

# Drugs and complementary therapies



devised with and for people with arthritis



ARTHRITIS CARE

*Empowering  
people with arthritis.*



Most people with arthritis will take some kind of medication to help reduce pain and keep their disease under control. An increasing number are also turning to complementary therapies to relieve their pain even further and improve their mobility, confidence and overall wellbeing.

Finding the balance of treatment that works best for you isn't always easy, but this booklet is a good starting point. Whether you want to know more about your current medication or treatment, or whether you want to explore others, this short guide will give you the key facts about some of the main drugs and therapies which can benefit people with arthritis.

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# DRUGS

## DRUG GROUPS

Drugs are a fact of life for most people with arthritis. They can be extremely effective in reducing pain and can also slow down the effects of your disease.

Therefore it is important that you feel in control of your medication and can discuss what works best for you with your doctor or health team.

Part of this is about understanding the types of drugs that might be used to treat your condition and how they work.

It is important to remember that any drug can have side effects. You should discuss these with your doctor and decide whether the benefits you might receive from taking a drug will outweigh any potential side effects.

There are two main families of drugs used by people with arthritis, and your doctor may prescribe a combination from each. They are:

- **drugs which control the symptoms of your disease.** These are used to treat most types of arthritis, including osteoarthritis and rheumatoid arthritis, and they alleviate specific symptoms such as pain, swelling and stiffness. They include painkillers and non-steroidal anti-inflammatory drugs (NSAIDs)
- **drugs which affect the disease itself.** These drugs affect the progression of the disease through, for instance, suppressing the immune system (the body's own defence system). These drugs include disease-modifying anti-rheumatic drugs (DMARDs) and corticosteroids (steroids). They can also control symptoms. Biologics are a new class of drug, which include anti-TNFs. These target the damaging chemicals in certain forms of inflammatory arthritis. They are used when other treatments have failed.

**After trying a lot of drugs, I have finally found a drug combination that suits me and my body**

## ■ The four main types of drug

**Painkillers (analgesics)** – Painkillers come in varying strengths and are used specifically to relieve pain. Paracetamol is a readily available painkiller which you can buy over the counter at a chemist. It is the simplest and safest painkiller – providing you follow the correct dosage instructions – and it is often the best ‘over-the-counter’ medicine to try first. Some anti-inflammatory drugs such as aspirin and ibuprofen can also be used as painkillers in low doses. Stronger painkillers – including codeine, dihydrocodeine, buprenorphine, pethidine, morphine and diamorphine – are only available on prescription.

Analgesics are usually taken by mouth or given by injection. However, slow release painkilling patches are also available although not widely prescribed. These are put on the skin and the pain killing effects last between three and seven days. The patches are used by people whose pain is not adequately managed with non-steroidal anti-inflammatory drugs (see below) or analgesics.

**What you should know:** Nausea, vomiting, drowsiness, constipation and occasionally breathing difficulties are all possible side effects of stronger types of painkiller and these medicines may become less effective if used long-term.

Until January 2005, the painkiller co-proxamol (Distalgesic, Cosalgesic) was frequently prescribed for people with chronic pain from arthritis. The licence for it has been withdrawn due to concerns about the serious risks from misuse. However, it may be available to patients where the doctor has concluded that other painkillers are not proving effective (prescribed on a named patient basis). Speak to your doctor or call Arthritis Care’s helplines for the latest information.

**NSAIDs** – Non-steroidal anti-inflammatory drugs (NSAIDs for short) are the most common of all drugs used to treat arthritis. They are often taken alongside painkillers. They function by relieving pain and stiffness, and reducing inflammation in the joint lining. Inflammation is the body’s response to injury and normally helps with the healing process. However, in affected joints, especially with rheumatoid

arthritis, it is the inflammation itself which causes the problems.

The number of different NSAIDs can be confusing, especially as each one often has more than one brand name. The most commonly prescribed NSAIDs are shown opposite.

NSAIDs are usually taken by mouth, but may also be prescribed in suppository form or supplied as creams and gels which you rub onto the skin over painful areas. Always ask your doctor or pharmacist about which treatment is suitable for you, about side effects and other concerns you may have. Some must be taken several times a day, while others such as some types of diclofenac have a slow release action and only need to be used once a day. A low dose is usually prescribed at first and increased if necessary. It is safest to take the lowest dose for the shortest period of time.

**What you should know:** While many have no problems with these drugs, some NSAIDs can cause side effects such as damage to the stomach lining, heartburn, indigestion, rashes, diarrhoea and wheeziness.

You can help minimise side effects by making sure you take the tablets with or after meals. You can also help by keeping alcohol to a minimum and not smoking. See also 'Anti-ulcer drugs' overleaf.

Care is taken when prescribing NSAIDs to people with asthma or with a history of wheezing as you may have a sensitivity causing an asthma attack.

If you are allergic to aspirin you could also be allergic to NSAIDs and you should seek your doctor's advice before taking these medicines.

Cox-2 inhibitors are a newer type of NSAID, designed to be safer

<b>Generic name</b>	<b>Brand name</b>
ibuprofen	Brufen/Nurofen and others
diclofenac	Voltarol/Diclomax
nabumetone	Relifex
indometacin	Rimacid and others
naproxen	Naprosyn and others
piroxicam	Feldene

**I'm very careful when I take my NSAID to have it with food so my stomach stays healthy**

for the stomach. These include celecoxib (Celebrex) and etoricoxib (Arcoxia). However, both the older NSAIDs and the newer Cox-2 inhibitors may slightly increase the risk of stroke or heart trouble. This risk may be increased when the drugs are used at higher doses for prolonged periods of time. The current medical advice is that people who have had stroke or heart trouble before should not take NSAIDs. If your disease is controlled with DMARDs, you may not need to take NSAIDs.

As with all medications, if you develop any new symptoms you should discuss these immediately with your doctor.

**Anti-ulcer drugs:** Peptic ulcers are a common complication of the treatment of arthritis. NSAIDs, alcohol and smoking can all irritate the stomach lining enabling an ulcer to form. Ulcer-healing drugs such as misoprostol (Cytotec), lansoprazole (Zoton) and omeprazole (Losec) are sometimes prescribed to be taken with NSAIDs. These drugs reduce the production of acid in the stomach, helping the ulcer to heal. Some NSAIDs are also available ready combined with an anti-ulcer drug. For example, diclofenac sodium when combined with misoprostol is called Arthrotec.

**DMARDs** – Disease-modifying anti-rheumatic drugs (DMARDs) are used to treat rheumatoid arthritis and other forms of inflammatory arthritis including psoriatic arthritis, juvenile arthritis and ankylosing spondylitis. They are not specific painkillers, but they lessen the activity of arthritis by reducing swelling and stiffness – reducing the pain as well.

DMARDs include immunosuppressants, which damp down the activity of the immune system – the body’s natural defence – because in some forms of arthritis, like rheumatoid arthritis, the immune system causes the body to attack its own tissues.

**Disease-modifying drugs:**

- are slow acting, so it can take weeks or even months for their full effect to be felt
- are often effective where NSAIDs alone are not
- can have higher levels of toxicity than NSAIDs, so you will usually

have regular blood tests to detect and prevent any damaging side effects.

Specific DMARD drugs include methotrexate (Maxtrex), sulfasalazine (Salozopyrin, Sulazine), azathioprine (Imuran, Azamune), gold (Myocrisin), cyclophosphamide, ciclosporin (Neoral, Sandimmun) and anti-malarial drugs.

**What you should know:** Because these drugs affect your immune system, you may be more susceptible to infection and other side effects. You should tell your doctor or rheumatology nurse immediately if you develop a sore throat, fever, bruising, bleeding or any other new symptoms. If you come into contact with anyone who has chickenpox or shingles, or if you develop these conditions, you may need special treatment so tell your doctor straight away. People on most DMARD treatments need their blood count and/or liver enzymes checked regularly.

The Department of Health recommends that all people taking immunosuppressants and steroid tablets (see further on) should have yearly flu and pneumonia vaccinations. Some other vaccinations can be dangerous, so it is very important to discuss immunisation with your GP before starting any immunosuppressant medication.

Active arthritis can affect your fertility and some DMARDs can be unsafe in pregnancy, so it is important to get advice from your doctor before starting any treatment.

You may need to restrict your consumption of alcohol whilst taking certain DMARDs – check with your doctor.

**Anti-TNFs** – Anti-TNFs are a type of drug known as biologic drugs. They include etanercept (Enbrel), infliximab (Remicade), adalimumab (Humira) and certolizumab pegol (Cimzia). Newer anti-TNFs are being evaluated for use in the UK (such as golimumab). Anti-TNFs are not appropriate for everybody. They can offer good control to some people with severe rheumatoid arthritis, ankylosing spondylitis or psoriatic arthritis who have not responded well to other disease-modifying drugs by themselves. Biologic drugs are usually most effective when used along with DMARDs like methotrexate,

although there are exceptions.

For cost and other reasons, the use of anti-TNFs is governed by strict guidelines from NICE (the National Institute of Health and Clinical Excellence) which have to be followed in assessing who can be treated. These include having had an inadequate response to two DMARDs. Ask your rheumatologist whether you could be a suitable candidate.

The NICE approval process looks at the best way to treat a condition, both in terms of effectiveness and cost, and applies to England and Wales. It can be extremely difficult for medical practitioners to persuade funders to pay for certain treatments before they are NICE approved. Decisions in Northern Ireland usually take NICE's lead. The equivalent body in Scotland is the Scottish Medicines Consortium (SMC).

**Other biologic drugs:** Treatments for people with inflammatory arthritis who have not responded to anti-TNF treatment include rituximab (MabThera), abatacept (Orencia) and tocilizumab (RoActemra).

These drugs are administered in hospital through a drip. Some drugs will work better for some people than others, and availability varies across the UK.

**What you should know:** All biologic drugs can make you more prone to infections, although their benefits usually outweigh the risks. Because these drugs are relatively new, long-term effects are not known. Many people being treated with biologic drugs have joined a biologics register to record the progress of their treatment and any side effects so that the long-term safety can be studied. People receiving treatment and rheumatology health professionals complete a questionnaire every six months.

When taking biologic drugs you should speak to your doctor if you are thinking of becoming pregnant or fathering a child as you may need to stop taking your medication for a while.

To be eligible for treatment, you will need to have tried other DMARDs including at least one anti-TNF. However, you will usually take methothrexate with a biologic drug because it makes these more effective. You will also have a chest X-ray and blood tests before

starting treatment and regular blood tests during treatment.

**Steroids** – Corticosteroids (steroids) can be effective in both reducing inflammation and controlling the body's response to inflammation. They include hydrocortisone, triamcinolone, prednisolone and methyl prednisolone. For people with arthritis they are taken in three main ways:

- as an injection into a particular joint to control specific areas of inflammation. The steroid is often combined with a local anaesthetic and is injected into or near a joint to reduce pain and inflammation. The effects of the treatment normally start within one or two days and the benefits can last from a few weeks up to several months
- as an injection but not in a particular place, for example, in rheumatoid arthritis for a general flare-up on an occasional basis
- as tablets usually taken daily to reduce more widespread inflammation and to damp down the normal attack response of the body's immune system.

**What you should know:** Although steroid tablets can be highly effective, they are known to result in side effects if taken over long periods or in high doses. These include high blood pressure, bone thinning, weight gain, diabetes and mood swings.

Your doctor is likely to prescribe them in as low a dose as possible and may suggest additional treatment to protect your bones.

It can be dangerous to suddenly stop taking steroids or to alter your dose unless agreed with your doctor. Ask your doctor or pharmacist for a card which records which steroid you are on and the dose, or wear a Medic Alert bracelet. This way, if anything happens to you, you will still get your steroids.

If steroids are lost from the body, for example by vomiting or diarrhoea, you should consult your doctor.

Steroids can result in unwanted side effects, but untreated inflammatory disease also carries a serious risk. You and your doctor will need to consider carefully the relative risks and benefits before deciding whether or not to use steroids.

See page 18 for more information on prednisolone, the most commonly prescribed steroid tablet for people with rheumatoid arthritis.

## SAFETY CHECKLIST

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There are a number of things to remember for taking drugs safely.

- Discuss possible side effects of your medication with your doctor – it will help you weigh up the risks and benefits of a treatment.
- Keep a list of all the drugs you are taking. Let your doctor or pharmacist see this before you start on any new treatment – even ‘over-the-counter’ medicines.
- Some drugs affect your immune system and can leave you prone to infection. So it is important to report any new symptoms to your doctor without delay.
- For symptom-relieving drugs (NSAIDs and painkillers) take the lowest dose for the shortest period of time to control symptoms. Only take them regularly and in full doses if you find this is the only way to control your symptoms. If this is the case, let your doctors know as there may be other ways of managing your condition.
- Your blood and urine will be tested regularly, before and during treatment. Other tests such as chest X-rays may also be needed.
- Follow the instructions for taking your medication – keeping to the correct dose and times, and noting whether your tablets are best taken with or without food.
- Some drugs used by people with arthritis can affect fertility in men and women, and be harmful if you are pregnant or breastfeeding. Always check with your doctor first.
- With some drugs you may need to avoid alcohol or reduce your intake. Ask your doctor for advice.
- If you miss a dose, don’t try to catch up by taking more next time. Ask your doctor or pharmacist what you should do.
- Immunisation against flu and pneumonia is recommended for everyone taking immunosuppressants, anti-TNFs and steroid tablets. Immunisations involving live vaccines such as rubella should be avoided. Ask your doctor for more information.
- Remember, if one drug doesn’t work for you, or you get severe side effects, this won’t necessarily happen with them all. Ask for regular medication reviews, persevere and work with your doctor to find a treatment that suits you.

## DRUGS IN DETAIL

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This is a short guide to some of the most commonly prescribed disease modifying anti-rheumatic drugs, biologic drugs and steroid medications for people with arthritis. The brand names by which you might know them better are included in brackets alongside.

**Methotrexate (Maxtrex)** – is used to treat several different types of rheumatic disease including rheumatoid arthritis, juvenile arthritis and psoriatic arthritis. It is more effective and has fewer side effects than gold or azathioprine and is usually prescribed early in the disease.

It is normally taken in tablet form once a week and is slow-acting, taking up to 12 weeks to become fully effective. You will need regular blood tests every two to four weeks initially as methotrexate can, very occasionally, damage the bone marrow or the liver. It can also interact with some sulphur-containing antibiotics such as



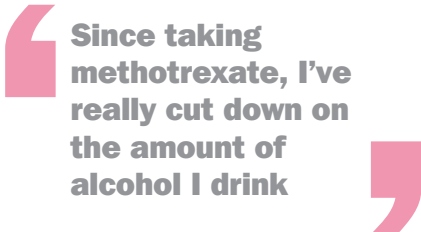
Septin. If your doctor prescribes an antibiotic remind them you are taking methotrexate.

If you drink alcohol while on methotrexate, you may be at risk of causing liver damage. Talk to your doctor to see whether it is safe for you to drink and how much.

◆ Possible side effects: Some people feel unwell several hours after taking this drug or even a couple of days later. This feeling usually settles down after a few hours. Other side effects can include:

- itchy skin or rash
- sore mouth or mouth ulcers
- vomiting or diarrhoea.

Taking folic acid (a vitamin) can reduce the likelihood of mouth ulcers, gut irritation and diarrhoea.



**Since taking methotrexate, I've really cut down on the amount of alcohol I drink**

**Sulfasalazine (Salazopyrin EN)** – is now widely used to treat rheumatoid arthritis and other types of arthritis, such as that associated with psoriasis. It reduces the inflammation in joints and decreases pain, swelling and stiffness.

The drug has a special 'enteric' coating which means it dissolves more slowly, passing beyond the stomach before releasing its contents. This can help reduce nausea and stomach irritation. The tablets should be swallowed whole so that the coating is not broken. They must not be chewed or crushed. You will need to have monthly blood tests for the first three months of taking the drug, followed by tests every three months.

◆ Possible side effects.

The most common are:

- sickness (nausea)
- headaches, especially in the early days.

If you experience any of these or other symptoms you should tell your doctor and in the case of a skin rash you should stop taking the drug immediately. If you develop a sore throat and mouth this should be reported to your doctor as soon as possible. Sulfasalazine may also turn your urine orange or dark yellow and your tears may be

discoloured. This is nothing to worry about. If you use extended-wear contact lenses tell your doctor as they may develop an orange stain.

**Azathioprine (Azamune or Imuran)** – is an effective treatment for several different types of rheumatic disease, including rheumatoid arthritis, lupus and other connective tissue disorders such as lupus and polymyositis.

One of the actions of azathioprine is to affect how your immune system works, so it is always prescribed with care. If you are on steroid treatment, your doctor may also prescribe azathioprine as it sometimes means the dose of steroids can be reduced. Azathioprine is taken as a tablet, once or twice daily with food. Because it is a slow-acting drug, you may not notice any effects for eight weeks or longer.

- ◆ Possible side effects: The most common side effects of azathioprine are feeling sick and a loss of appetite. Though less common, you may also experience:
  - unexplained bruising and bleeding
  - there is possibly a slightly increased risk of developing certain types of cancer with azathioprine which you should discuss with your doctor.

**Ciclosporin (Neoral)** – is used for people with rheumatoid arthritis to reduce pain, swelling and stiffness. It is also effective in treating other conditions such as psoriatic arthritis and lupus. It is usually taken in capsule form, twice a day, although it is also available as a liquid. People normally start on a low dose, and increase it as necessary. It may take up to four months before you feel any benefit.

- ◆ Possible side effects: A rise in blood pressure and kidney problems are risks associated with ciclosporin. The risks increase the longer the treatment is used so your doctor will arrange regular checks on



your blood and blood pressure to monitor these. You may be asked to keep a booklet recording your blood test results.

Other side effects can include:

- feeling sick
- diarrhoea
- gum overgrowth
- tiredness
- excess hair growth
- mild tremor (shaking).

**Cyclophosphamide** – works by suppressing the activity of bone marrow. It is a very powerful drug and is only prescribed under close supervision. It is used to treat several different types of rheumatic disease, including lupus and diseases which inflame the walls of blood vessels.

Cyclophosphamide is given by injection into a vein. It does not work immediately – it may take six weeks or more to take effect. Because cyclophosphamide affects the blood and the bladder, your doctor will arrange a blood and urine test before you start treatment with the drug, and regular tests during treatment.

◆ Possible side effects: Cyclophosphamide can lead to permanent sterility in men and reduced fertility in women, so this drug is used with caution. Inflammation and bleeding of the bladder is another important side effect you might experience. If this happens you may notice blood in your urine and you must tell your doctor straight away. Also, because this drug can lower your immunity there is a risk that herpes zoster (shingles) and other infections might occur.

Cyclophosphamide may react with some gout and anti-diabetic drugs so give your doctor all the details about your current medication. There is also a slightly increased risk of certain cancers with cyclophosphamide, which you should discuss with your doctor.

**Hydroxychloroquine (Plaquenil)** – This was originally developed to treat malaria, but has been used successfully for people with lupus and rheumatoid arthritis. It is known as an anti-malarial and is among

the mildest and least toxic of the disease-modifying anti-rheumatic drugs (DMARDs). It works by slowing down the progress of the disease and reducing inflammation. It can help with some of the rashes associated with lupus.

Hydroxychloroquine is taken as tablets once a day, preferably with food. Because anti-malarial drugs are slow-acting, it can take three to six months for the full benefit to be felt, although some effects may be noticeable within four to six weeks.

**I used to resent taking the tablets so I stopped taking them and was very ill as a result**

◆ Possible side effects: Risk to the eyesight is negligible in the doses which are used today, so regular eye checks are no longer needed. Other side effects are also rare but can include:

- indigestion
- diarrhoea
- headaches
- skin rashes
- occasional blurred vision.

**Gold by injection (sodium aurothiomalate)** – is also referred to by its brand name Myocrisin, or more simply as gold. Gold is one of the oldest drugs used in the treatment of rheumatoid arthritis and in this form it is always given as an injection. Gold is also used in some cases of psoriatic arthritis and palindromic arthritis.

Initially, the injection is given once a week into the buttock. This will be done at your rheumatology clinic or your GP's surgery. If gold treatment helps your arthritis, you will probably continue to take it indefinitely. It is a slow-acting drug and may take from three to six months to become effective. If your arthritis improves, the interval between injections will gradually be extended to four weeks or longer. It is usual to give a small test dose first to see if you have any strong reactions.

◆ Possible side effects: Gold can cause side effects, but not everyone will experience them. The commonest fall into three main groups:

- skin and hair – dermatitis is common, but its severity can be reduced by reporting any itchiness or rash to the doctor before the next injection. Loss of hair can also occur
- blood – bone marrow damage can occur, causing a reduction of white blood cells or platelets. It can be avoided by regular full blood counts before each injection
- kidneys – toxic effects on the kidneys can be identified by the appearance of protein in the urine. Regular urine tests must be done before each gold injection.

**I've tried a number of DMARDs including gold and methotrexate. I now take adalimumab and methotrexate. They are working great**

Reactions to gold normally stop once treatment is stopped. Always carry your gold record card with you and give it to the nurse or doctor to fill in after every test and before every injection.



**Leflunomide (Arava)** – is a disease-modifying anti-rheumatic drug (DMARD). Like other drugs in this group it acts to suppress the immune system from attacking its own tissues, causing pain and other symptoms in people with rheumatoid arthritis. It comes in tablet form and is taken daily. As with other DMARDs, leflunomide does not work immediately and it may be up to six weeks before you feel any effect and as long as six months before you feel the full benefit. You must have regular blood and blood pressure tests if you are taking leflunomide and you may be asked to keep a card recording the results.

◆ Possible side effects: Because leflunomide works on the immune system, you may be more prone to infection and should discuss any new symptoms with your doctor straight away. This drug can also seriously affect the liver. Unusual tiredness or abdominal pain should be reported to your doctor immediately.

Some of the more common side effects are:

- sickness or diarrhoea
- mouth ulcers
- weight loss
- hair loss.

## ■ Biologic drugs

**Adalimumab (Humira)** – is an anti-TNF drug and has recently become available for people with rheumatoid and psoriatic arthritis, juvenile arthritis and those with ankylosing spondylitis. Your consultant will not prescribe it if you are pregnant, breastfeeding or have an infection, and may decide against adalimumab if you have had cancer or tuberculosis, or other repeated infections in the past.

Adalimumab is usually given once every two weeks by injection under your skin. You, your partner or another family member can learn to do this, or it will be done by a nurse. If adalimumab works for you, you should start feeling better in around 2 to 12 weeks.

**The drugs don't cure my pain but they certainly help**

◆ Possible side effects: Because adalimumab is a relatively new drug, its long-term side effects are not yet known. But you may experience:

- redness, swelling or pain at the injection site
- a greater likelihood of developing infections
- allergy to the drug itself (though this is rare).

**Etanercept (Enbrel)** – like adalimumab and infliximab, etanercept is an anti-TNF drug which has recently become available for people with rheumatoid arthritis. It is also used to treat children with juvenile arthritis and may be used for people with psoriatic arthritis and ankylosing spondylitis.

As with adalimumab, there are certain conditions under which your doctor will not prescribe etanercept (see ‘Adalimumab’ above).

If etanercept is suitable for you, it will need to be injected under your skin once or twice a week. This is something you, your partner or another family member can learn to do, or it can be given by a nurse.

If you respond to the treatment, you will probably feel better in around 2 to 12 weeks.

◆ Possible side effects: As with the other anti-TNF drugs, because they are still new, the long-term side effects are still not clear. Taking etanercept can make you more prone to infections so if you develop a fever, bruising or bleeding, or any new symptoms you should tell your doctor without delay. You may also experience:

- fever
- rash
- inflammation round the injection site.

**Infliximab (Remicade)** – is another anti-TNF drug available for people with rheumatoid and psoriatic arthritis. As with the other anti-TNFs,

**I never thought I'd learn to inject myself. But the benefits of the anti-TNF make it worth the 10 seconds of gritted teeth**

infliximab is usually only prescribed for people who meet specific criteria (see 'Adalimumab', page 15).

Infliximab is given over several sessions in hospital using an intravenous drip into a vein. If infliximab works for you, you should begin to feel the benefits in around 2 to 12 weeks.

◆ Possible side effects: As with the other anti-TNF drugs, infliximab is relatively new so little is yet known about its long-term effects. Taking infliximab can make you more prone to infection. You may experience:

- headache and dizziness
- flushing
- rash
- abdominal pain or indigestion.



**Certolizumab pegol (Cimzia)** – is an anti-TNF drug that has recently become available for people with rheumatoid arthritis. As with the other anti-TNFs, it is only available to people who meet specific criteria.

Certolizumab pegol is given as an injection under your skin of the thigh or tummy every two weeks. This is something you, your partner, or another family member can learn to do, or it can be given by a nurse. If certolizumab pegol works for you, you should begin to feel the benefits in around 2 to 12 weeks.

◆ Possible side effects: As with other anti-TNFs, certolizumab pegol is relatively new so little is known yet about its long-term effects. Taking it can make you more prone to infection. You may experience:

- a sore throat
- a fever.

**Newer treatments** – Other biologic treatments for rheumatoid arthritis have become available since anti-TNFs were developed. They target different parts of the immune system thought to play a part in rheumatoid arthritis.

- Rituximab (MabThera) is given in conjunction with methotrexate. It is given in a single treatment course of two infusions in hospital, two weeks apart. Each course has an effect for 6-12 months.

You will only be prescribed rituximab if you have not had sufficient success in using other medications, including anti-TNFs.

- Abatacept (Orencia) is also given by infusion in hospital. It is not available in Scotland.

- Tocilizumab (RoActemra) is given by infusion in hospital every four weeks.

For more details on biologic drugs read Arthritis Care's factsheet at [www.arthritiscare.org.uk/Factsheets](http://www.arthritiscare.org.uk/Factsheets)

## ■ Steroids

**Prednisolone (Deltacortril)** – is the most commonly prescribed steroid for people with rheumatic diseases. It acts as a powerful anti-inflammatory by suppressing the normal activity of the immune system. It is used by people with rheumatoid arthritis, lupus, polymyalgia rheumatica, giant cell arteritis and other inflammatory diseases. Because of its possible side effects, though, it is generally limited to treating people with inflammatory diseases where major organs are involved, where there is a possibility of vasculitis (inflammation of blood vessels), or where a person is not responding to other types of treatment.

Prednisolone is available as a plain tablet or in a special form called 'enteric coated' so that it dissolves more slowly, passing beyond the stomach before releasing its contents. This can help reduce nausea and stomach irritation. Coated tablets should always be swallowed whole (not crushed or chewed).

Prednisolone works very quickly. You will usually notice a benefit within a few days. Your doctor will test your blood and urine from time to time because steroids can cause diabetes to develop or

worsen if you already have it.

◆ Possible side effects: The longer you take prednisolone and the higher the dose, the more likely you are to have side effects. If you are on very low doses you may never have any problems – 5mg is generally regarded as the threshold dose below which major side effects are less likely to occur. Your doctor will aim to keep you on the lowest possible dose necessary to keep your disease under control.

Steroids can have a number of unwanted side effects. For more about these see the introductory section on ‘Steroids’ on page 7.

This is only an outline of some of the drugs taken by people with arthritis. Your doctor will be able to discuss in more detail with you which drugs may be best suited to you – arthritis affects everyone differently so you will need to work with your doctor to develop your own treatment package.

Information and advice about drugs can change. To ensure that you have the latest information, visit the Arthritis Care website or ring the helpline (see back page for details).

**While I was on steroids I put on a lot of weight**



# COMPLEMENTARY THERAPIES

## AN INTRODUCTION

As their name suggests, these types of therapies are designed to complement and work alongside conventional medicine and treatments – not replace them.

Even if your usual drug treatment is working well, you may be curious to know why many people living with arthritis are choosing to explore therapies like acupuncture, aromatherapy and reflexology, and want to know whether you could benefit too. The wide choice of complementary therapies can be bewildering.

Like conventional medicine, complementary therapies cannot offer a cure for arthritis. Unlike conventional medicine, there is very little scientific evidence to support these therapies. However, many people claim they can help alleviate symptoms such as pain and stiffness, as well as counteract some of the unwanted side effects of drugs.

The following pages offer a short introduction to the complementary therapies that are popular among people with arthritis – as well as touching on some of the less well-known treatments.

**I was apprehensive about trying massage, but it is so relaxing. I feel wonderful after**

## SAFETY CHECKLIST

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The following checklist will help you ensure your treatment is reliable and safe.

- Ask your GP if he or she can refer you on the NHS.
- Ask your complementary therapist how much treatment will cost and how long it will take.
- Find out whether the therapist is a member of a professional body, and if they have insurance in case something goes wrong.
- Ask about their training and how long they have been practising.
- Beware of anyone who suggests you stop taking prescribed drugs.
- Don't stop taking prescribed drugs without discussing it with your GP.
- Tell your complementary therapist about any prescribed drugs you are taking.
- Tell your GP about any complementary therapies you are using.
- Weigh up the benefits against the possible side effects.

**I have a long discussion with a new therapist to check they understand my joints. If I don't trust them, I won't use them**

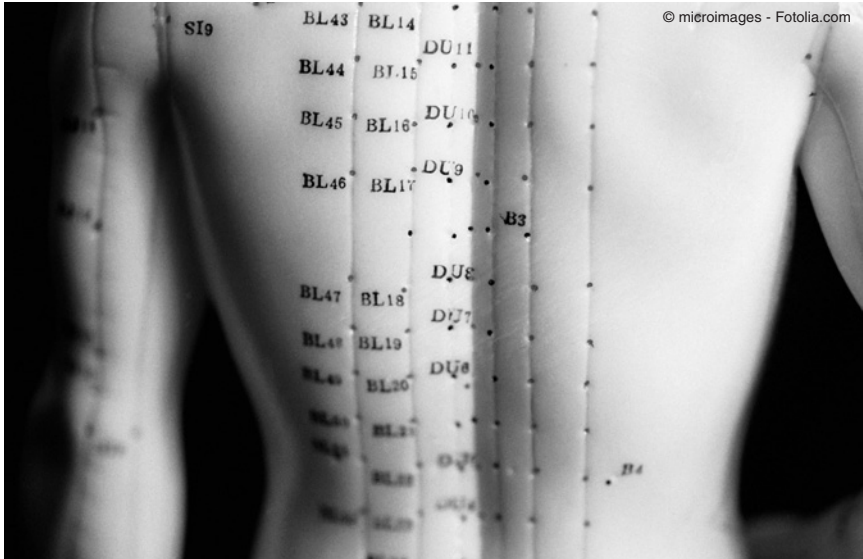


## THERAPIES IN DETAIL

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### ■ Touch, pressure and movement therapies

**Acupressure** – Acupressure has been described as acupuncture without the needles. It roots are in traditional Chinese medicine and it works on the same principle of stimulating points in the body. Many acupuncturists will also use acupressure as part of their



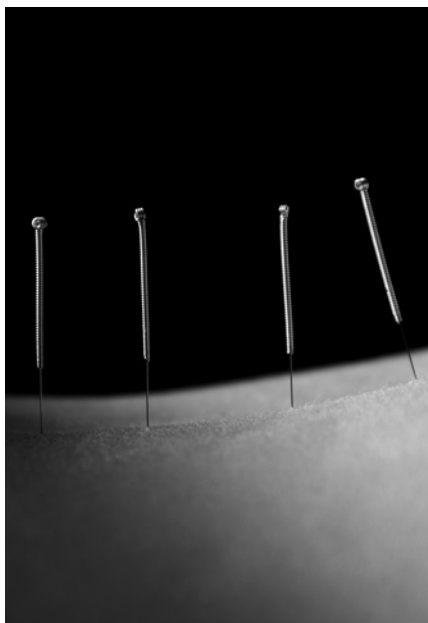
treatment – using their fingers, thumbs and even feet and knees to stimulate acupoints. It can also be suitable for self-treatment at home for minor ailments such as headaches.

*Contact: For a list of practitioners send a large self-addressed envelope, stating the therapy you are interested in to The Institute for Complementary and Natural Medicine, Can-Mezzanine, 32-36 Loman Street, London SE1 0EH. Or visit the website at [www.icnm.org.uk](http://www.icnm.org.uk)*

**Acupuncture** – Acupuncture is based on ancient Chinese ideas about how energy moves around the body. The treatment uses extremely fine needles that are carefully inserted through the skin at specific

points to help relieve pain and promote wellbeing in other parts of the body. The needles are inserted at least 1cm deep and are usually left in for up to 30 minutes. Although slight discomfort can be felt as the needles are being inserted, it should not hurt. Acupuncture is safe when done by a properly qualified person.

Acupuncture can be useful as a form of pain relief especially for low back and knee pain, but it cannot slow down or stop the disease process in rheumatic conditions. The scientific view is that inserting needles at these points causes the release of the body's natural opiate-like painkillers. This also relates to the 'gate' theory of pain: stimulation by the needles causes a message to be sent to the spinal column which closes the 'pain gate' and so blocks pain impulses to the brain. Generally, between three and six treatment sessions are required although long-standing conditions may need more regular treatment. *Contact: The British Medical Acupuncture Society on 01606 786782 or email [admin@medical-acupuncture.org.uk](mailto:admin@medical-acupuncture.org.uk)*



**Alexander technique** – The Alexander technique concentrates on how we use our bodies in everyday life and teaches people new ways of using the body to improve balance, co-ordination and awareness. By learning to stand and move correctly, people can ease stresses on their body and alleviate

**The Alexander technique helped me to use my body properly and improve my posture. It's helped reduce my pain**

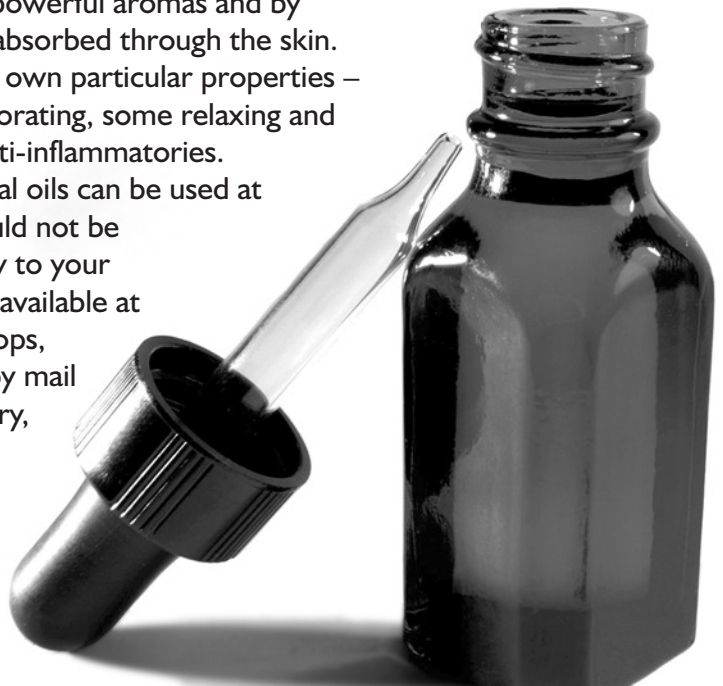
conditions that are made worse by poor posture. The Alexander technique is generally taught one-to-one and you need regular practice to successfully change a lifetime of bad habits. Most people need between 15 and 30 lessons to become proficient.

*Contact: The Society of Teachers of the Alexander Technique on 020 7482 5135 or email [office@stat.org.uk](mailto:office@stat.org.uk)*

**Aromatherapy** – Aromatherapy uses essential oils from plants to promote health and wellbeing. Essential oils can be used in many ways, including as a vapour which is inhaled, in baths or in a burner. But one of the most common methods is as part of an aromatherapy massage. This combines the benefits of touch with the therapeutic properties of essential oils. The oils can help users both through their powerful aromas and by being directly absorbed through the skin. Each oil has its own particular properties – some are invigorating, some relaxing and some act as anti-inflammatories.

Pure essential oils can be used at home but should not be applied directly to your skin. They are available at health food shops, chemists and by mail order. Rosemary, camomile, marjoram and juniper oils are all

**I have friends who love aromatherapy body massage, but I was extremely uncomfortable with the intimacy of the whole thing and did not benefit from it**



thought to be good for muscular or joint aches and pains.

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**A good therapist will always experiment with varying oils and take into consideration how their client is feeling on the day**

**Chiropractic** – Chiropractic is one of the complementary therapies which has gained most respect from the medical community. It claims to improve mobility and relieve pain by focusing on mechanical problems in the joints – especially the spine. Chiropractors use their hands to adjust the joints in the spine and other parts of the body where movement is restricted. While they cannot reverse the damage in joints affected by arthritis, chiropractors claim that this regular adjustment can keep joints healthier and more mobile, while also reducing pain and slowing down further damage.

On your first visit a chiropractor will almost certainly take X-rays of your spine.

Treatment should not be given where there is inflammation (for instance during a flare-up of rheumatoid arthritis), infection, or if osteoporosis is suspected.

*Contact: General Chiropractic Council on 020 7713 5155 or email [enquiries@gcc-uk.org](mailto:enquiries@gcc-uk.org)*

**Hydrotherapy** – Hydrotherapy allows people with arthritis to exercise the joints and muscles while being supported by warm water. The warm temperature of the water aids muscle relaxation and eases pain in the joints, making it easier to relax. Because the water supports your weight, the range of movement in your joints should also increase. You can improve muscle strength by pushing



your arms and legs against the water.

Most hydrotherapy pools range in depth and have steps to get into the pool but there is normally a hoist too. A physiotherapist oversees the session.

*Contact: The Chartered Society of Physiotherapy on 020 7306 6666 or email the society by logging into its website at [www.csp.org.uk](http://www.csp.org.uk)*

**Hydrotherapy and aromatherapy have, in the short term, induced a relaxed, soporific effect which certainly made me feel better**

**Massage** – We use massage instinctively to ‘rub something better’ or soothe and calm someone in distress. As a therapy it can loosen stiff muscles by using gentle, soothing and kneading movements, and improve the tone of slack muscles using firmer, faster movements. Massage can also increase the flow of blood and lymph through the body and ease tension. On a psychological level, a good massage

leaves you feeling relaxed and cared for.

Swedish massage – the most widely-available technique in the UK – generally takes place on a special table and for a full body massage it is usual to undress down to underwear and to wear towels.

*Contact: The General Council of Massage Therapy on 0870 850 4452 or email [info@gcmt.org.uk](mailto:info@gcmt.org.uk)*

**Massage relaxes my muscles and also has a soothing effect on my whole system, easing the pain and increasing my mobility**

**Osteopathy** – Like chiropractic, osteopathy focuses on the importance of the spine and joints. It is based on the principle that individual wellbeing depends on your bones, muscles, ligaments and connective tissues all working smoothly together. Osteopaths believe that for your body to work well, its structure must also work well. Osteopaths use ‘adjustments’ of the joints (similar to those described for chiropractors) and more relaxing manipulation for softer areas to correct structural and mechanical faults and allow the body to heal itself. They may also give advice on lifestyle changes and suggest exercises to do at home.

Osteopathy is most commonly used for back and joint pain – arthritis, sciatica, frozen shoulders and sports injuries. It should not be used to treat people with osteoporosis, inflamed joints or during the first three months of pregnancy. Many doctors are happy to refer their patients for osteopathy (sometimes on the NHS).

*Contact: The General Osteopathic Council on 020 7357 6655 or email [contactus@osteopathy.org.uk](mailto:contactus@osteopathy.org.uk)*

**Reflexology** – Reflexologists believe that stimulating specific parts of your feet can help remove energy blocks, relieving stress and allowing the body to heal itself. The therapy is built on the principle that pressure applied to one part of the body can relieve pain in other parts. Practitioners apply a pressing movement using their

finger or thumb. This is generally pleasant, but can be painful on a sensitive reflex point. The pressure is too firm to be ticklish.

Reflexology is not well regulated, but to become a member of the Association of Reflexologists, therapists must have a recognised qualification, one year's experience and a number of successful case histories. After qualifying, members must continue with their training to keep up to date.

*Contact: Search the website of the Association of Reflexologists – [www.aor.org.uk](http://www.aor.org.uk) – for a practitioner.*

**Tai chi ch'uan** – Performed daily by millions of Chinese people, tai chi claims to improve the flow of chi (energy), calm the mind and promote self-healing using sequences of slow, graceful movements. It is a non-combative martial art, and ideally should be performed outdoors. It is best to learn in classes where the teacher can correct your posture, although videos/DVDs are also an option for learning



the basic techniques. For a noticeable benefit, daily practice is recommended.

*Contact: Tai Chi Union for Great Britain, 5 Corunna Drive, Horsham, West Sussex RH13 5HG or email PeterBallam@aol.com*

**Yoga** – Yoga is a way of promoting flexibility and strength in mind and body. It can improve posture, muscle tone and mobility. It can also help relaxation. Yoga positions have evolved over thousands of years as a way of stretching and readjusting the balance of the spine (the structural and nervous centre of the body). Asanas (positions) move the body in many different directions and this, together with special yoga breathing, stimulates muscles and joints, circulation, digestion and the nervous and endocrine systems.

There are many books available and most gyms, local centres and leisure centres offer yoga classes. While yoga can be useful in combating stiffness in arthritis, you should seek your doctor or physiotherapist's advice since not all the positions are



**Benefits of yoga for me are better posture, better body shape, improved flexibility and a sense of wellbeing**

suitable for people with a limited range of movement in their joints or with replacement joints.

*Contact: The British Wheel of Yoga, 25 Jermyn Street, Sleaford, Lincolnshire NG34 7RU. Tel: 01529 306851 or email [office@bwy.org.uk](mailto:office@bwy.org.uk)*

Other therapies you may want to explore:

**Qigong** – Pronounced ‘chi gong’ this is a system of easy-to-learn movements, breathing and meditation designed to improve the circulation of chi (life energy) around the body.

**Reiki healing** – This involves a therapist placing their hands in 12 different positions over the body to treat all of the major organs and glands and restore the balance of chi (energy).

**Shiatsu massage** – Shiatsu means ‘finger pressure’ in Japanese and involves using fingers to apply stretching and squeezing movements to break up blockages in the energy flow.

## ■ **Medicine and diet-related therapies**

**Herbalism** – Herbalism works by stimulating the natural healing processes of the body, rebalancing and cleansing it. Like the synthetic drugs used in orthodox medicine, herbs have anti-bacterial and anti-viral properties. Practitioners believe that if correctly prescribed, herbs can be combined and targeted to activate, regulate and heal any organ in the body, unless the tissue has been completely destroyed.

Because treatment is said to be aimed at restoring the natural balance of the body, a herbalist may suggest dietary changes as well as a prescription of herbal medicine.

*Contact: The National Institute of Medical Herbalists on 01392 426022 or email [info@nimh.org.uk](mailto:info@nimh.org.uk)*

**Homeopathy** – Homeopathy is based on the principle that ‘like is cured by like’. Where conventional medicine aims to suppress symptoms, for example by using anti-inflammatories to reduce inflammation, homeopathy claims to provoke the body into healing itself by using an agent which could mimic the symptoms of the illness but then diluting it to the point where no trace of the



substance can be found in the medicine. The evidence for the effectiveness of homeopathy in the current medical literature is minimal and contradictory.

Homeopathic remedies can come from vegetables or minerals – and sometimes animals. Although some are potentially toxic they are used in such dilute form that there is no danger. Side effects are unusual, and remedies are not normally harmful when taken alongside conventional medicines.

Medical homeopaths are doctors or other health professionals who have additional qualifications in homeopathy. Non-medical homeopaths are professionals who only practice homeopathy. Using a medical homeopath offers you the additional reassurance that your practitioner has conventional medical skills, but the quality of the homeopathic treatment won't necessarily be better.

*Contact: The Society of Homeopaths (non-medical homeopaths) on 0845 450 6611 or email [info@homeopathy-soh.org](mailto:info@homeopathy-soh.org)*

*Or the British Homeopathic Association (medical homeopaths) on 01582 408675 or email them through logging onto their website at [www.britishhomeopathic.org](http://www.britishhomeopathic.org)*

Other therapies you may want to explore:

**Ayurveda** – This treatment aims to restore health through purifying techniques using herbal remedies, but also diet, yoga postures, meditation, breathing exercises and massage.

**Naturopathy** – This relies on the body's own ability to heal itself – with a little help. It uses dietary and lifestyle changes, as well as other techniques including herbs, hydrotherapy, yoga, massage and osteopathy.

**Nutritional therapy** – This uses diet and dietary supplements, such as vitamins, as a basis for treatment. Nutritional therapists believe that most chronic illnesses, including arthritis, can be helped or slowed down with the right nutritional methods.

Arthritis Care's booklet *Healthy Eating and Arthritis* contains more information on the most common supplements for people with arthritis.

## ■ Mind and emotion therapies

**Counselling** – The aim of counselling is to help you explore problems by talking freely and confidentially to a specially trained person about the things that worry or affect you – including your illness.

Counselling should always be an equal partnership between you and your therapist. Counsellors encourage you to make your own decisions and support you in putting these into practice. Successful counselling can give you an opportunity to express any anger or frustration you may be feeling as a result of your arthritis. It can also help you manage stress, come to terms with a new diagnosis and help you change your lifestyle if that is needed.

There are well-established routes for appropriately trained counsellors and psychotherapists to become professionally



accredited – so finding someone who belongs to a recognised body, such as the British Association for Counselling and Psychotherapy, should not be a problem. You may need to try several counsellors before finding one who is right for you.

*Contact: The British Association for Counselling and Psychotherapy on 01455 883300 or email [bacp@bacp.co.uk](mailto:bacp@bacp.co.uk)*

**Meditation** – Meditation is essentially relaxation for the mind. It helps people by allowing them the time and space to achieve a better awareness of the self, and of their relationship with their environment. It can be effective in helping people manage their stress or a stress-related illness.

There are a number of different forms of meditation, sometimes focusing on breathing or on a mantra – a calming word which is repeated over and over.

Meditation is best practised in a comfortable position with eyes closed and each muscle group relaxed. You can learn the techniques in a class or at home with a book or CD.

*Contact: For a list of practitioners send a large self-addressed envelope, stating the therapy you are interested in to The Institute for Complementary and Natural Medicine, Can-Mezzanine, 32-36 Loman Street, London SE1 0EH. Or visit the website at [www.icnm.org.uk](http://www.icnm.org.uk)*

Other therapies you may want to explore:

**Analytical psychotherapy** – This is based on verbal communication with the therapist who will use the ideas of Jung and Freud to help you explore your fears, expectations and behavioural patterns. The aim is to increase your self-understanding and ability to view the world objectively.

**Autogenic training** – Autogenic means ‘generated from within’ and

**I rely upon meditation to help me cope with times of pain and depression, and to gain relief and comfort**

this therapy aims to teach you to relax and decrease stress through a series of basic mental and physical exercises.

**Hypnotherapy** – This is a technique for inducing relaxation to relieve certain symptoms or bring about a change in lifestyle. It can help control pain, relieve stress and help combat addictions. All hypnosis is self-induced, although a therapist can help you get into a hypnotic state more easily.

**Music therapy** – Music is known to stimulate the release of chemicals in the brain – helping alleviate depression and creating a sense of wellbeing. It can also stimulate the release of endorphins which protect the body against pain by relaxing it.

**Spiritual healing** – Spiritual healers aim to treat your spirit as well as your body and mind by channelling healing energies usually through their hands. They also aim to re-energise and relax you, enabling you to draw on your natural resources to deal with illness or injury.

**Our booklets are reviewed every 12-18 months. Please check our website for up-to-date information and reference sources or call 020 7380 6577.**

## USEFUL ORGANISATIONS

### GENERAL

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- **Arthritis Care**

[www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)

**UK office:**

Tel: 020 7380 6540

**South England office:**

Tel: 0844 888 2111

**Central England office:**

Tel: 0115 952 5522

**North England office:**

Tel: 01924 882150

**Northern Ireland office:**

Tel: 028 9078 2940

**Scotland office:**

Tel: 0141 954 7776

**Wales office:**

Tel: 029 2044 4155

- **Arthritis Research UK**

Tel: 0300 790 0400

[www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)

Funds medical research into arthritis and produces information.

- **NHS Choices**

For links to NHS services in your area and information. Call NHS Direct on 0845 4647 and NHS 24 in Scotland on 08454 242424.

[www.nhs.uk](http://www.nhs.uk)

### COMPLEMENTARY THERAPIES

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- **Institute for Complementary and Natural Medicine**

Tel: 0207 922 7980

[www.icnm.org.uk](http://www.icnm.org.uk)

Can help find locally qualified practitioners.

- **British Complementary Medicine Association (BMCA)**

Tel: 0845 345 5977

[www.bcma.co.uk](http://www.bcma.co.uk)

Umbrella group that maintains a register of qualified practitioners.

### DRUGS

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- **Medicines and Healthcare Products Regulatory Agency (MHRA)**

Tel: 020 3080 6000

[www.mhra.gov.uk](http://www.mhra.gov.uk)

Can provide information on medicines available in the UK on prescription.

### PAIN

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- **The British Pain Society**

Tel: 020 7269 7840

[www.britishpainsociety.org](http://www.britishpainsociety.org)

Information on chronic pain and pain clinics.

- **Pain Concern**

Helpline: 0844 499 4676

Office: 01875 614537

[www.painconcern.org.uk](http://www.painconcern.org.uk)

Offers information and a helpline.

## **ARTHRITIS CARE**

**Arthritis Care exists to support people with arthritis. We are the UK's largest charity working with and for all people who have arthritis. We offer support wherever you live in the UK.**

It costs us £1.10 to provide you with this booklet. If you are able to access information online, you'll help us save money and the environment.

Get involved with us today if you can.

- Make a donation.
- Leave a legacy in your Will.
- Join as a member.
- Become a volunteer.
- Support us in your local area.
- Take part in events.
- Campaign on our behalf.
- Find out about our self-management training and support.
- Join our online discussion forum.
- Visit our website.
- Ring our confidential helpline.
- Join a local support group.

We exist for everyone with arthritis, but we rely on the support of people like you. If you would like to make a contribution to our work, please phone us on 020 7380 6540. Or you can donate online.

**[www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)**



**ARTHRITIS CARE**

*Empowering  
people with arthritis.*

**To find out more about  
arthritis and Arthritis Care**

**Freephone our confidential helpline**

**0808 800 4050**

**(weekdays 10am-4pm)**

**Visit our website**

**[www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)**

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