DMA
DEDHAM MEDICAL ASSOCIATES, INC.

A HEALTH UPDATE FROM DEDHAM MEDICAL ASSOCIATES
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ARTHRITIS: DON'T GIVE UP HOPE

If you're one of the 70 million Americans who suffer from arthritis or related conditions, chances are you're also one of the substantial proportion who accept arthritic pain as an inevitable fact of life – and as one for which there isn't much that can be done.

In reality, medical capabilities have advanced considerably in recent years in terms of breakthrough medications that target the processes of joint inflammation, cartilage destruction and pain associated with arthritic diseases, says DMA arthritis specialist Humeira Badsha, MD.

"Although arthritis is the leading cause of disability in the United States – and affects more people to some degree than any other disease – suffering with it is not an inevitability," Dr. Badsha says. "It can't be cured, but it can be managed. A number of new drugs have been developed in the last several years that can help deal with it, and no one should just suffer in silence with arthritis today."

"Moreover," she adds, "if you have what seem to be only mild to moderate signs of arthritic pain, it's best to seek treatment while the problem is at an early stage. Mild or moderate arthritis that remains untreated can progress to serious disease."

The term "arthritis" comes from Greek words that together mean "joint inflammation." Although we talk about arthritis as "a" disease, in fact there are more that 100 forms of arthritis, from the familiar osteoarthritis and rheumatoid arthritis to less-obvious forms like bursitis, lupus, scleroderma and gout. Osteoarthritis (affecting about 16 million people in the United States) and rheumatoid arthritis (affecting more than two million) are the most common forms, and this article focuses on them.

Osteoarthritis is often also referred to as degenerative joint disease. It develops when the smooth, rubbery cartilage that covers the ends of the bones forming a joint – and cushions their interaction as the joint moves – deteriorates and and becomes rougher and thinner. Bone spurs may develop, making the bone seem larger, and soft tissue swelling can occur if the synovial membrane that encapsulates the joint produces excessive synovial fluid. With continued wear, tendons and ligaments become stretched causing pain. The bones of the joint may begin to rub against each other, causing severe pain and limiting range of motion.

"Osteoarthritis most commonly occurs in the weight-bearing joints – the hips, knees and feet – and in the hands and spine," Dr. Badsha notes. "It usually affects each joint individually, although it often will affect multiple joints in the hands. Symptoms may include joint pain during or after activity,

Continued on Back

DMA'S RHEUMATOLOGY SERVICE

Dedham Medical rheumatologist Humeira Badsha, MD, deals not just with osteoarthritis and rheumatoid arthritis, but with the full range of rheumatology issues, from bursitis, fibromyalgia, gout, lupus and scleroderma to Raynaud's disease, polymyalgia, spondylitis, temporal arteritis, systemic vasculitis and arthritis associated with inflammatory bowel disease and with kidney disease.

With specialty training in rheumatology at UCLA Medical Center, Dr. Badsha works closely with patients and their primary care physicians to provide aggressive, preventive care with medications, lifestyle changes and other therapies.

Ask your physician whether it would be beneficial to have a specialist work with him or her in managing your arthritis or other rheumatoid problems. To make an appointment with the DMA Rheumatology Service, call 781-329-1400, x 1325.

swelling or stiffness, loss of flexibility, development of bony lumps and, yes, achiness associated with changes in the weather."

An imbalance of enzymes involved in the natural breakdown and regrowth of cartilage tissue may play a role in the development of the disease by causing faster breakdown than regrowth. And new research has suggested that inflammation may play a more significant role that was previously believed.

However, the risk factors traditionally cited for developing osteoarthritis include physical injuries involving joints, obesity that places additional stress on weight-bearing joints, and hereditary conditions for defective cartilage or joints. And aging is an important factor for everyone. The longer we live, especially after age 45 or 50, the more likely it is that we'll experience some degree of cartilage wear. And women are more likely to develop osteoarthritis than men.

Rheumatoid arthritis ("RA") is a disease that often begins with inflammation of the synovial membrane tissue that lines the joint capsule. As opposed to the wear-and-tear process involved in osteoarthritis, it is inflammation that leads to the destruction of joint tissues in rheumatoid arthritis. While the specific cause of inflammation is not understood, it's believed to involve your body's own immune system attacking synovial membrane tissues. RA itself isn't inherited, but some doctors suspect that it may be brought on by an inherited susceptibility to infection by a virus or bacteria that some people are born with.

And, in contrast to osteoarthritis, rheumatoid arthritis often affects multiple joints at the same time – and usually on both sides of the body. It's most likely to involve your hands, wrists, feet and ankles, but your jaw, neck, shoulders, elbows, hips and knees can also be afflicted. RA occurs in women twice as often as in men. It's mostly likely to develop in middle age, but can come on in children or older adults as well.

Symptoms of rheumatoid arthritis are similar to those of osteoarthritis in terms of pain, swelling and loss of range of motion in joints, but they differ in several ways. RA usually involves generalized pain and stiffness, often after sleep or prolonged rest, loss of strength in muscles associated with the joints, minor fevers and eventual deformity of the joint.

New understandings of arthritis developed in recent years suggest that inflammation involves the action of enzymes and chemicals called COX-2, tumor necrosis factor (TNF) and interkeukin-1 (IL-1). The enzyme COX-2 produces chemicals that cause redness, swelling, warmth and pain in joint tissues. TNF and IL-1 are produced by certain types of white blood cells and act to create or promote inflammation.

While aspirin and other non-steroidal anti-inflammatories (NSAIDs) have traditionally been used to deal with inflammation, they bring with them problems with stomach bleeding and effects on the kidneys and blood clotting. Among the new treatments are drugs that selectively target COX-2 to inhibit the inflammation it causes with fewer, less serious side effects.

Other new drugs reduce inflammation and damage to bone and cartilage in specific types of arthritis, such as RA. Many slow down the progression of arthritic disease. In some cases, combinations of drugs are proving to be even more effective treatments.

"These new medications offer us significant opportunities for managing arthritis," Dr. Badsha says, "but they don't exist in a vacuum. Patients need to play a central role in their care and medical therapy should be integrated with other therapies. These include regular exercise, both for your general health and for your range of motion. Losing excess weight is important in reducing stress on your weight-bearing joints. Eating a healthy diet helps you maintain your general health.

"The key message," Dr. Badsha says, "is that today there is much that can be done for arthritis and no one should just accept this disease without seeking medical help. And it's very important to seek care when arthritis is at an early stage – before deformities and disabilities have a chance to develop."

Ask your physician whether it would be beneficial to have a specialist work with him or her in managing your arthritis or other rheumatoid problems. To make an appointment with the DMA Rheumatology Service, call 781-329-1400, x 1325.

Dr. Badsha also sees patients one day a week at Faulkner Hospital. Appointments with her there can be made by calling the above number.