heat helps relax aching muscles. Sources of heat include hot packs, hot tubs or heated pools. Cold numbs the area so you don't feel as much pain. You can apply cold with ice, cold packs or bags of frozen vegetables.

It's important to use heat and cold safely. Don't use either treatment for more than 20 minutes at

a time. Let your skin return to normal temperature between applications. Don't use heat with rubs or creams because this can cause skin burns.

### Pacing Your Activities

Pacing yourself saves energy by switching periods of activity with periods of rest. Pacing helps protect your joints from the stress of repeated tasks, and helps reduce fatigue.

Alternate heavy or repeated tasks with easy ones. Change tasks often so you don't hold joints in one position for a long time. Plan rest breaks during your daily activities.

### Joint Protection

You can learn to protect your joints by using them in ways that avoid excess stress. Protecting your joints makes it easier to do daily tasks. There are three methods of joint protection.

**Paying attention to joint position** means using joints in the best way to avoid excess stress on them. Use larger or stronger joints to carry things. For instance, carry your grocery bags using your forearms or palms instead of your fingers.

**Using walking or assistive devices** can help keep stress off certain joints. Your doctor may suggest using a cane, crutches or a walker to reduce stress on your hips and knees.

Many assistive devices have special features that help make tasks easier. Special features, such as extra thick pens, make them easier to hold and write. Longer handles and reachers give you better leverage. Lightweight items, such as plastic dishes, are easier to carry than ceramics.

**Weight control** means staying close to your recommended weight, or losing weight if you are overweight now. Weight control helps reduce your risk for developing gout or OA in the knees. If you already have knee OA, losing weight may lessen pain by reducing stress on your joints.

Exercise and reducing calories will help you lose weight. If you need to lose a lot of weight, work with your doctor and a registered or licensed dietitian to find the best weight-loss program for you.

### Surgery

Most people with arthritis will never need surgery. However, surgery can help in some cases when other treatments have failed. It can reduce pain and increase movement.

Two common types of surgery for people with arthritis are **synovectomy** and **total joint replacement**. Synovectomy is the removal of the thickened joint membrane (synovium) that causes damage to joints in inflammatory forms of arthritis such as rheumatoid arthritis. Joint replacement replaces the damaged joint with an artificial joint.

### Self-Care Skills

Arthritis and related conditions may affect you in different ways, from what you can do to how you look. Daily tasks may be harder to do or may take longer.

You are the best manager for your arthritis. Being a good arthritis manager means understanding your disease and knowing what to expect. It also means planning your activities for your best times or days and learning how to work with your doctor as a team.

You can help yourself feel better by learning to manage your symptoms and how they affect your daily activities. You also can learn skills to help manage how arthritis affects your emotions and your family.

**Symptom-management skills** use problem-solving methods to help you identify and overcome difficulties with daily tasks.

**Coping skills** can help you manage the changes arthritis and other diseases can bring to your life.

## RESEARCH

Since 1948, the Arthritis Foundation has invested nearly \$320 million on research to help prevent, control and cure arthritis and related diseases. Arthritis Foundation-funded research is improving the lives of people with arthritis by:

- Increasing our understanding of the role of genetic and environmental factors;
- Identifying how immune cells and inflammatory molecules contribute to joint damage and testing new therapies to block their effects; and
- Evaluating exercise and coping interventions to help people reduce their pain and improve their function.

## THE ARTHRITIS FOUNDATION

The mission of the Arthritis Foundation is to improve lives through leadership in the prevention, control and cure of arthritis and related diseases.

The Arthritis Foundation supports research with the greatest potential for advances and has

invested more than \$320 million in these efforts since its inception in 1948. Additionally, the Arthritis Foundation supports key public policy and advocacy efforts at a local and national level in order to make a difference on behalf of 70 million people living with arthritis.

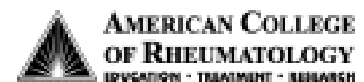
As your partner in taking greater control of arthritis, the Arthritis Foundation also offers a large number of programs and services nationwide to make life with arthritis easier and less painful and to help you become an active partner in your own health care.

Contact us at (800) 283-7800 or visit us on the Web at [www.arthritis.org](http://www.arthritis.org) to become an Arthritis Advocate or to find out how you can become involved.

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**For more information:** The Arthritis Foundation offers a wide variety of books, brochures and videos about different forms of arthritis, treatment and self-management techniques to help you take control of your arthritis. To order any of these products, become an Arthritis Foundation member or to subscribe to the Arthritis Foundation's award-winning consumer health magazine, *Arthritis Today*, call (800) 283-7800. Call or visit our Web site ([www.arthritis.org](http://www.arthritis.org)) to find out how you can take control of your arthritis and start living better today!

This brochure has been reviewed by the  
AMERICAN COLLEGE OF RHEUMATOLOGY.



### MISSION STATEMENT:

The mission of the Arthritis Foundation is to improve lives through leadership in the prevention, control and cure of arthritis and related diseases.



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