

Active Living with Arthritis Podcast #15

Fact or Fiction Part 1: Seriousness of Osteoarthritis, Braces, Diet and Weather

Karen: Welcome to another Active Living with Arthritis podcast, presented by the ENACT center at Boston University as part of our Interact with ENACT series. We're here to bring you evidence-based information related to arthritis and rehabilitation. Make sure to subscribe to our podcast to receive episodes as they're produced. I'm Dr. Karen Jacobs, an Occupational Therapist, professor in occupational therapy at Boston University, and your host for our first fact or fiction podcast. I'm here today with Amber Steckel and Kaitlin Thompson, candidates for the Doctor of Physical Therapy degree at Boston University.

Today is part one of a two episode mission to bust or confirm myths surrounding arthritis. Although there are many different types of arthritis, in this episode we will be focusing on osteoarthritis, specifically. We will discuss the seriousness of arthritis, braces, and how diet and weather can affect joint pain. Our first myth is that arthritis is not a serious health problem. What can you tell us about that myth, Amber?

Amber: Well, Karen, many people, and even some healthcare providers, believe that osteoarthritis results in some aches and pains, but it doesn't really have a big impact on people's lives. This is far from true! While osteoarthritis doesn't carry the same risk of death as do conditions like cancer, heart disease, and diabetes, it is the leading cause of community walking disability. Knee and hip osteoarthritis can have a huge impact on activities like standing, walking, and climbing stairs. In fact, of the 27 million people in the US who have arthritis, 8 million cannot walk a quarter of a mile in large part due to their arthritis.

Karen: Wow. You mentioned that osteoarthritis can affect a person's ability to walk and climb stairs. But I know many people with arthritis, and they can perform these activities very well. Kaitlin, what does that mean for these people?

Kaitlin: Yes, Karen, that's a great point. The reason for this is likely due to the slow progressive nature of osteoarthritis. People can live with arthritis for years, and even decades, before it really starts to limit their daily activities. But that means that things can sneak up on them! Joint pain and stiffness are common and result in people slowing down and doing fewer activities. People with osteoarthritis actually engage in less activity than their age-matched peers. This can lead to weight gain, which we know is bad for arthritis as well as diseases like heart disease and diabetes.

Karen: Wow. Does that mean that the outlook is really bad for people with osteoarthritis? Amber, what do you think?

Amber: Absolutely not!! There are many things you can do to help yourself including exercise, weight loss, and modifying your home to make it safe and manageable. As our colleague Sara Crandall talked about in other ENACT podcasts, lots of research shows that moderate exercise decreases pain and improves physical function.

Karen: Thanks for that reminder about the other podcasts. It would be great for our listeners to listen to them again. Now, let's move to our next topic, bracing. The second thing we would like to address is if braces, orthotics, and shoe inserts can really help arthritis symptoms. I know there are many different types of equipment out there, Kaitlin, but which of them really work?

Kaitlin: That's a great question. But unfortunately, at this point all we can say is that the research isn't clear that these strategies work or that they don't work. The decision probably needs to be made based on the individual person along with the recommendations of health care providers. The little research that is available suggests that a valgus knee brace might be helpful for people with knee osteoarthritis. Again, though, there is only very limited research supporting its use.

Karen: Now, I see people wearing a neoprene sleeve a lot. What's that all about? Amber, can you explain that?

Amber: Sure. The neoprene sleeve does enhance the feeling of having extra support around the knee. However, evidence shows that it is not actually doing anything to improve symptoms like pain and stiffness. Still, many users continue to wear a neoprene sleeve for that extra feeling of support, and they report that it does help them.

Karen: What about orthotics or shoe inserts? Kaitlin, what do you think of those?

Kaitlin: Yea, we get lots of questions about orthotics and shoe inserts. Currently, there isn't very much research showing that orthotics or shoe inserts can help. As with bracing, orthotics or shoe inserts may help based on things specific to the individual. For instance, orthotics or shoe inserts might be particularly helpful for people with foot pain and/or problems. These people should consider discussing orthotics and shoe inserts with their doctor or other healthcare provider.

Karen: Okay. We'll that's all good to know. And you really reinforced being informed and educated consumers, so thanks! Our third myth is that cold and damp weather causes arthritis. So, Amber, since I live in Boston, and it's cold for most of the year, does that mean that I'm going to get arthritis?

Amber: Well I can't say whether or not you will get arthritis, but I can tell you that living in Boston does not increase your chances. Cold and damp weather does not *cause* arthritis, but changes in the weather can cause temporary changes within the joint. Although we're not sure exactly how this happens, these changes can increase pain severity in people with osteoarthritis. This is especially true during stormy weather, when there is a lower barometric pressure. However, studies show that this increase in pain does not last long, and should pass when the storm does.

Karen: What a relief! Now, I'm curious about something someone told me about nightshade vegetables, which brings us to our fourth myth. They say that eating eggplants and some other vegetables can bring on a flare-up of arthritis or make arthritis symptoms worse. Amber, is that true?

Amber: At this time, there is not enough evidence to support or refute that claim. There is very little research to suggest that nightshade vegetables, which are potatoes, tomatoes, peppers, and eggplant, make arthritis symptoms worse. We only found one article examining these nightshade vegetables and their relationship to arthritis. Researchers reported that if subjects eliminated these vegetables from their diet for three months, symptoms improved for some people but did not improve for others. Thus, you might want to try it, but know that there isn't good evidence behind this approach. Additionally, by restricting these foods from your diet, important vitamins and minerals may be missing. A nutritionist can help you find ways to get these nutrients somewhere else.

Karen: This is really good information to know, and it seems like diet is very important, which brings us to our fifth and final myth. Kaitlin, is it true that eating poorly will cause arthritis?

Kaitlin: Not exactly. An unhealthy diet in itself does not *cause* arthritis. However, eating poorly can lead to a multitude of chronic diseases like diabetes, heart disease, and obesity. Obesity is one of the factors most associated with developing knee osteoarthritis. Excess weight loads the hips and knees even more, creating repetitive stress and irritation. In fact, researchers have found that being overweight can increase chances of developing knee osteoarthritis by almost *two* times, and being obese increases these chances by *seven* times.

Karen: Wow. If someone is overweight or obese, Amber, will losing weight help them?

Amber: Yes! Many studies show that for those who are both overweight and have knee osteoarthritis, losing weight can significantly improve pain and functional ability. In fact, for every pound lost, there is a reduction of four pounds of force through the knees. There is not as much evidence to support weight loss for hip osteoarthritis. However, preliminary research shows similar findings in the hip for improvements in physical function. The

best way to lose weight is through a combination of diet and exercise over an extended period of time. Research shows that a 10% reduction in weight over 3 months creates the most improvements in physical function. It is important to talk to a doctor, nutritionist, or other qualified healthcare professional to develop an effective *and* doable weight-loss plan.

Karen: That's a really great point. And on that note, we will end our first Fact or Fiction podcast. In review, we learned that arthritis is not just aches and pain but is a serious health issue. We can't say whether or not braces and orthotics can help arthritis at this time. Cold weather does not in fact *cause* arthritis, but stormy weather can cause a temporary increase in pain. And lastly, being overweight can lead to the development of arthritis, but losing excess weight can improve pain and function. Actually, just 10% really has an impact.

We hope you enjoyed this podcast, thanks for listening! If you'd like to offer feedback, ask questions, or let us know of topics that you're interested in, please send an email to enact (e-n-a-c-t) @ bu.edu. On our website- www.bu.edu/enact we have a copy of today's show notes, information about the center, and a list of online resources. In our next podcast, we will have a second set of myths associated with arthritis. These include copper bracelets, glucosamine, omega-3 fatty acids, arthroscopic surgery, and ice vs. heat.

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