

# RHEUMATORS

Practice Newsletter

WINTER 2016

EDITOR: *Evan Siegel, MD, FACP*

## ARA Welcomes Jeffrey A. Potter, MD



Dr. Potter is a native of Fort Washington, MD and attended Columbia University where he earned his B.A. degree in 2000 with dual majors in Pre-Medical Studies and Art History. In 2006 he graduated from Howard University College of Medicine and completed his Internal Medicine residency at Howard University Hospital before pursuing his Rheumatology fellowship at New York University. Between medical school and his internship/residency, he spent a year at the National Institutes of Health as a recipient of an Intramural Research Training Award.

Following his fellowship, Dr. Potter was appointed to the Rheumatology faculty at the University of Virginia and served as Assistant Clinical Professor from 2013-2016. There, he helped to establish a curriculum for musculoskeletal ultrasound for training fellows and gave several presentations on topics including rheumatoid arthritis, inflammatory myositis, and systemic lupus erythematosus. He participates annually as a question writer for the American College of Rheumatology's Continuing Medical Education Program (CARE). He was invited recently to speak about patient-physician interactions for the Lupus Foundation of America.

Dr. Potter has received multiple scholarships and awards throughout his academic and medical careers, including the ACR REF/Amgen/Pfizer Rheumatology Fellowship Training Award (New York University), Teaching Resident of the Year (Howard University Hospital), Intramural Research Training Award (National Institute of Arthritis, Musculoskeletal & Skin Disorders), Dr. Emile C. Nash Award (Howard University College of Medicine), and Internal Medicine Departmental Award (Howard University Hospital). He has been first author and co-author of several peer-reviewed articles, largely focusing on disparities in U.S. Healthcare.

Dr. Potter is Board-Certified in Internal Medicine and Rheumatology and is a member of the American College of Rheumatology. His areas of interest include rheumatoid arthritis, gout, myositis, systemic lupus and musculoskeletal ultrasound.

Dr. Potter is married to a Pediatrician (Jamila) and has two children. He enjoys golfing, cooking and traveling. Dr Potter is seeing patients at both our Wheaton and Olney office locations.

### *Board Certified Rheumatologists*

**Herbert S.B. Baraf**  
MD FACP MACR

**Robert L. Rosenberg**  
MD FACP CCD

**Evan L. Siegel**  
MD FACP

**Emma DiIorio**  
MD FACP

**David G. Borenstein**  
MD MACP MACR

**Alan K. Matsumoto**  
MD FACP FACP

**David P. Wolfe**  
MD FACP

**Paul J. DeMarco**  
MD FACP FACP

**Shari B. Diamond**  
MD FACP FACP

**Ashley D. Beall**  
MD FACP

**Angus B. Worthing**  
MD FACP

**Guada Respicio**  
MD MS FACP

**Justin Peng**  
MD FACP

**Rachel Kaiser**  
MD MPH FACP FACP

**Nicole Saddic Thomas**  
MD FACP

**Daniel El-Bogdadi**  
MD FACP

**Grace Ahn**  
MD FACP

**Jeffrey A. Potter**  
MD FACP

## RHEUM QUESTION:

# Arthritis

**SEVERAL OF MY RELATIVES HAVE ARTHRITIS. DOES THIS MEAN THAT I AM MORE LIKELY TO DEVELOP ARTHRITIS IN THE FUTURE?** The genetic predisposition to various forms of arthritis is currently under careful and intensive investigation. As has been discussed in past issues of *Rheumors*, there are many different types of “arthritis.” Each of these forms of arthritis may turn out to have a different degree of genetic transmission. Current theory holds that the development of an inflammatory type of arthritis, such as rheumatoid arthritis, ankylosing spondylitis, Reiter’s syndrome and others, likely requires both a specific genetic makeup as well as contact with some unknown (or known) factor in the environment. Certain genes that predispose to specific types of arthritis have been identified. These include a gene called HLA-B27, which has been correlated with ankylosing spondylitis and a few other disorders, as well as a gene known as DR-4, which may predispose people to developing rheumatoid arthritis. Inheritance of these diseases cannot be traced directly in the way, for example, brown eyes can be followed from generation to generation.

Inheritance of these diseases cannot be traced directly in the way, for example, brown eyes can be followed from generation to generation. Nonetheless, it is fair to say that a strong family history of inflammatory arthritis does somewhat increase one’s chances of developing a similar problem at some point in the future.

*Evan L. Siegel, MD, FACR*



**I HAVE HEARD THAT ARTHRITIS CAN AFFECT THE EYES. ARE THERE ANY PRECAUTIONS I SHOULD TAKE TO PROTECT MY EYES?** Several types of arthritis may affect the eyes, each injuring different parts of the eye. Rheumatoid arthritis might affect the sclera (white covering of the eyeball); systemic lupus erythematosus (SLE) may affect the retina (light sensitive portion); Sjogren’s syndrome may affect the cornea and tear glands; and ankylosing spondylitis the anterior portion of the eyeball. Juvenile arthritis patients may experience a severe eye inflammation that results in scarring. Certain drugs (Plaquenil) used in the treatment of arthritis may also cause eye damage.

It is very important to discuss with your doctor your risk of eye damage related to arthritis. Problems usually respond to timely treatment and complications can be prevented.

*Robert L. Rosenberg, MD, FACR, CCD*

## FUN RHEUM:

U	V	L	C	A	N	A	H	E	E	I	M	J	H	K
P	W	Q	N	Q	R	Q	S	N	X	V	R	X	Q	C
O	U	F	N	T	A	P	I	P	D	Y	J	P	Y	B
S	U	H	I	N	E	C	S	N	I	E	L	N	E	S
T	R	I	V	B	I	W	O	X	C	R	Z	C	V	S
E	W	P	F	D	O	S	Z	F	X	L	I	N	Y	E
O	Y	L	E	L	E	I	C	N	N	A	F	N	E	N
P	J	M	L	P	N	T	F	Q	T	E	Z	R	S	F
O	T	E	I	A	B	I	B	L	Q	N	L	X	I	F
R	N	N	P	I	V	R	O	E	J	N	C	Q	C	I
O	K	V	I	N	G	H	Q	Q	Q	I	R	B	R	T
S	Z	L	M	O	X	T	R	A	D	I	Q	K	E	S
I	R	R	J	B	J	R	I	Y	J	O	S	P	X	I
S	O	H	T	Q	V	A	O	Y	X	O	F	K	E	L
E	U	I	Z	G	S	C	T	K	N	K	Q	W	R	X

Find these words:

ARTHRITIS

MEDICINE

ASPIRIN

OSTEOPOROSIS

EXERCISE

PAIN

HIP

STIFFNESS

JOINT

SWOLLEN

# Raynaud's Disease – Fighting the Cold

BY GRACE AHN, MD, FACR

Last December, I saw a 20-year-old, straight-A pre-med student from a top university for an urgent consult. She had developed transient color changes to her fingertips in both hands that had been going on for a week. She had seen her primary care doctor and vascular surgeon who told her that vascular studies were normal but she may have an autoimmune disease called Raynaud's.

Raynaud's is a syndrome that causes color changes to the tips of your fingers or toes. The color changes can happen when the blood flow to the small vessels in your hands and feet are temporarily reduced upon exposure to the cold. The decrease in blood flow results in blanching (whitish color changes), cyanosis (bluish color changes), or reactive hyperemia (reddish color changes) as the affected area rewarms. Some people have all three-color changes, and some experience only one. Raynaud's can lead to swelling of the fingers as well as pain.

A clear cause for Raynaud's is still being investigated. However, we do know that the blood vessels in the hand and feet appear to overreact to cold temperatures or stress. Women are more likely to experience Raynaud's and it is more common in those who live in colder climates. About one-third of people with primary Raynaud's have a first-degree relative with the disorder. Smoking and medications that affect the blood vessels also increase one's risk of developing the syndrome.

The diagnosis of Raynaud's is made through asking questions about your medical history and through a physical examination by your doctor. The condition is present in 5% to 10% of the general population. Raynaud's is divided into two categories: primary and secondary. Generally we refer to it as primary Raynaud's unless it is associated with an underlying connective tissue disease, such as rheumatoid arthritis or scleroderma. Typically, primary Raynaud's does not cause tissue damage. However, secondary Raynaud's can cause irreversible tissue damage, leading to ulcerations, reduction in the fat pads of the fingers, or scars. Treatment of Raynaud's depends on the severity of the symptoms and whether there is any other associated disease. We recommend avoiding triggers such as smoking, stress, and caffeine. The initial treatments for Raynaud's are supportive and preventative, such as wearing gloves or heavy socks and warm shoes. The 20-year-old patient mentioned above started using hand warmers, which resolved her attacks and stabilized her symptoms. Now she is working on managing her stress, since studying for a difficult exam triggered her first flare of Raynaud's. Sometimes, medications are used to help dilate the blood vessels and promote circulation. In severe cases, procedures such as injection or surgeries are used as treatment options. If you think you may have Raynaud's, speak to your rheumatologist regarding the diagnosis and treatment.



## Clinical Trial For Patients With Sjögren's Syndrome

BY PAUL J. DEMARCO, MD, FACR, FACP, RHMSUS

Patients with rheumatic diseases have reaped the benefits of many modern medical discoveries. Breakthroughs are the results of the dedication and devotion of researchers and clinical trial subjects. Many brave and sincere hearts work together to demonstrate the effectiveness as well as the safety of administering medications to those in need. We are extremely thankful and proud of our many ARA patients who have participated in the clinical trials process. They are true heroes to the modern world.

The lives of patients with rheumatoid arthritis and systemic lupus erythematosus are greatly improved by scientific advances. Unfortunately, patients with the most common autoimmune disease, Sjögren's Syndrome, have not been graced with a medical breakthrough. Researchers continue to explore options, hoping to find such an intervention. Sjögren's Syndrome is an autoimmune disorder characterized by loss of exocrine glands, the fluid-producing glands. It leaves patients with regional dryness in areas including the eyes and mouth. Dryness results in tissue damage, such as corneal abrasions, stomatitis, and recurrent infections. There are therapeutics to increase the lubrication of eye and nasal passages, but no medications have been found yet that can even halt the cruel attack on the exocrine glands, which is the basis for the dryness.

ARA's research division, The Center for Rheumatology and Bone Research, is dedicated to helping and participating in the search for the treatment of Sjögren's Syndrome. The physicians at The Center for Rheumatology and Bone Research have designed a clinical trial for patients with Sjögren's Syndrome to evaluate the effect of a medication on the salivary gland and other manifestations of Sjögren's Syndrome. This medication is known to be a biologic response modifier in patients with rheumatoid arthritis. If you or someone you know has Sjögren's Syndrome, please have them call one of our Center coordinators at 301-942-6610 to discuss enrollment in the study. Thanks so much for joining with us to help improve lives in our community and globally.

## RHEUMINATIONS:

# Stress and Autoimmune Disease

BY DANIEL EL-BOGDADI, MD, FACP

I have observed that many patients will describe a stressful experience preceding the onset of their autoimmune disease. The stress could be the death of a loved one, marital conflict or job loss. These events are just a few of those that have been described on the Holmes and Rahe Stress Scale, a standardized tool used to determine the likelihood that one's level of stress may contribute to the development of illness. It is known that the accumulation of multiple stressors may lead to disease onset. In fact, an article published in *The Lancet* in 2004 found that the risk correlation of smoking and heart attack (2.87) was very similar to psychosocial stress (2.67). The *Lancet* article concluded that smoking and stress can carry almost the same risk for a heart attack! It was determined that stress as a risk factor for heart attack was actually greater than the risk for high blood pressure (2.37) or diabetes (2.37).

So what about stress as a risk factor for autoimmune disease? Many retrospective studies found that a high proportion (up to 80%) of patients reported uncommon emotional stress before autoimmune disease onset. However, because of the nature of stress, proving that it actually causes autoimmune disease or describing the mechanism of causation is a challenging task. We would have to sort out diet and medications and a multitude of other factors to make this link. However, there have been non-controlled studies indicating that childhood traumatic stress increased the likelihood of a diagnosed autoimmune disease decades into adulthood. There is also evidence that stress-induced hormones, especially on a chronic basis, may alter the immune system. However, our understanding of this process is still limited and treatments continue to evolve.

So have I convinced you that stress is important? Now, let's look at what stress is and how it affects us. Stress is defined as the application of pressure, strain or tension. That sounds simple enough but how we react or respond to our emotions can make a big difference in how we are able to manage a situation. Emotion is an automatic, powerful bias in our way of thinking. It has evolved to help us survive by interpreting what is pleasurable and what is not. However, it may be so powerful that it is destructive, and so destructive that it may trigger an autoimmune disease or a heart attack.

It is amazing that we have made such enormous technological progress that we can put a powerful computer in the palm of our hands or catheterize a heart blood vessel, yet we still understand so little about our emotions and how to regulate them to avoid potentially destructive results. Perhaps this is due to social stigma associated with mental health issues and insufficient funding towards research and treatment. Perhaps if we had a better understanding of our emotions and better access to mental health care, we would be able to prevent or at least better manage certain stress-related diseases.

Unfortunately, not only does stress seem to contribute towards disease, the disease itself causes significant stress, resulting in a vicious cycle that magnifies the problem. Stress, by itself, aggravates or causes pain. We know the areas for emotion and physical pain sit very close to each other in the brain and both areas may be triggered simultaneously during stress, resulting in a mutually enforcing cycle that leads to chronic pain. Furthermore, there is clinical data demonstrating that antidepressants can be effective pain medications because they can modulate the connection between emotions and pain in the brain.

I don't want to leave readers with a feeling of hopelessness about their ability to control stress and potentially their autoimmune response. Following are simple things we can do to help manage stress every day, especially major stress that may lead to disease.



- 1. Get plenty of sleep.** Lack of sleep may increase the risk for depression, diabetes, obesity, and a host of other health issues. Getting adequate sleep may be the most important thing we do to help manage our health.
- 2. Eat a proper diet.** The 2015 Dietary Guidelines Advisory Committee identifies that a healthy dietary pattern is higher in vegetables, fruits, whole grains, low- or nonfat dairy, seafood, legumes, and nuts. It also recommends a diet low in red and processed meat, sugar, sweetened foods and drinks, and refined/processed grains.
- 3. Drink plenty of water.** Our body is 66% water. Water flushes toxins out of vital organs, carries nutrients to your cells, and provides a moist environment for ear, nose, and throat tissues. The general rule is to drink eight 8-ounce glasses of fluid a day, which is equivalent to about 1.9 liters per day.
- 4. Exercise.** There are numerous benefits to exercise such as controlling weight (obesity is a cause of inflammation), improving cholesterol, strengthening your immune system, improving your mood, increasing energy by improving oxygen delivery to tissues, and improving sleep. Try to exercise at least 30 minutes, three times a week.
- 5. Put your priorities in place and manage your time well.** Set aside time to exercise and eat properly.
- 6. Identify destructive types of stress in your life and seek the help of a counselor to better manage it.**
- 7. Do things that you enjoy and laugh often.** Laughter has many unrecognized benefits such as boosting the immune system and reducing dangerous stress hormones in the body.

# Click Save - New Electronic Registration for ARA

BY ANA REYES-CARTAGENA  
DIRECTOR OF CLINICAL PRACTICE

New technology is coming to ARA this March! Arthritis and Rheumatism Associates, P.C., is pleased to announce the implementation of a new point of service technology called Phreesia. This new technology will allow us to streamline the check-in process for our patients. The most noticeable change will be the new orange Phreesia tablet computers that staff will hand patients when they arrive to check in for their appointments. ARA is anticipating that using the Phreesia tablets will result in these benefits:

- Shorter time spent in the waiting room for our patients filling out paperwork.
- Each check-in will help update patient information to reduce errors.
- Improved privacy and security of confidential patient health information.
- Easier processing of co-payments and outstanding account balances.
- Implementation of a payment plan option for outstanding balances.
- Ability to email registration forms to patients prior to their appointments.

Phreesia is just the latest example of our commitment to the latest and most efficient technologies to improve your patient care experience and satisfaction with our practice. Be sure to let us know what you think!

## POINTS ON JOINTS:

# Joint Hypermobility Syndrome

BY PAUL J. DEMARCO, MD, FACR, FACP, RHMSUS

Have you ever performed “tricks” with your joints or been labeled “double-jointed?” You may be hypermobile! Hypermobility can help dancers, musicians and athletes (such as gymnasts). Some authorities attribute the virtuosity of the great violinist Paganini to joint hypermobility. While this may be amusing, some people suffer chronic pain from the same “abilities.” While as many as 10-20% of people can perform “joint tricks,” researchers are uncertain how many of them actually develop medical problems. Some studies estimate about 3% of all people experience negative symptoms from joint hypermobility. People with joint-based pain associated with hypermobility are diagnosed with *benign joint hypermobility syndrome* (BJHS), an abnormal or pathologic state; this condition belongs to a larger group of heritable disorders of the connective tissues. Connective tissue attaches two tissue types, such as a ligament or tendon, and can hold other tissues against each other, such as layers of skin, layers of the gastrointestinal tract, or heart valves to the heart muscle. This means that patients who have joint hypermobility can suffer symptoms of connective tissue disorders in other body parts, such as skin, gastrointestinal tract and heart.

Physicians specializing in the treatment of connective tissue diseases routinely ask patients with widespread joint pain a standard set of questions if they suspect they may have

a hypermobility disorder. It is possible that joint pain is related to BJHS when two of these five questions are answered positively:

- (1) Can you now (or could you ever) place your hands flat on the floor without bending your knees?
- (2) Can you now (or could you ever) bend your thumb to touch your forearm?
- (3) As a child or teenager did you amuse your friends by contorting your body into strange shapes OR could you do splits?
- (4) As a child or teenager did your shoulder or kneecap dislocate on more than one occasion?
- (5) Do you consider yourself double-jointed?

Rheumatologists are adept in identifying BJHS. Although many joints are involved, rheumatologists examine specific sites to confirm the diagnosis. This is called the Beighton score (4 of 9 points) and, in simplified terms, includes:

- (1) Placement of the right and/or left thumb against the palm side of the forearm
- (2) Placement of the right and/or left pinky finger to line up with the back of the forearm
- (3) Bending the right and/or left elbow “backwards” to a 10-degree or greater angle
- (4) Bending the right and/or left knee “backwards” to a 10-degree or greater angle
- (5) Bending forward at the waist, placing palms on the floor without bending the knee forward.

Patients with BJHS can have pain from dislocations, recurrent joint sprains, or recurrent tendon injuries in any joint. Some patients have skin involvement, including easy bruising, stretching, development of stretch marks, as well as strange healing of the skin. Some patients experience gastrointestinal hernias, reflux symptoms, and/or irritable bowel symptoms such as constipation alternating with diarrhea, bloating, or nausea. Some have symptomatic pelvic floor weakness. Anxiety is genetically linked to BJHS. Other psychiatric symptoms reported include depression and fear of dislocating joints. Heart involvement can lead to palpitations, chest pain, a sense of passing out, and near blackouts.

Once identified, BJHS patients require a team of caregivers, including physicians and physical therapists. Physical therapists teach patients the limits of joint motion, strengthen the muscles to assist in joint protection, and facilitate relief of pain with other techniques. Rheumatologists and pain management specialists can prescribe medications to relieve pain and other symptoms.

If you or someone you know experiences these symptoms, a rheumatologist may be able to help you improve your quality of life by properly identifying the problem, providing education, prescribing medications, and directing you to other providers best equipped to assist in your care.

# Maintaining Flexibility as You Age

BY VICTORIA BOWEN, PT, DPT  
ARTHRITIS AND REHABILITATION THERAPY SERVICES

As our bodies get older we lose a small amount of flexibility as a result of normal aging processes. This can happen for several reasons including loss of water in our tissues and spine, increased stiffness in our joints and loss of elasticity throughout the muscle tendons and surrounding tissue.

Decreased flexibility within our body can impact our everyday life by preventing us from functioning normally. For example, it is fairly common for some individuals to decrease their amount of physical activity because they do not feel flexible enough to perform activities they once enjoyed. However, this kind of self-limitation can lead to an even greater loss of function.

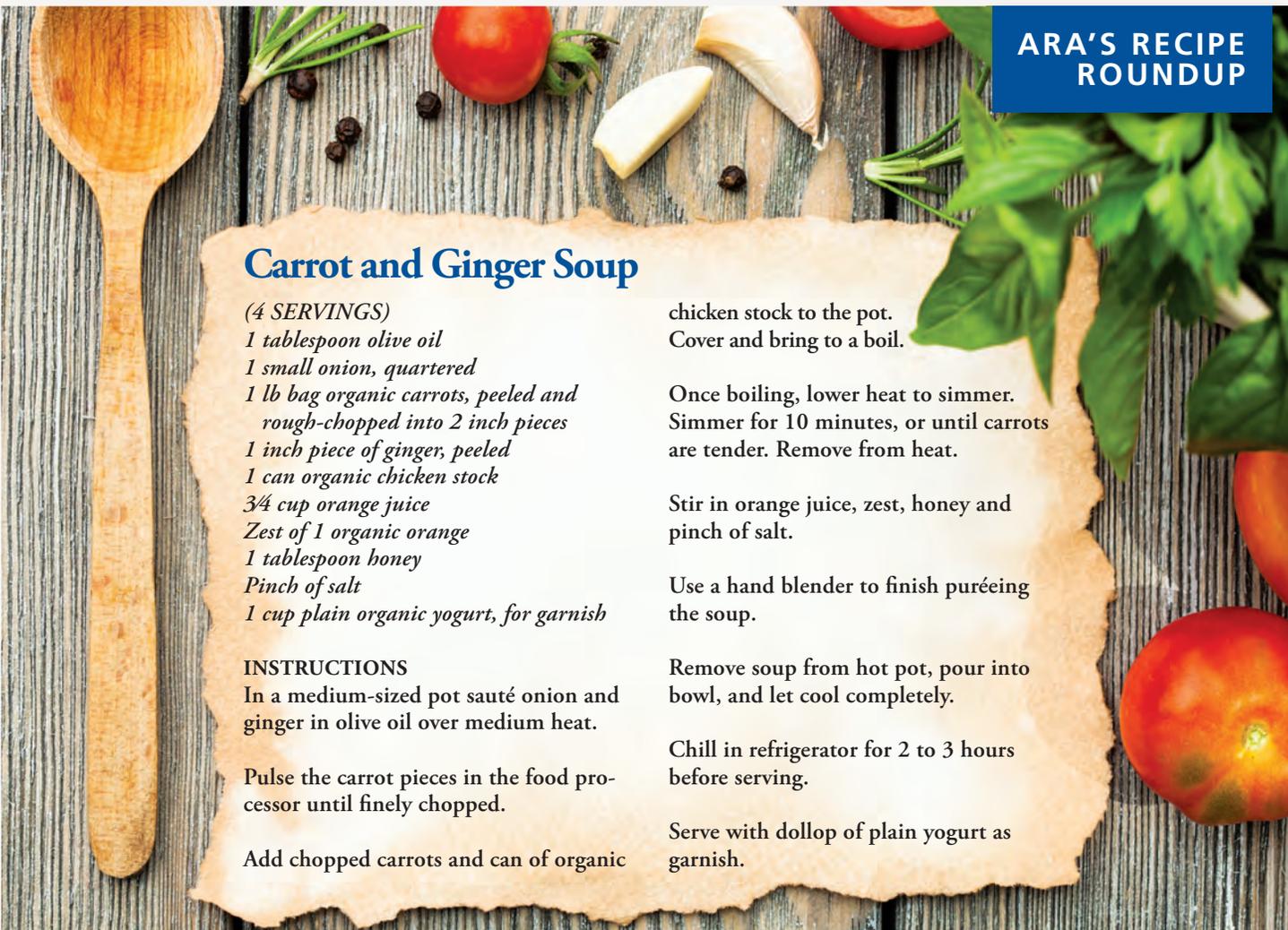
Our bodies truly operate under the "Use It or Lose It" principal. If we don't use our muscles, we tend to lose their strength. If we lose strength in the muscles we don't move them as often, which may lead to further decreases in flexibility if they are not taken through their full range of motion to maintain their length. The good news is that we have the ability to slow or reverse some of these changes in our body! We cannot prevent some loss of flexibility, but we have every opportunity to prevent losses of function due to this decrease. The first step toward preventing a loss of flexibility is to keep active!

Several problems may result from decreased flexibility: slower walking speed, shorter steps while walking, back pain, and increased risk of falls. There is evidence to suggest that a stretching program for the front hip muscles can improve walking speed and stride length. This will result in improved walking function and offer greater control, which decreases the risk of falls due to a lack of balance.

Stride length is also very important in decreasing your risk of falling. The more distance between your legs while walking (i.e., longer step), the greater balance you can achieve. Therefore, it is important to improve the ability of your legs to take longer steps by maintaining flexibility in the muscles of your legs.

There are many group exercise programs for people of all ages throughout the community. Exercising with others often increases one's enjoyment of activity and provides motivation to stay active. In addition to decreasing the loss of flexibility, regular physical activity offers many other benefits for your general health, including decreased risk of heart disease and physical disabilities.

Want to learn more about improving your balance and muscle flexibility? Speak with your rheumatologist or physical therapist to get started!



**ARA'S RECIPE ROUNDUP**

## Carrot and Ginger Soup

*(4 SERVINGS)*  
1 tablespoon olive oil  
1 small onion, quartered  
1 lb bag organic carrots, peeled and rough-chopped into 2 inch pieces  
1 inch piece of ginger, peeled  
1 can organic chicken stock  
3/4 cup orange juice  
Zest of 1 organic orange  
1 tablespoon honey  
Pinch of salt  
1 cup plain organic yogurt, for garnish

**INSTRUCTIONS**  
In a medium-sized pot sauté onion and ginger in olive oil over medium heat.

Pulse the carrot pieces in the food processor until finely chopped.

Add chopped carrots and can of organic chicken stock to the pot. Cover and bring to a boil.

Once boiling, lower heat to simmer. Simmer for 10 minutes, or until carrots are tender. Remove from heat.

Stir in orange juice, zest, honey and pinch of salt.

Use a hand blender to finish puréeing the soup.

Remove soup from hot pot, pour into bowl, and let cool completely.

Chill in refrigerator for 2 to 3 hours before serving.

Serve with dollop of plain yogurt as garnish.

# Medications for Fibromyalgia

BY DAVID WOLFE, MD, FACR



Many patients with fibromyalgia turn to medications to ease the burden of their symptoms. Often, a patient will ask me: “Will medications help me?” Well the answer turns out to be quite complex and the best response is “maybe.”

A variety of medications used to treat fibromyalgia and its symptoms include antidepressants, anticonvulsants, muscle relaxants, analgesics, anti-inflammatories, sleep aids, and dietary supplements (nutriceuticals).

The term antidepressant is really a misnomer since these medications are not, in the case of the fibromyalgia patient, treating depression per se (although they can, if indicated). Instead, they are raising levels of certain brain chemicals (nor-epinephrine and serotonin) that are deficient in areas of the brain and spinal cord. Examples of this class of medications include Duloxetine (Cymbalta), Milnacipran (Savella) and Venlafaxine (Effexor), among others.

The term anticonvulsant is also a misnomer, as these medications are used not to treat convulsions (seizures), but rather to reduce the size or intensity of nerve signals traveling to the brain. Examples include gabapentin (Neurontin) and pregabalin (Lyrica). Common muscle relaxants include cyclobenzaprine (Flexeril or Amrix), tizanidine, and metaxalone (Skelaxin). Sleep aids include zolpidem (Ambien), amitriptyline (Elavil), nortriptyline (Pamelor), trazodone and eszopiclone (Lunesta). Nonsteroidal anti-inflammatory drugs (NSAIDs) tend to be of limited benefit and opioid analgesics (narcotics) actually may increase fibromyalgia pain over the long term. The most helpful analgesic is tramadol (Ultram/Ultracet), which treats pain directly and helps to rebalance serotonin in the brain.

Although many dietary supplements have been recommended for fibromyalgia, few have been studied in a rigorous scientific manner. A non-psychoactive constituent of the marijuana (cannabis) plant called cannabidiol (CBD) seems to hold much promise for fibromyalgia and other pain conditions but its availability is restricted to states where medical marijuana is legal. Furthermore, the federal government steadfastly restricts access to this chemical for clinical studies in fibromyalgia and other conditions.

The fundamental problem with many medications for fibromyalgia is that people with this condition often are hypersensitive to many things, including medications. This often makes it difficult for them to tolerate even low doses of these medications without experiencing nonserious, though certainly unpleasant, side effects. Furthermore, most studies of medications for fibromyalgia are of relatively short duration and show, at best, modest benefits. That leaves the question of what is one to do to help the fibromyalgia patient?

Medications should be viewed, at best, as a bridge or temporary solution for fibromyalgia. The more fundamental and enduring solutions are found by changing attitude and approach to the condition and their lives. This involves cognitive strategies as well as regular low impact aerobic exercise and, most importantly, addressing any underlying sleep problems. Until or unless these are effectively addressed, medications may serve to mask the underlying condition—not unlike cutting a weed above the ground rather than digging it out at the roots.

## Wellness Classes:

### WHEATON

#### MASSAGE THERAPY

Available by appointment

#### BACK SCHOOL CLASS

Thursdays (2- or 3-part series, \$80)  
April 7, 14, 21

### ROCKVILLE

#### MASSAGE THERAPY

Available by appointment

#### OSTEOPOROSIS

Thursdays (5-part series)  
June 30 and July 7, 14, 21, 28

#### FIBROMYALGIA EDUCATION CLASSES

Wednesdays (3-part series)  
May 4, 11, 18 – 6:00pm

### CHEVY CHASE

#### LOOK FOR FUTURE CLASSES

### WASHINGTON D.C.

#### BACK SCHOOL CLASS

Tuesdays (2- or 3-part series, \$80)  
June 7, 21

#### OSTEOPOROSIS CLASS

Thursdays (5-part series, \$105)  
May 19, 26 & June 2, 9, 16

# RHEUMORS

Arthritis & Rheumatism Associates, P.C.  
2730 University Blvd. West, #310  
Wheaton, MD 20902  
301-942-7600

PRSRT STD  
US POSTAGE  
PAID  
BALTIMORE, MD  
PERMIT #1

## RHEUMORS

PRACTICE NEWSLETTER

Winter 2016

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

**EDITOR:**

Evan Siegel, MD, FACR

**DESIGNER:**

Brenda Brouillette RN, BS -  
Business Development Specialist

© 1990 Arthritis & Rheumatism Associates



## New CEO Moving ARA Forward

Daniel (Dan) Tucker joined Arthritis & Rheumatism Associates in August as Chief Executive Officer following the retirement of beloved long-time administrator Margaret Dieckhoner. Dan comes to ARA from First Colonies Anesthesia Associates, a large, local anesthesia practice where he was Chief Officer. Prior

to his experience with large medical group administration, he spent many years as a hospital administrator working in the areas of physician recruitment, medical practice development, medical staff governance, provider credentialing, peer review and business development. He also has significant experience managing and marketing both inpatient and outpatient physical rehabilitation services.

Mr. Tucker is a graduate of Franklin & Marshall College and received his

MBA, with a concentration in Finance, from Loyola College in Maryland. He has a special interest in health care economic policy and the intersection of private and public influence in shaping policy. He is a member of the Medical Group Management Association (MGMA) and the Maryland MGMA.

In addition to daily operations at ARA, Dan is focused on strategic growth and developing approaches for the practice to implement value-based care and alternative payment models that conform with CMS' triple aim of improving the quality of patient care, reducing the cost of care and improving the health of our populations.

Dan grew up in Baltimore and has lived in Montgomery County, Maryland, for many years with his wife, Mehrnoush, a local dentist. He has two young children and formerly enjoyed playing sports such as soccer and tennis but now spends much of his spare time shuttling his kids to their sporting events. He enjoys traveling, reading and finding great, new, local, ethnic restaurants.

## Join in the Walk to Cure Arthritis



ARA is a proud sponsor of the Arthritis Foundation's Walk to Cure Arthritis event on May 22, 2016, at Nationals Park in Washington, DC. We congratulate Justin Peng, MD, for being named medical honoree for this walk. His commitment to care for those afflicted with arthritis and supporting the community makes him worthy of this honor. We invite you to join our Team ARA to support the mission to conquer arthritis, which is the leading cause of disability in America. Visit <http://www.walktocurearthritis.org/metrod/c/arthritisandrheumatismassociates>