

LOOKING AFTER YOURSELF

Living and coping with a chronic condition can be difficult. At times you may feel angry, depressed and isolated. It is not easy to accept the loss of good health or accept constant pain and changes in your physical appearance.

Talking about how you feel with someone who is close to you is very important. But sometimes you may feel the need to confide in someone who really understands. Arthritis New Zealand employs skilled Arthritis Educators, who are always on hand. They can give you information and advice, put you in touch with support and exercise groups throughout the country and help you obtain special equipment and aids for daily living.

LIVING WITH ARTHRITIS

A variety of known techniques can help people control and reduce the effects of arthritis. Research has shown that people who exercise regularly, practise relaxation and/or use other self-management techniques have less pain and are more active than those people who are not self-managers.

Self-management courses are available through Arthritis New Zealand. They are designed to give people the skills needed to take a more active part in their arthritis care, together with a healthcare team. Medication, physical activity, joint protection, stress management, acupuncture, heat/cold therapy and weight control to prevent extra stress on weight bearing joints, are just some of the components of self management.

ARTHRITIS NEW ZEALAND

Arthritis New Zealand is a not-for-profit organisation whose main aim is to enable a better quality of life for people affected by arthritis. Arthritis New Zealand works in the areas of education, public awareness, direct support, lobbying and funding research.

There are local Service Centres and 32 Arthritis Educators, who offer education, advice, information and guidance on services and special equipment. Arthritis Educators run highly regarded self management courses.

For more information look in the telephone directory for local contacts or contact:

ARTHRITIS NEW ZEALAND

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MEDICATIONS FOR ARTHRITIS



Photo: Sam Henderson

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KAIPONAPONA AOTEAROA
Te whakapiki i te kounga ora

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MEDICATIONS FOR ARTHRITIS

Treatment of arthritis aims to improve function and minimise pain and long-term disability. Specific treatment depends on the type and severity of the arthritis. Mild arthritis may be adequately treated with an over-the-counter medicine, whereas more severe arthritis may require treatment with one or more prescribed medicines. Make sure that you understand how the medicines prescribed for you will help your arthritis, how you should take them and how long they will take to work.



ANALGESICS

Analgesics (pain-killers) such as paracetamol, aspirin and low-dose ibuprofen are available without a doctor's prescription and are used to reduce or relieve the pain of mild arthritis. Never exceed the dose stated on the packet. Topical pain-relieving gels or creams containing capsaicin, NSAIDs, or salicylates are available without prescription and are applied directly to the painful area. Consult your pharmacist or doctor if you require more information about the use of analgesics.

NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs)

NSAIDs are the group of medicines most widely used to reduce pain and inflammation (redness and swelling) from arthritis. They are sometimes prescribed alone as a first-line treatment, or as an add-on if analgesics (pain relievers) such as paracetamol, aspirin, or low-dose ibuprofen do not adequately relieve the pain. NSAIDs do not alter the progress of arthritis and additional treatment may be required. Commonly used NSAIDs are naproxen, indomethacin, ibuprofen, ketoprofen, diclofenac, piroxicam, tenoxicam, sulindac, mefenamic acid and tiaprofenic acid. Not all NSAIDs will help everyone. Your doctor will decide which one is the most suitable for you.

COX-2 INHIBITORS

Cox-2 inhibitors are used to treat the chronic pain and inflammation of arthritis. They work in a similar way to NSAIDs, but may be the preferred choice in patients at risk of stomach problems from NSAIDs as they have a lower likelihood of causing stomach ulcers. Examples of this group of medicines are celecoxib, rofecoxib, etoricoxib and valdecoxib.

DISEASE MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

DMARDs are commonly used to limit the amount of joint damage that occurs in arthritis. It may take weeks to months before any benefit is noticed as many of these act slowly. DMARDs are often used with a NSAID or a corticosteroid so that immediate symptoms are relieved. DMARDs used to treat arthritis are methotrexate, sulfasalazine, chloroquine, hydroxychloroquine, minocycline, leflunomide, azathioprine, cyclosporin, penicillamine, cyclophosphamide and gold.

BIOLOGIC RESPONSE MODIFIERS (BRMs)

BRMs are used to relieve hard-to-treat pain and inflammation of severe arthritis and to limit the amount of joint damage. Examples of BRMs are etanercept, infliximab and anakinra.

CORTICOSTEROIDS

Corticosteroids are injected into a joint, such as an elbow or knee, to rapidly relieve the inflammation and swelling from arthritis and to improve mobility. The injection is not usually particularly painful and the injected medication speedily relieves the joint pain by reducing inflammation. Low, well-spaced doses of injected corticosteroid are thought to produce little risk of significant side effects. The method of administration of the injection into a joint is similar to that of soft tissue injections. Before the corticosteroid is injected into the joint a separate syringe and needle is used to remove any excessive amount of fluid that is in the joint. Your doctor is then able to examine the fluid and send a sample to the laboratory for diagnosis. The reduced pressure of the fluid in the joint also relieves the pain and may help the joint to heal. Commonly used injectable corticosteroids include dexamethasone, betamethasone, triamcinolone, hydrocortisone and methylprednisolone.

Doctors sometimes prescribe oral corticosteroids to relieve acute symptoms of arthritis, with the goal of gradually tapering off the medication. Prednisone and prednisolone are commonly used oral corticosteroids.

SIDE EFFECTS

Every medicine can cause side-effects. It is important to discuss with your doctor or pharmacist what these are, the likelihood of these happening and the possible results.

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