

A photograph of an elderly couple. A woman with short blonde hair is leaning her head against the shoulder of a man with grey hair. Both are smiling warmly at each other. The woman is wearing a yellow top, and the man is wearing a brown sweater over a striped collared shirt.

Caring for a person with arthritis

This booklet provides information
and answers about caring for
somebody with this condition.

Arthritis Research UK produce
and print our booklets entirely
from charitable donations.

How should I care for a person with arthritis?



Looking after and caring for a person with arthritis can be a challenge. In this booklet we'll explain what arthritis is and the usual problems that affect people with it. We'll discuss what caring generally involves, as well as offer practical advice on how to help someone with arthritis. We'll answer the most common questions that carers ask and suggest where you can find out more.

At the back of this booklet you'll find a brief glossary of medical words – we've underlined these when they're first used.

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Most people with arthritis like to stay as independent as possible, so you'll need to work out when it's a good time to offer help and when it's a good time to stand back when you're offering support.

It's important that you and the person with arthritis discuss how you're both feeling.

At a glance

Caring for a person with arthritis

There are four main ways you can help care for someone with arthritis:

1. Understand their arthritis

- What is it?
- What causes it?
- What is the outlook?
- How does it affect people?

2. Communicate effectively

Enable two-way communication

It's important that you and the person with arthritis discuss how you're both feeling. You need to agree how to work together so that they'll feel able to ask if they need extra help, and to turn it down if they don't.

Offer support and reassurance

The person in your care needs to feel supported and may also need reassurance that you don't resent the responsibility falling on you.

3. Help with treatments

Understand the role of drugs

Drugs are one of the main treatments to help reduce the effects of arthritis symptoms. If you know how each drug works, you can understand how effective they'll be and what possible side-effects they may cause.

Encourage exercise

Exercise is important to keep the joints moving and minimise pain and stiffness.

Understand the role of therapies

Therapies such as physiotherapy and hydrotherapy can help with arthritis symptoms, but the person with arthritis may need your support to go ahead with them.

4. Offer advice about benefits

Support the person in your care in applying for any benefits they may be entitled to.

How can I help someone with arthritis?

Looking after and caring for someone with arthritis is a challenge. You need to get the balance right between providing support and motivation and giving your friend, family member or colleague space to exercise control over their own life. Most people with arthritis like to stay as independent as possible, which means you'll need to figure out when it's a good time to offer help and when it's a good time to stand back. The most important thing is to realise that there are no rights and wrongs in caring for someone who has arthritis, and there are as many ways of coping with arthritis as there are people with arthritis. The four main ways a carer can help are listed in Figure 1.

Understanding arthritis

What is arthritis?

In the same way that understanding their condition helps people with arthritis to cope with it, the more you understand about arthritis, the more you'll be able to provide effective care and support.

All in all there are about 200 different arthritis-related (musculoskeletal) conditions that can affect the joints, muscles and soft tissues of the body. They can cause pain, stiffness, fatigue and swelling. Musculoskeletal conditions are often referred to either by a specific diagnosis (for example rheumatoid arthritis, gout) or according to the part of the body affected (for example low back pain or knee pain).

Doctors often divide the different types of arthritis into two groups:

Figure 1 The four main ways a carer can help

Understand arthritis

- What causes it?
- What is the outlook?
- How does it feel to have arthritis?

Communicate effectively

- Enable two-way communication.
- Offer support and reassurance.

Help with treatments

- medications
- exercise
- therapies

Offer advice about benefits

- Support the person with arthritis in applying for any benefits and advice they may be entitled to.

- inflammatory arthritis, for example rheumatoid arthritis or ankylosing spondylitis
- non-inflammatory arthritis, for example osteoarthritis or mechanical back pain.

Figure 2 lists the main types of musculoskeletal conditions in each group.

Figure 2 The two main categories of arthritis

Group 1 Inflammatory types of arthritis, for example:
<ul style="list-style-type: none">• rheumatoid arthritis• psoriatic arthritis• gout• ankylosing spondylitis
Group 2 Non-inflammatory types of arthritis, for example:
<ul style="list-style-type: none">• osteoarthritis• back pain• neck pain• shoulder pain• fibromyalgia

i See Arthritis Research UK booklets

Ankylosing spondylitis; Back pain; Fibromyalgia; Gout; Neck pain; Osteoarthritis; Psoriatic arthritis; Rheumatoid arthritis; Shoulder pain; What is arthritis?

- ! More than 10 million adults will seek help from their GP each year with arthritis and related conditions. There are around 400,000 people with rheumatoid arthritis in the UK and over 20,000 new cases each year. It's estimated that about 8 million people in the UK have osteoarthritis. About 15,000 young people in the UK will suffer from juvenile forms of arthritis.

What causes arthritis and related conditions?

There's no single answer to this question, as there are many different forms of arthritis to be considered.

We understand the causes of some diseases, such as gout, and can treat them effectively. Research supported by Arthritis Research UK has gone a long way towards unravelling the causes of most of the common forms of arthritis, but there's still much to be done.

Most musculoskeletal conditions are caused by several factors acting together:

Genetic factors – Some people are naturally more likely to suffer from certain disorders because of the genes passed on from their parents.

External risk factors – Environmental factors such as previous injury, infection, smoking and occupations that are physically demanding may increase your risk.

What is the outlook?

Most forms of arthritis differ a lot from day to day and from one person to another. The outlook also varies a lot and is difficult to predict.

Many problems will get better by themselves, such as sprains. Similarly, episodes of backache or painful flare-ups of rheumatoid arthritis often don't last that long even though the underlying problem hasn't changed. Other conditions, including gout, can often be controlled by treatment.

Many types of arthritis, including rheumatoid arthritis and osteoarthritis, are long-term (chronic) disorders which can't yet be cured. People with arthritis can experience flare-ups, which may be related to things like viral infections, but

they'll often happen for no clear reason. Symptoms also tend to vary over time – sometimes they may improve but at other times they may become worse – and this unpredictability can make arthritis difficult to live with.

The aim of treatment is to keep a person with arthritis well for as long as possible so that they can get on with their lives as much as possible, while reducing any progression of the disease.

Arthritis can affect different people in different ways and this makes it difficult for doctors to predict a clear outcome; however, most people with arthritis don't have major mobility problems, and effective treatment will help reduce the risk of disability or joint damage, even in more severe cases.



How does it feel to have arthritis?

Arthritis affects different people in different ways, and there are no right or wrong ways to feel. It can cause pain, stiffness, tiredness or frustration, and often several of these symptoms can happen at once. The problem with the pain of arthritis is that it can sometimes carry on for a long time. If asked to put up with it for a few hours, most people would cope, but dealing with it day after day isn't as easy.

Most people will get some relief from their pain once they start treatment. As arthritis symptoms vary in an unpredictable way, those with the condition need to find their own way of coping. Learning about the disease is an important factor in coping, and a specialist rheumatology health professional will often help with this by teaching patients about the condition.

i See Arthritis Research UK booklets

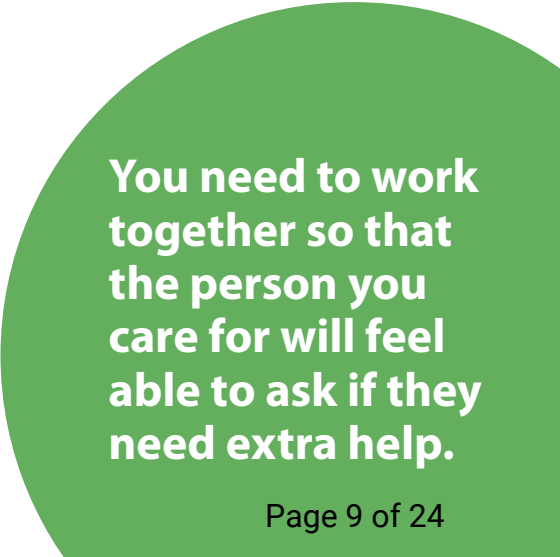
Looking after your joints when you have arthritis; Pain and arthritis.

Communicating effectively with someone who has arthritis

Good communication is essential.

It's important that you and the person you care for discuss how you're both feeling. You need to agree how to work together so that they'll feel able to ask if they need extra help, and to turn it down if they don't. Sometimes you may have to stand back and watch your partner, child, friend or colleague struggle to achieve a goal that's important to them. Try to respect their wishes, allowing them to maintain their self-esteem.

Communication is also necessary so that you can judge how the person you're caring for is feeling and respond in a sensitive way. They'll need to feel supported and may also need reassurance that you don't resent the responsibility falling on you.



You need to work together so that the person you care for will feel able to ask if they need extra help.

There are many practical tips you can try to make caring easier. Learning to recognise the signs when symptoms are bad, talking about how roles may have to change, joining in with exercises and giving support during medical appointments can all help. You'll both need to be patient and understanding.

Make sure you look after yourself and find time for activities that are important to you too.

Carers have suggested the following practical hints for those new to caring:

- 1 Learn to recognise the signs when the symptoms are bad, as extra support may be needed. Remember that pain can make people irritable, angry and depressed at times.
- 2 Be patient if the person in your care has to do things differently and more slowly than before. They may find it difficult to carry out fairly simple everyday tasks such as housework, brushing their teeth or using a knife and fork. They may find it embarrassing to talk about the difficulties they face, especially if personal issues like washing or dressing are involved. If you notice changes in the way they behave it may be because they need help with these activities, and either you or a healthcare professional may be able to help by raising this issue tactfully.
- 3 Talk about how roles may have to change within the home and at work. You may need the support of a trained healthcare professional such as a [rheumatology nurse specialist](#) or an [occupational therapist](#). Be sensitive to the feelings of the person in your care – they may find it difficult to sit back and watch someone else doing something they saw as their job.
- 4 Join in with exercises or other activities so that they become shared activities. Encourage the person you care for to find other activities to replace ones that they can no longer manage.

Doing useful work can make some people feel better, such as voluntary work or an educational course.

- 5 If the person you're caring for would like you to go to hospital or GP appointments with them for extra support, most doctors would be supportive of this.
- 6 Don't allow yourself to become isolated. Make sure that you still see your family and friends and take part in the activities that are important to you. Find time for yourself.
- 7 Remember that you have needs as well. Caring can be hard work. At times you may feel irritable and depressed – which is normal and understandable. If it appeals to you, join a local support group. You can also get advice from Carers UK (see section 'Where can I find out more?').

Offering help with the treatments

Treatment is available for all types of arthritis. Many of the symptoms of arthritis can be managed through the right combination of drugs, exercise, lifestyle changes and coping techniques.

You have an important part to play in supporting and helping the person you care for to cope with their arthritis. This may mean helping them take their medications or assisting with recommended exercises, activities or therapies that they may have found helpful.

Physical challenges

Helping with pain and stiffness

You can help by doing the following:

- Be aware of how the different drugs work so that you can have a reasonable expectation of how effective they'll be and know about possible side-effects (see section 'Understanding the role of drugs').
- Depending on which gives the most relief, wrap a hot-water bottle or an ice pack (or bag of frozen peas) in a towel and hold it against the painful joint for 10–15 minutes. This may help ease the pain.
- Encourage the person with arthritis to do as much as they can to keep their joints mobile, including regular movement – sitting in the same position for too long can increase joint stiffness and pain.
- Help to space out daily activities instead of trying to do everything in one go – this can help reduce pain and stiffness as well as increase the chance of activities being carried out successfully.
- Find non-physical ways of occupying the mind. Relaxation, massage and yoga can help ease pain and tension. Join in – you may enjoy it too.
- If a particular activity is causing problems, encourage them to find a different way of doing it – there usually is one. For example, many

people with arthritis want to do things like shopping independently. If they find this a problem, you could suggest that they:

- use two small bags instead of one big one to spread the weight of the shopping, limiting the damage to joints in the hands
- use a trolley instead of a basket
- ask someone who could help with shopping trips by sharing transport
- order their shopping online or use a personal shopper if one is available.

If there are problems with activities around the home then advice from an occupational therapist on aids and adaptations can be very helpful. Ask your GP or hospital rheumatology department for more information about this.

i See Arthritis Research UK booklets
Everyday living and arthritis;
Occupational therapy and arthritis.

Encouraging exercise

It's very important to keep the joints moving to minimise pain and stiffness. Try to encourage exercise as a daily habit. Swimming and cycling (even on a static exercise bike) are good activities. Physiotherapists are the experts in this area, but the person with arthritis may have their own preferences about exercise.



If you join in the exercises, they can become more of a social activity and less of a chore. It's important to start gradually and increase the amount over time as the body adjusts to the increased level of activity.

i See Arthritis Research UK booklets
Keep moving; Physiotherapy and arthritis.

Fighting fatigue

Most people with arthritis will find they get tired more easily. For some people the tiredness is more difficult to cope with than the pain. As a carer you can reduce tiredness by:

- spreading and pacing activities throughout the day, and planning carefully, especially during a flare-up
- encouraging regular exercise
- establishing a regular sleep pattern – for example, going to bed at the same time each night.

i See Arthritis Research UK booklets
Fatigue and arthritis; Sleep and arthritis.

Understanding the role of drugs

Drugs are often used to ease the symptoms of arthritis and are one of the main treatments for reducing the effects of inflammatory arthritis. They're usually divided into:

- painkillers (analgesics) such as paracetamol to treat the symptoms

of pain, or non-steroidal anti-inflammatory drugs (NSAIDs) to treat the symptoms of joint swelling and joint stiffness – NSAIDs can also be given as a gel and can be applied to an area if one joint in particular is causing problems

- slow-acting 'second-line' drugs, such as disease modifying anti-rheumatic drugs (DMARDs) and biological therapies, which are intended to alter the disease itself – these are used only in inflammatory types of arthritis.

i See Arthritis Research UK drug leaflets *Drugs and arthritis; Non-steroidal anti-inflammatory drugs; Painkillers.*

As far as treatment of symptoms is concerned, the person with arthritis is in the best position to weigh up the benefits of taking tablets such as painkillers or NSAIDs. This should always be discussed with a doctor or rheumatology nurse specialist, who'll be able to give good advice about the benefits and possible side-effects of each of these drugs. If the doctor offers these drugs to relieve symptoms, it's usually worth the person with arthritis trying them to see whether they help and then discussing with the doctor whether to continue with them.

- **Drugs and brand names**
Drugs may be available under several different names. Each drug has an approved (or generic) name but manufacturers often give their own

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brand or trade name to the drug as well. For example, diclofenac and Voltarol are the same drug. Diclofenac is the approved name; Voltarol is a brand name for diclofenac. The approved name will always be on the pharmacist's label even if a brand name appears on the packaging, but check with a doctor, nurse or pharmacist if you're in any doubt.

In the case of inflammatory arthritis, it's important that drug therapies are started quickly because the sooner treatment begins the more effective it's likely to be, reducing the risks of joint damage wherever possible. It's also important to understand that there's no effective treatment that doesn't occasionally cause side-effects. Minor side-effects aren't uncommon, but fortunately serious side-effects are rare. These problems can be minimised by following the doctor's advice.

The drugs given to alter the disease itself must be taken as prescribed, unless your doctor tells you otherwise. For example, allopurinol for gout has to be taken continuously or it may make the attacks worse. The dosage of prednisolone mustn't be reduced too quickly or stopped suddenly as this can be dangerous. Most 'second-line' drugs for rheumatoid arthritis, for example sulfasalazine, leflunomide and methotrexate, need to be monitored with blood tests as a precaution against side-effects. Everyone is different, so if one drug isn't working, there's often a suitable alternative.

i See Arthritis Research UK drug leaflets *Allopurinol; Leflunomide; Methotrexate; Steroid tablets; Sulfasalazine.*

! Drugs are often useful, but they need to be used carefully, according to the doctor's instructions. If you're worried, or think that they may be causing side-effects, take the person in your care to see their doctor.

Encouraging a healthy diet

It's important for everyone to eat a balanced diet with plenty of fruit and vegetables for good general health. People with arthritis should avoid putting on weight as being overweight will increase the stress on the joints. Some people with arthritis do seem to benefit from changing their diet, though there's no single diet that helps with all types of arthritis.

i See Arthritis Research UK booklet *Diet and arthritis.*



Emotional challenges

The effect of arthritis on mood

It's normal for people with arthritis to experience a wide range of emotions. They may be tearful, angry or upset, to name a few. Encourage them to focus on positive experiences and think about what they can do rather than things they have difficulty with.

People with chronic conditions such as arthritis are more likely to be diagnosed with clinical depression. If you're worried that the person you're caring for may be affected by depression, encourage them to seek help from their doctor.

Arthritis and confidence

Having arthritis can make some people feel less self-confident. Your support, if wanted, can increase their confidence and help them to maintain an active social life. Maintaining their own personal appearance, as well as regular socialising, can all help keep self-confidence levels high in people with arthritis.

Advising on benefits

There are a number of important benefits that your friend, family member or colleague may not be aware of, and there are various places where you can seek advice on these.



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If somebody with arthritis is having difficulty with work, they can make an appointment with a [Disability Employment Advisor \(DEA\)](#). These advisors can be contacted through a Jobcentre Plus office and can provide advice on adaptations, professional support and retraining. There may also be a doctor or health advisor at the person's place of work who could help.

Your local Citizens Advice Bureau can advise you on whether you're entitled to any benefits for yourself or the person you're caring for. You can also get information from the Benefits Enquiry Line.

If you get an unfavourable response from the agency assessing your claim, you may be able to appeal against their decision, but try not to take it personally or let it upset you. Talk to a rheumatology nurse or doctor if you need medical support for your claim.

Practical help may also be available from a local Social Services department if the arthritis is causing major difficulties with everyday activities.

Driving and getting around

Applying for a disabled parking permit may be very important in helping somebody with arthritis to travel, for example, to hospital appointments.

Local councils are responsible for issuing Blue Badge parking permits. Many people with arthritis continue driving with suitably modified cars and this can help them to maintain independence. It's vital to get sound advice before having any modifications made. Rica, a consumer research charity, produce some useful guides. Alternatively, you can contact a specialist mobility centre to arrange an individual assessment, although there's normally a fee for this.

Research and new developments

Arthritis Research UK continue to fund and support research into all areas of arthritis and other musculoskeletal conditions. We're currently funding several educational grants to investigate the informational needs of people who care for those with arthritis. We're also funding a project to develop a web-based tool for support and self-management of young people (and their carers) with chronic arthritis.

Glossary

Analgesics – painkillers. As well as dulling pain they lower raised body temperature, and most of them reduce inflammation.

Ankylosing spondylitis – an inflammatory arthritis affecting mainly the joints in the back, which can lead to stiffening of the spine. It can be associated with inflammation in tendons and ligaments.

Biological therapies (biologics) – drugs that reduce joint inflammation in people with rheumatoid arthritis and some other inflammatory diseases. They work by targeting specific molecules involved in the inflammatory process and include anti-TNF drugs (adalimumab, etanercept and infliximab) and rituximab.

Disability Employment Advisor (DEAs) – DEAs can offer advice and support with work issues. If someone isn't currently working, a DEA can help them decide on the best way to return to work and help them find suitable employment.

Disease-modifying anti-rheumatic drugs (DMARDs) – drugs used in rheumatoid arthritis and some other rheumatic diseases to suppress the disease and reduce inflammation. Unlike painkillers and non-steroidal anti-inflammatory drugs (NSAIDs), DMARDs treat the disease itself rather than just reducing the pain and stiffness caused by the disease. Examples of DMARDs are methotrexate, sulfasalazine and gold.

Flare-up – periods where your joints become inflamed and painful, sometimes known as 'flares'.

Gout – an inflammatory arthritis caused by a reaction to the formation of urate crystals in the joint. Gout comes and goes in severe flare-ups at first, but if not treated it can eventually lead to joint damage. It often affects the big toe.

Hydrotherapy – exercises that take place in water (usually a warm, shallow swimming pool or a special hydrotherapy bath) which can improve mobility, help relieve discomfort and promote recovery from injury.

Inflammation – a normal reaction to injury or infection of living tissues. The flow of blood increases, resulting in heat and redness in the affected tissues, and fluid and cells leak into the tissue, causing swelling.

Non-steroidal anti-inflammatory drugs (NSAIDs) – a large family of drugs prescribed for different kinds of arthritis that reduce inflammation and control pain, swelling and stiffness. Common examples include ibuprofen, naproxen and diclofenac.

Occupational therapist – a trained specialist who uses a range of strategies and specialist equipment to help people to reach their goals and maintain their independence by giving practical advice on equipment, adaptations or by changing the way you do things (such as learning to dress using one-handed methods following hand surgery).

Osteoarthritis – the most common form of arthritis (mainly affecting the joints in the fingers, knees, hips), causing cartilage thinning and bony

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overgrowths (osteophytes) and resulting in pain, swelling and stiffness.

Physiotherapy – a therapy that helps to keep joints and muscles moving, helps ease pain and keeps people with arthritis mobile.

Rheumatoid arthritis – a common inflammatory disease affecting the joints, particularly the lining of the joint. It most commonly starts in the smaller joints in a symmetrical pattern – that is, for example, in both hands or both wrists at once.

Rheumatology nurse specialist – a nurse who gives patients and carers support and advice, as well as offering other specialist skills in clinic. This may include assessing how active the arthritis is, referring to other healthcare professionals, giving injections and, in some areas, prescribing drugs. Rheumatology nurse specialists are usually available through telephone advice lines based in rheumatology departments.

Where can I find out more?

Many hospitals have rheumatology healthcare professionals who can provide support and information to carers as well as to patients. If you spend a lot of time caring for somebody on a regular basis you can ask the Social Services department of your local council for a carer's assessment. Depending on the outcome of the assessment you may be able to access services to help you in your caring role. Voluntary organisations such

as Carers UK can provide information on what help is available and how to apply.

There may be a support group in your area where you can share information with other carers in a similar situation. Most people feel better for sharing feelings and concerns rather than keeping them bottled up inside. It's natural for you, as a carer, to feel anger and resentment at times (because your life has changed too) and sharing these feelings can make it easier to move forward.

If you've found this information useful you might be interested in these other titles from our range:

Conditions

- *Ankylosing spondylitis*
- *Back pain*
- *Fibromyalgia*
- *Gout*
- *Neck pain*
- *Osteoarthritis*
- *Psoriatic arthritis*
- *Rheumatoid arthritis*
- *What is arthritis?*

Therapies

- *Hydrotherapy and arthritis*
- *Occupational therapy and arthritis*
- *Physiotherapy and arthritis*

Surgeries

- *Foot and ankle surgery for arthritis*
- *Hand and wrist surgery*

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- *Hip replacement surgery*
- *Knee replacement surgery*
- *Shoulder and elbow joint replacement*

Self-help and daily living

- *Complementary and alternative medicine for arthritis*
- *Complementary and alternative medicines for the treatment of rheumatoid arthritis, osteoarthritis and fibromyalgia (63-page special report)*
- *Diet and arthritis*
- *Everyday living and arthritis*
- *Fatigue and arthritis*
- *Gardening and arthritis*
- *Keep moving*
- *Living with long-term pain: a guide to self-management*
- *Looking after your joints when you have arthritis*
- *Pain and arthritis*
- *Practitioner-based complementary and alternative therapies for the treatment of rheumatoid arthritis, osteoarthritis, fibromyalgia and low back pain (66-page special report)*
- *Sex and arthritis*
- *Sleep and arthritis*
- *Work and arthritis*

Drug leaflets

- *Allopurinol*
- *Drugs and arthritis*
- *Leflunomide*

- *Local steroid injections*
- *Methotrexate*
- *Non-steroidal anti-inflammatory drugs*
- *Painkillers*
- *Steroid tablets*
- *Sulfasalazine*

You can download all of our booklets and leaflets from our website or order them by contacting:

Arthritis Research UK

Copeman House
St Mary's Court
St Mary's Gate, Chesterfield
Derbyshire S41 7TD
Phone: 0300 790 0400
www.arthritisresearchuk.org

Related organisations

The following organisations may be able to provide additional advice and information:

Arthritis Care

Floor 4, Linen Court
10 East Road
London N1 6AD
Phone: 0207 380 6500
Helpline: 0808 800 4050
Email: info@arthritiscare.org.uk

Action for Children

3 The Boulevard
Ascot Road
Watford WD18 3AU
Phone: 0300 123 2112
Email: ask.us@actionforchildren.org.uk
www.actionforchildren.org.uk

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Benefit Enquiry Line

Phone: 0800 220 674

Carers UK

20 Great Dover Street

London SE1 4LX

Phone: 0207 378 4999

Advice line: 0808 808 7777

www.carersuk.org

Citizens Advice Bureau

Myddelton House

115–123 Pentonville Road

London N1 9LZ

Phone: 0207 833 2181 (admin only,
no advice available on this number)

To find your local office, see the telephone directory under 'Citizens Advice Bureau' or the Yellow Pages under 'Counselling and Advice'. Details of local offices can also be found on the Citizens Advice website.

www.citizensadvice.org.uk

DIAL Network (formerly Disability Information and Advice Line or Dial UK)

Phone: 01302 310 123

www.scope.org.uk/dial

An independent network of local disability information and advice services run by and for disabled people, part of Scope.

Forum of Mobility Centres

c/o Providence Chapel

Warehorne, Ashford

Kent TN26 2JX

Phone: 0800 559 3636

Email: mobility@rcht.cornwall.nhs.uk

www.mobility-centres.org.uk

National Rheumatoid Arthritis Society (NRAS)

Unit B4, Westacott Business Centre

Westacott Way

Littlewick Green

Maidenhead SL6 3RT

Phone: 0845 458 3969 or 01628 823 524

Helpline: 0800 298 7650

Email: helpline@nras.org.uk

www.nras.org.uk

Queen Elizabeth's Foundation for Disabled People

Leatherhead Court

Woodlands Road

Leatherhead

Surrey KT22 0BN

Phone: 01372 841 100

www.qefd.org

Rica (formerly Ricability)

Unit G03

The Wenlock Business Centre

50–52 Wharf Road

London N1 7EU

Phone: 0207 427 2460

Email: mail@rica.org.uk

www.rica.org.uk

Links to sites and resources provided by third parties are provided for your general information only. We have no control over the contents of those sites or resources and we give no warranty about their accuracy or suitability. You should always consult with your GP or other medical professional.



We're here to help

Arthritis Research UK is the charity leading the fight against arthritis.

We're the UK's fourth largest medical research charity and fund scientific and medical research into all types of arthritis and musculoskeletal conditions.

We're working to take the pain away for sufferers with all forms of arthritis and helping people to remain active. We'll do this by funding high-quality research, providing information and campaigning.

Everything we do is underpinned by research.

We publish over 60 information booklets which help people affected by arthritis to understand more about the condition, its treatment, therapies and how to help themselves.

We also produce a range of separate leaflets on many of the drugs used for arthritis and related conditions. We recommend that you read the relevant leaflet for more detailed information about your medication.

Please also let us know if you'd like to receive our quarterly magazine, *Arthritis Today*, which keeps you up to date with current research and education news, highlighting key projects that we're

funding and giving insight into the latest treatment and self-help available.

We often feature case studies and have regular columns for questions and answers, as well as readers' hints and tips for managing arthritis.

Tell us what you think

Please send your views to:
feedback@arthritisresearchuk.org

or write to us at:

Arthritis Research UK, Copeman House, St Mary's Court, St Mary's Gate, Chesterfield, Derbyshire S41 7TD

A team of people contributed to this booklet. The original text was written by Dr Sarah Ryan, who has expertise in the subject. It was assessed at draft stage by Arthritis Research UK education research fellow and specialist registrar in rheumatology Dr James Bateman and GP with special interest in musculoskeletal medicine Dr Sue Summers. An **Arthritis Research UK** editor revised the text to make it easy to read, and a non-medical panel, including interested societies, checked it for understanding. An **Arthritis Research UK** medical advisor, Sue Brown, is responsible for the content overall.

Get involved

You can help to take the pain away from millions of people in the UK by:

- volunteering
- supporting our campaigns
- taking part in a fundraising event
- making a donation
- asking your company to support us
- buying products from our online and high-street shops.

To get more **actively involved**, please call us on **0300 790 0400**, email us at **enquiries@arthritisresearchuk.org** or go to **www.arthritisresearchuk.org**



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calls charged at standard rate

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