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# RHEUMORS

*A Newsletter for Patients* WINTER 2013

## Start the Year Off Right:
### Habits that will get you through to next year

BY RICK WEISSINGER, MS, RD, LDN, CPT
Wellness Program Nutritionist

Good medical care is essential for emergent or chronic health problems. Between these – 95% of the time – it's your job, not your physician's, to do self-care. This is a tough realization, because hardly anyone even knows what self-care involves, let alone practices it. Where does a person even begin, and why should you even bother?

Other than the importance of diet, exercise, and stress reduction, take something far more basic – sleep, for example. Nearly 1 in 3 of us get less than 6 hours per night, and we should be getting 8 or 9. Lack of sleep is related to developing hypertension, diabetes, depression, and obesity, as well as cancer. If you can't even manage to get enough sleep, you might find it even harder to accomplish tougher tasks like eating well and exercising.

As to why you should bother with these self-care habits, here's your answer: they are fundamental to your health. Medical care can't replace these, and drugs and medical procedures don't make up for their absence. Your task in this New Year is to take a self-inventory and ask yourself: where am I at with my health? Which habits do I need to work on changing or developing: sleep, diet, or exercise? Whichever you choose, realize that it takes a fairly long time to accomplish. That's OK – let it take as long as it needs to. It has to last you the rest of your life, and it provides a lot of rewards, so take your time getting it done.

Interestingly, all these habits work in part by affecting your immune system, which is a key to good health. In a future article, I'll discuss how self-care strategies tune your immune system in ways that will help you avoid chronic disease and enjoy better health.

THE NUTRITIONAL REVOLUTION:

# Maxing-Out the Benefits of Better Eating Habits

RICK WEISSINGER, MS, RD, LDN, CPT

Think you know a lot about diet and health? Here's where you're probably wrong: Unless you know how nutrition affects hormones, your brain, the immune system, your joints, DNA damage and repair, blood pressure, heart rhythms, how your body uses (or fails to use) sugar, and your chances of avoiding or surviving a stroke, cancer, or a heart attack, you don't really know nutrition.

We're about to change that.

As most of you know by now, Arthritis and Rheumatism Associates P.C. is about more than providing you with expert diagnosis and treatment of rheumatic disease. Our aim is to help you to improve your health in ways that reduce your risk for many kinds of disease. Advancing the integration of 21st-century nutrition science into our practice is simply another way we intend to achieve this.

One aspect of nutrition that is difficult for many of us to accept is that it's not a quick fix. Its effects are cumulative (although some patients respond more quickly, and sometimes dramatically, to a change in diet.) Yet, if you are someone who puts aside small amounts of money for retirement, or who invests time in child rearing, you understand the benefits that come with making small investments on a regular basis. This is how nutrition can reduce your risk for deadly, life-shortening diseases that normally occur little by little over a period of many years.

As we begin the next year, we plan to help many patients incorporate the eating habits that optimize the medical regimen they have been prescribed.

WELLNESS PROGRAM

## Massage Therapy Manages Pain from Chronic Conditions

Every year more and more people are turning to massage therapy and related bodywork techniques to relieve pain and tension or reduce mental and physical fatigue. Research shows that massage decreases muscle tension, reduces heart rate, blood pressure and calms the nervous system. It improves range of motion, postural problems and increases blood circulation, lymph flow and endorphins - the body's natural painkillers. Researchers have also estimated that 80 percent of diseases are stress - related. Therapeutic massage, with its marvelous abilities to relieve pain and tension, speed healing and increase your energy and vitality, can be a lifetime ally in maintaining your ongoing good health.

Many people who come to Arthritis and Rheumatism Associates P.C. suffer from pain or restriction in joints. Massage releases tight muscles that restrict joint movement. It also increases circulation to the joints, which can improve their general health and natural joint lubrication, and relieve pain from conditions such as arthritis.

Robin Richmond - Phillips, a massage therapist for ARA's Wellness Program believes that her patients "feel better physically but also feel a sense of calm and well-being after a good massage."

Robin Richmond - Phillips has been in practice since 1984. She is nationally certified and licensed as a massage therapist and is a Diplomate in Shiatsu and Asian bodywork from the Baltimore School of Massage and the Shiatsu Foundation of Canada.

Robin's specialty is in Therapeutic/Medical massage and integrates Swedish, deep tissue, myofascial release and Shiatsu (Acupressure) techniques into her practice. As a certified Yoga instructor, she has been teaching yoga in the MD/DC area for the past 28 years. Robin is also a professional flutist and currently provides music and massage therapy for Hospice and Alzheimer's patients. In her practice these skills are combined with a nursing and performing arts background to bring a unique and caring approach to patient care.

## WELLNESS PROGRAM CLASSES

### Yoga Class:

**WHEATON: *Mondays* - February 25, March 4, 11, 18 and 25, 2013 (5 part series)**

**SHADY GROVE: *Monday Series* - April 8, 15, 22, 29 and May 6**

**_Thursday Series_ - April 11, 18, 25 May 2 and 9**

### Fibromyalgia Classes:

**WASHINGTON DC: *Wednesday Series* - February 20th, 27th, and March 6th**

**WHEATON: *Wednesday Series* - March 13th, 20th, 27th**

**SHADY GROVE: *Wednesday Series* - April 17th, 24th, May 1st**

### Back Pain Class

**ROCKVILLE: *Tuesday Series* - March 5th and 19th**

RHEUM MYTH OLOGY:

# Raynaud's: Not Just A Winter Phenomenon

BY JUSTIN PENG, MD, FACR

Raynaud's ("ray-NODES") is a condition where exposure to cold or emotional stress can lead to decreased blood flow to the skin. This causes color changes of skin on fingers or toes, to WHITE or BLUISH in the cold. As blood flow returns, the skin may turn RED and throb, tingle, burn, or feel numb. Vasospasm or constriction of blood vessels due to a defect in normal vascular response is thought to be the cause. About 3-5 percent of the general population and up to 15 percent of young women can have Raynaud's.

There are two types of Raynaud's, primary or secondary. When it occurs in absence of other conditions, it is known as primary. If it occurs with other disease like scleroderma, systemic lupus erythematosus, or rheumatoid arthritis, it is known as secondary. Primary Raynaud's is typically not as severe but may affect quality of life by the need for cold avoidance.

The goals of therapy include keeping episodes from happening and to prevent tissue injury. General measures include wearing layers of clothes, mittens, a hat, scarf, heavy socks, using hand/foot warmers, turning up furnace heat, wearing gloves when taking food out of the refrigerator or freezer. Avoiding smoking and emotional stress will also help. Poor blood flow can cause dry skin resulting in cuts, cracks or sores. Skin lotion, lubrication, or mild creamy soap can help prevent these complications.

Most people with Raynaud's do not require medications, but some may benefit from taking them, especially during the winter. Medications include calcium channel blockers like nifedipine or amlodipine, which also treat high blood pressure. Other stronger medications and even surgical interventions are available, but only for severe forms which are rare. If you have Raynaud's, it is best to talk with your Rheumatologist regarding the best treatment option.

## PLEASE NOTE THESE FAX NUMBER CHANGES BEGINNING MARCH 1, 2013:

Rockville office fax is changing from 301-251-5910 to **NEW NUMBER 301-217-9241**

Rockville PT fax is changing from 301-929-4120 to **NEW NUMBER 301-251-0495**

Chevy Chase office fax is changing from 240-497-0233 to **NEW NUMBER 301-652-0210**

DC office fax is changing from 202-293-9416 to **NEW NUMBER 202-419-0418**

# Introducing ARA's Nutritionist / Dietician: Rick Weissinger, MS, RD, LDN, CPT

Rick Weissinger is a registered and licensed Dietitian and Nutritionist. He is the lead author of two editions of 'Nutrition Guide for Clinicians', a 100-chapter, 900-page handbook for medical students that details the role of diet in preventing and treating most common health problems. Additionally, he is an editorial board member of 'Nutrition Journal'. He has written and published education programs and lectured extensively on numerous medical topics, including: cardiovascular disease, cancer prevention, the psychology of successful weight control, stroke prevention, and diabetes prevention and treatment. Rick has taught nutrition as an adjunct faculty member at a number of colleges, including the University of Delaware, and has worked as a liaison between the USDA's Nutrient Data Laboratory and the 5-A-Day for Better Health program. His 25 years of clinical experience includes working with patients in critical care, dialysis, long-term care and home health. His chief interests include the interface between diet and medicine, and he enjoys explaining to patients the ways in which diet impacts their disease processes, particularly how they can use nutrition for healing.

## Consultation appointments will be held in the following locations. Please call to schedule an appointment.

**ROCKVILLE:**
Wednesday, March 6
2:00pm to 6:00pm

**WASHINGTON DC:**
Wednesday, March 27
2:00pm to 6:00pm

**CHEVY CHASE:**
Wednesday, March 13
2:00pm to 6:00pm

**WHEATON:**
Wednesday, March 20
2:00pm to 6:00pm

# Introducing ARA's Safe Opioid Initiative

DAVID P. WOLFE, MD, FACR

Opioid pain medications, also known as narcotics, are a potent class of medications which are sometimes used to treat pain when other therapeutic options have failed. While this class of medications is often very effective in relieving pain, there can be unintended side effects such as constipation, dizziness, nausea, or even tolerance to the effects or addiction over time. For this reason, the Board of Medicine has mandated that careful consideration is given when these medications are prescribed and that an open and mutually agreed upon set of expectations should be established between a patient and their treating physician when these medications are used over a longer period of time.

For this reason, beginning in 2013, ARA will be implementing a new policy for patients who either are, or are anticipated to be, receiving daily opioid (narcotic) therapy for 3 months or longer.

The reasons for this new policy are twofold: first, to ensure the safety of our patients; second, ARA's need to stay within established regulatory guidelines regarding the use of this potent class of medications. The policy is extracted from a position paper entitled Opioid Treatment Guidelines: Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Non cancer Pain published in the Journal of Pain in 2009.

Our policy will include a patient Consent for treatment with opioids which outlines in detail the reason and rationale for opioid treatment as well as the risks associated with this. In addition, the policy will include a Contract between our patients and their prescribing physician which addresses rules regarding such things as prescription refills and appropriate monitoring.

Links to the this Journal of Pain article as well as to copies of our Consent and Contract documents are available for download at the ARA website www.washingtonarthritis.com

If you have any questions, please ask your physician at your next appointment.

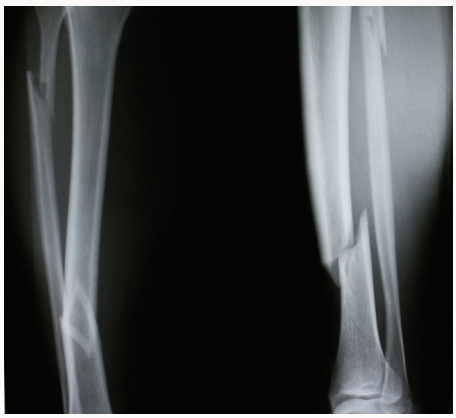
POINTS ON JOINTS

# Unusual Femur (thigh bone) Fractures and Bisphosphonate Use in Osteoporosis Treatment

BY RACHEL KAISER, MD, MPH, FACP, FACR

Every medication – even over-the-counter anti-inflammatories such as ibuprofen - comes with potential benefits (e.g. treatment of pain) as well as risks of side effects (e.g. stomach upset). Furthermore, each of us has a different risk tolerance; one patient may accept any risk as long as she feels 100% better; another may feel that achieving 80% pain relief is acceptable and may prefer not to add another medication in order to minimize potential side effects.

After almost 20 years of experience with bisphosphonates – medications such as alendronate (Fosamax) commonly used to treat osteoporosis - we have learned that unusual femur (thigh bone) fractures have rarely been associated with these medicines. The bottom line is that, reassuringly, many more debilitating spine and hip fractures are prevented each year with these medications than have been associated with their use. Given this extremely rare potential side effect, however, we must carefully discuss your particular risk factors, bone density measurements, and risk of fracture before we initiate treatment with a bisphosphonate. As with all medicines, once you begin taking it, we must be vigilant about potential side effects – even rare ones - and reassess your treatment plan regularly as new research becomes available to help guide our decision-making. After five years of use, we may decide to stop the bisphosphonate and monitor your bone density.



Please bring your questions about your medications to your office visit. If you read something that worries you about your medication, let's discuss it. A discussion about risks and benefits is key to starting any new medication and needs to be tailored to the individual patient.

# Nutrition and Arthritis Class:

## Foods you eat may affect pain, inflammation and disease process

Ever wonder why your body seems to hurt more after eating certain foods or gaining a few pounds? This class explains the science behind food, inflammation, and pain in simple terms, and offers new insights into how you can use nutrition and other lifestyle strategies to get pain relief and maximize the benefits of your medical and physical therapies.

**WHEATON: Monday, April 1st and 8th**

**SHADY GROVE: Monday March 11th and 18th**

RHEUMINATIONS:

# Gout and Diet

BY HERBERT S.B. BARAF, MD, FACP, MACR

Gout is best understood as two different but related diseases. The first is a disorder of the body's biochemistry that causes blood levels of uric acid to be elevated. Uric acid is a chemical, derived from DNA. Levels of this substance are so high that it precipitates into joints and other tissues as deposits of crystals. High uric acid levels can be the result of dietary excess purines, of a component of protein.

The second related "disease" is the arthritis that these crystals cause. Typically, gout first announces itself with a "blast" of pain, usually in the foot, and often the big toe. The red, tender joint of the gout sufferer is among the most painful and dramatic conditions in all of medicine.

The link between gout and increased blood level of uric acid was discovered in the mid 1800's. As the chemistry of uric acid has come to light, so has the relationship of the foods we eat to the risk for gout and the risk for gout attacks.

In the patient with gout one must eventually control both the attacks of joint pain but also the elevated blood uric acid. If you cannot lower your blood uric acid, crystalline deposits will remain and continue to cause joint pain and in time joint deformity. Although diet can bring down the uric acid a little, patients with well established gout need to be on medications that lower the uric acid.

A set of guidelines relating diet to getting down the uric acid level and to decreasing risks of attacks is provided below:

**What are the dietary causes of an elevated uric acid?**

- Obesity in general is a major risk factor
- Avoid fatty foods
- Fat free or low fat dairy products
- High fructose corn syrup, in candies and sugary drinks
- Organ meats (liver, kidney, sweetbreads) and seafood (especially shellfish)
- Alcohol consumption, especially beer, increases uric acid.

**What foods lower uric acid levels?**

- Vitamin C containing foods and vitamin supplements
- Caffeine
- Vegetarian diets
- Complex carbohydrates

**What foods increase the risk of a gout flare?**

- Overeating in general
- Shellfish and organ meats
- Binging on alcohol.

**What foods decrease the risk of a gout flare?**

- Cherries or cherry juice extract
- Vitamin C supplements

Although diet may provide enhanced control of uric acid and lower the risk for acute attacks, the patient with well established gout, having frequent attacks must be on medications to control their disease. Diet alone is not enough.

HEAL YOUR BACK SERIES:

# Lower Your Risk for Back Pain with Prevention – The ABC Plan

BY DAVID G. BORENSTEIN, MD, MACP, FACR

The concept of prevention does not have a great track record, and this dismal situation is true not only for back pain but for most health issues. It's really quite simple. Healthy people lack motivation to participate in preventive activities. They wait until they have their back attack (or other illness) and then try to prevent a recurrence.

Once you have had one back attack, you are at greater risk of having another within a year. Some studies suggest this is true for as many as 50% of back pain sufferers. However, the second attack is usually milder than the first. The second attack occurs because people forget the lessons learned from the first back pain episode. They go back to their old habits and lift objects from awkward positions, stretch too far, or sit too long.

If you remember your ABC's, you will go a long way in preventing back problems to begin with.

### A-ABSTAIN FROM SMOKING

If you are a smoker, make every effort to stop now—your back, along with your lungs and heart and other organs, will thank you. All the tissues of the body require oxygen to maintain their function, and smoking robs these tissues—especially your spinal discs—of the optimal amount of oxygen. Lack of oxygen is part of the disc disintegration process that increases the risk of herniation.

### B-BETTER BODY MECHANICS

The spine is a beautifully engineered structure, and we know posture is good if someone can effortlessly maintain normal position and movement for extended periods of time. Maintaining normal posture is a function of the ligaments that support the spine and legs and also of normal tension in muscles. When any component of the balanced spine is moved off center, this effortless state is altered.

### C-CORRECT DIET

Making wise choices about the foods you eat can be healthy for a number of reasons. Too many times my patients have promised me that they will be thoughtful about what they will eat. They make commitments that are hard to keep. At times they have very little information about nutrition to know what a correct choice is. A number of diets are available to control calories. Pick one that works and stick with it.

Make sure your diet contains abundant amounts of fruits and vegetables, which are good sources of vitamins A, C, and E, the antioxidants in your diet. Remember that it is never too early to start thinking about calcium to make our bones strong.


RHEUMORS

A NEWSLETTER FOR PATIENTS

*Winter 2013*

A publication brought to you by:
Arthritis & Rheumatism Associates, P.C.

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RHEUMORS

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