

# Living with Rheumatoid Arthritis



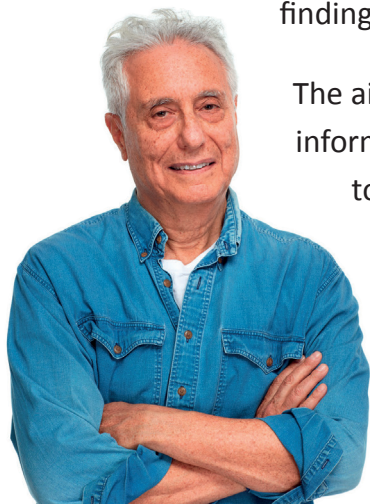
ARTHRITIS CARE

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# About this booklet

This booklet is for anyone who is living with rheumatoid arthritis (called RA throughout this booklet), or anyone who is interested in finding out more about this condition.



The aim of this booklet is to give you information on the different approaches to living well with RA – from medication to keeping active.

What do you think of this booklet?

Email us on [reviewing@arthritiscare.org.uk](mailto:reviewing@arthritiscare.org.uk) with your thoughts – we would really like to hear from you.

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# What is RA?

**RA mainly affects joint and tendons, although in a flare-up, other organs can be affected. An inflamed joint is swollen, reddened, and feels warm to the touch.**

It is thought that RA occurs when the body creates inflammation in joints when it is not actually necessary; it is fighting itself, rather than any invasive threat. This is known as an autoimmune disorder. It is this inflammation that causes pain and difficulty in movement.

RA may start suddenly, but more often the symptoms develop slowly over a few weeks or months. While an acute onset of RA may be easier to diagnose, a gradual onset can make diagnosis much more difficult. Morning stiffness and the painful swelling of joints are typical symptoms.

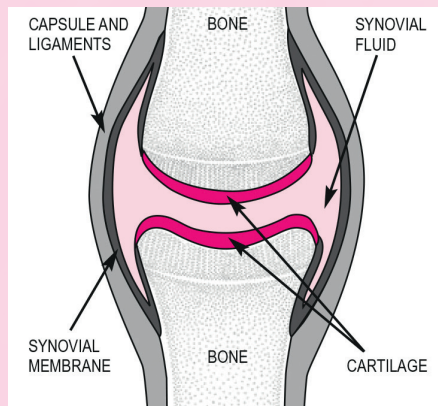
## How joints work

A joint is where two bones meet, and are enabled to move in certain directions. The two bones are held together by ligaments. These are fibrous connective tissue and they act rather like elastic bands: as muscles lengthen and shorten to make the joint move, ligaments keep the bones in place. Tendons are fibrous connective tissue that join muscle to bone.

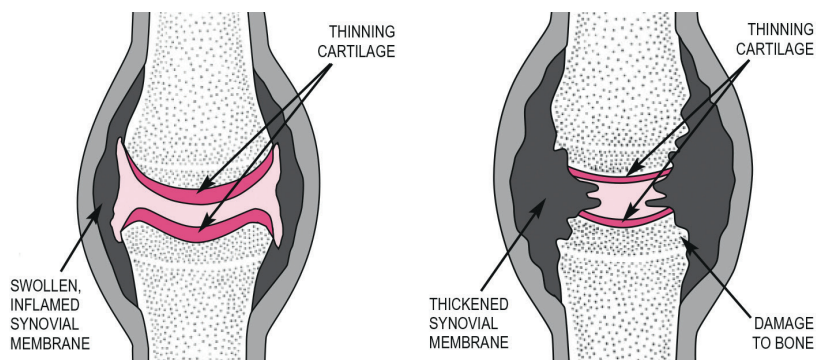
A coating of soft but tough tissue (cartilage) covers the surface of the bones and stops them from rubbing directly against each other. This helps the joint to work smoothly.

The joint is surrounded by a capsule (the joint cavity), and the space within this capsule contains synovial fluid. This fluid, which lubricates the joint and provides nutrients to the joint and cartilage, is produced by the synovial membrane (or synovium), which lines the joint cavity.

With arthritis, inflammation of an affected joint occurs when the joint lining thickens, the synovial fluid increases, and toxins are released into the joint. It is these changes that cause the characteristic stiffness and pain, and make movement of a joint difficult.



*This diagram shows a normal, healthy joint.*



*Diagrams showing the effects of RA in its early stages (left) and more advanced stages (right).*

The thin synovial membrane that lines the joint capsule and the tendon sheaths (tubes in which the tendons themselves move) and the bursae (the sacs of fluid that allow the muscles and tendons to move smoothly over each other) become inflamed. The joints and the inflamed tissues then become stiff, painful and swollen.

You may feel fatigued or experience early morning stiffness that lasts for several hours. These are very important symptoms to report to your doctor, to assist in diagnosis and to help you to get the right treatment. If your doctor suspects RA, you will be asked to have some blood tests. If these tests are positive, or your symptoms persist, you should be referred to a consultant rheumatologist for a firm diagnosis and treatment.

## What causes RA?

Although research is improving our understanding of arthritis all the time, it is still not clear exactly what causes RA. A combination of factors is thought to play a part.

Research has identified certain genes, the presence of which may increase your chances of developing RA. Then again, some people who have these genes will never get RA, and some people who have RA don't have these genes.

There are also environmental risk factors, such as smoking, which may influence the development of RA. And there is speculation – but so far no real evidence – that RA may be triggered by such factors as stress, an infection, a virus or hormonal changes.

Sometimes the cause is simply – and frustratingly – unknown.

## What are the symptoms of RA?

RA varies from person to person. Although it can affect almost any joint, the small joints of the hands and feet are usually involved. Knees and shoulders can also be affected and, less commonly, elbows, hips, the neck and other joints. Most people are affected in more than one joint.

RA usually affects both sides of the body – not always at once, but usually within a very short space of time.

Whether you have mild or severe RA, there are some common difficulties. The first is the pain, and loss of strength and movement in the inflamed joints. The second is feeling generally unwell, tired and stiff, especially in the morning or after sitting still for a long time.

*Much of the damage caused by RA can happen in the first months and years of its onset.*

*This is why it is vital to get the condition diagnosed and treated as early as possible.*



## How is RA diagnosed?

There is no single test for RA, and diagnosis can be complicated. Your doctor will ask you about the difficulties you've been having, and will examine your joints and skin, and test your muscle strength.

Your doctor should then refer you to a rheumatologist for tests, including blood tests or X-rays, if some form of inflammatory arthritis is suspected. You may have to do some of these at your local hospital.

It may take time to get a definite diagnosis of RA. It is important to get the right diagnosis and treatment as early as possible. Because most GPs see only a handful of new cases each year, they are now encouraged to refer people they suspect have RA to their nearest rheumatologist.

## How is RA treated?

Your doctor will aim to reduce the damaging inflammation. Rheumatologists are likely to use disease-modifying anti-rheumatic drugs (DMARDs) soon after diagnosis to try to slow down the progress of the condition. These drugs reduce the overall damage caused, and can help you feel better. Along with DMARDs, you may also be given non-steroidal anti-inflammatory drugs (NSAIDs).

If you find DMARDs are not working for you, the next step may be an assessment for treatment with biologic drugs (see pages 23–25). These will need to be carefully monitored, requiring regular visits to your GP and rheumatology departments for check-ups and blood tests. Steroids may also be used if the inflammation is severe.

If your RA is severe, your doctor may discuss with you the possibility of joint replacement surgery, particularly if the joint is very painful or there is a risk of losing the overall function.

# How will RA affect me?

**Arthritis affects different people in very different ways. RA is a fluctuating condition, meaning that it is unpredictable; its effects can vary from day to day. Typically, there will be times when the symptoms improve or even disappear (referred to as 'going into remission'), and times when they worsen (known as 'flare-ups').**

## Flare-ups and remission

Most people have times when the inflammation suddenly becomes more active, and the pain, swelling and stiffness get worse. At such times, you may find it very hard to move, especially when you wake up, and you may feel generally unwell and very fatigued. Flare-ups can vary in length, from just a couple of days, to a month or more.

At other times there is little inflammation. These periods are known as 'remission'. With the right treatment, some people may find they are in remission for months or even years at a time.



*The careful application of an ice pack can help with the acute inflammation felt in the joints during a flare-up, as it produces a numbing effect.*

► For more information on the medication used in the treatment of arthritis, see pages 18–26.

## How to cope with a flare-up

There are various ways of coping during a flare-up:

- Increasing your painkillers or anti-inflammatory drugs may help.
- Heat or cold can soothe a painful joint, and resting an affected joint in a neutral position (perhaps with a splint) can help minimise any pain.
- You may feel like curling up in bed, but this is not always helpful; you are better off relaxing where there is more to take your mind off how you feel, such as in your lounge, perhaps on a sofa.
- Be careful to keep the rest of your joints moving gently; this will stop them from stiffening up too.
- Take the time out to do something you enjoy – perhaps reading, watching films, catching up with friends, or listening to music.

*Try to remember that, while flare-ups can be frustrating, they will pass.*

Sometimes you may be able to spot what could have triggered a flare-up. Perhaps you've been pushing yourself too hard, have been ill, or have had difficulties in your home life. Use this insight to come up with better ways of coping with, or avoiding, these situations in the future. But don't give yourself a hard time: often there won't be an obvious explanation.

## What to expect

There are some difficulties common to everyone diagnosed with RA. The first is pain and loss of strength in inflamed joints. Another is feeling generally unwell and fatigued. Stiffness can be bad, especially first thing in the morning or after sitting still for a long time. You may also have problems with some everyday activities.

*Remember  
that you are  
not alone.  
Contact  
Arthritis Care's  
Helpline for  
information  
and support.*

Whatever happens, RA will always be part of your life to a greater or lesser degree, but its effects vary widely from person to person and over time. Most people with RA have some problems with their joints and flare-ups from time to time, but overall they can carry on as normal, perhaps with some adjustments. For some, RA seems to last only a few months or years and there is little or no noticeable damage to their joints. Others will have very active arthritis for many years, and a series of bad flare-ups affecting several joints. In time, this can lead to significant weakness and joint instability that can significantly affect day-to-day life.

Working with your health professionals and getting the right treatment will help you manage your arthritis; and discovering new skills and resources will help you adapt and carry on with your life.

# Managing your RA

**There is a wide range of treatment options available for arthritis, and it can sometimes take time to find the treatment that works best for you. There may be some periods when different treatments have to be tried and their effects monitored. Over time, your treatment may need to be adjusted to meet your changing needs.**

Your healthcare team (see pages 16–17) will work together to help you manage your arthritis. Your healthcare team will be aiming to:

- reduce inflammation to a minimum and slow down, or even stop, any damage to your joints
- relieve your symptoms – like pain, fatigue and stiffness
- help you get on with your normal life as far as possible.

You will probably see some members of the team several times a year, either in a rheumatology unit at your local hospital, or at your GP surgery. They will keep a close eye on you – and use blood, urine, X-rays and other tests – to find out how active your arthritis is and how it is developing. They will work out the best form of treatment, and look out for any side effects of medication.

*The part you play in your own treatment is vital. Only you know how you feel, the difficulties you face and the sort of help you need most.*



## Getting the most from your healthcare team

It is important to make the most of any consultation, and that you understand and feel confident about any treatment suggested. Before seeing any doctor, think about and write down what you want to say and ask. Take along a list of questions; it will jog your memory and give you confidence during the consultation. You may find it helps to take a friend or relative to your appointment with you; most doctors and health professionals will be happy for you to do this.

If an appointment comes to an end before you have got through all your questions, ask for another appointment. If you are not sure about something that has been said to you, don't be afraid to say so, and to ask for a more detailed explanation. Medical professionals want to help and inform you; they will be happy to answer your questions.

If you are unsure about any treatment, go back to your doctor. Being straightforward, reasonable and clear about your needs can help you make the most of the professional expertise available to you.

## Your healthcare team

Developing a good relationship with the health professionals involved in your care can be hugely beneficial. Researching your condition can allow you to have a two-way conversation with them.

- **Dieticians** can help you eat healthily and show you how to change what you eat if you need to lose weight.
- **General Practitioner (GP)** may be involved in monitoring your treatment and should be in close contact with the rest of the team. GPs can also put you directly in contact with physiotherapists, occupational therapists and other professionals.
- **Occupational therapists** provide advice and help if you are having difficulties with day-to-day tasks like washing, dressing, cooking and cleaning. They also provide splints, advice on equipment and show you how to do things in ways that put as little strain on your joints as possible.
- **Orthopaedic surgeons** specialise in operating on bones and joints, and can replace worn joints, repair torn tendons or fused joints.
- **Orthotists** also make splints to support and position joints.
- **Pharmacists** are a good source of information about the medication you are prescribed. They can also provide information on over-the-counter medication and potential side effects.
- **Phlebotomists** perform blood tests.

- **Physiotherapists** can help you maintain the strength, movement and function of the joints and muscles affected by your arthritis.

Your physiotherapist will offer you treatment and advice about an exercise programme, hydrotherapy, relaxation techniques or splinting. They will be closely involved in your rehabilitation after any surgery.

- **Podiatrists** can help if you have problems with your feet or ankles.

They can provide moulded insoles to hold your foot in a better position, adapt your shoes, or recommend the right kind of shoe.

- **Psychologists** help people to improve their emotional wellbeing.

- **Radiographers** take X-rays.

- **Rheumatologists** are specialists trained in diagnosing and treating arthritis and rheumatic conditions. They are mostly based in hospital rheumatology units. Their aim is to make a diagnosis and identify a suitable treatment plan. You will probably see the rheumatologist regularly to monitor your condition and treatment.

- **Rheumatology nurses** specialise in rheumatology and help with practical advice on all aspects of arthritis. Most rheumatology departments have a rheumatology nurse.

## Medication

There are many types of medication used to treat RA, and some people are prescribed a combination. Certain drugs are used solely for pain relief, while others are used to reduce inflammation. Some aim to slow the progression of your condition.

Your doctor will make a careful decision about which medication is right for you, and you will need to keep taking it even when you feel better. It is not unusual to try out several approaches before you find something that suits you, and over time your treatment may need to be adjusted.

This is just a brief overview of the different types of medication your doctors may suggest. For more information about specific drugs and their potential side effects, ask your doctor or pharmacist, or look inside packaging for drug information sheets.



*Don't be afraid to ask questions about the medication you are being prescribed.*

## Painkillers (analgesics)

Most people with RA need some form of pain relief and there is a wide range of painkillers available. Pain is actually a useful way of protecting your joints: it warns you not to overuse them. So when you are taking painkillers, you will still need to use your joints sensibly.

Painkillers will make you feel more comfortable. But they don't tackle the underlying reasons for the pain, so are usually prescribed in combination with drugs that do.

Paracetamol is the simplest and safest painkiller, and the best one to try first. Many pain-relief gels containing this type of painkiller can also be bought over the counter.

**Never take more than the recommended dose of any painkiller. If in doubt, talk to your pharmacist or doctor.**

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

*NSAIDs can be confusing, especially as each one often has more than one brand name. The most commonly prescribed NSAIDs are listed here.*

## Non-steroidal anti-inflammatory drugs (NSAIDs)

NSAIDs reduce joint inflammation and swelling, thereby reducing the pain associated with these symptoms. There are many different types – ibuprofen, diclofenac and naproxen are among the most common.

While many people have no problems with them at all, NSAIDs do come with warnings. You may experience digestion problems, such as indigestion or diarrhoea. In extreme cases, stomach bleeding can occur, but this is very rare. To prevent the chances of this happening, you may be prescribed anti-ulcer medication (known as proton pump inhibitors). Secondly, if used at higher doses or for prolonged periods of time, both older NSAIDs and the newer, safer Cox-2 inhibitors – which include celecoxib (Celebrex) and etoricoxib (Arcoxia) – can slightly increase the risk of stroke or cardiovascular conditions. Therefore, current medical advice is that people who have had stroke or heart trouble should not take NSAIDs.

If your condition is controlled with DMARDs (see page 22), you may not need to take NSAIDs.

## Steroids

Corticosteroids (steroids) can be very effective in reducing inflammation. They are given as tablets or by injection. Steroids can be injected into an inflamed joint, or they can be used in soft tissue injections such as tennis elbow, where they are injected near the tendon. They can be injected directly into the veins during a flare-up (a 'pulse'). Injecting directly into the joint doesn't usually cause the same side effects as oral steroids.

Most people with RA who need steroids are prescribed prednisolone (brand names include Deltacortril Enteric and Predsol). Taken long term and in high doses, steroid tablets can cause side effects such as weight gain, osteoporosis, diabetes and high blood pressure. Your doctor will try to give you the lowest effective dose and you will be carefully monitored. You should not alter the dose yourself, or stop taking steroids suddenly.

Generic name	Brand name
methotrexate	Maxtrex
sulphasalazine	Salazopyrin EN, Sulazine EC
azathioprine	Imuran, Azamune
ciclosporin	Neoral, Sandimmun
anti-malarial drugs, such as hydroxychloroquine sulphate	Plaquenil
gold by injection	Myocrisin
leflunomide	Arava

*The most commonly prescribed DMARDs*

## Disease-modifying anti-rheumatic drugs (DMARDs)

DMARDs can slow down the progression of RA. There is strong evidence that early treatment with DMARDs reduces long-term damage and disability – so the sooner you are prescribed them the better.

DMARDs tackle the root of the RA, rather than just its symptoms. They act slowly, taking weeks or even months to have their full effect – so don't stop taking them if you don't see any difference at first.

Most DMARDs decrease the effects of the immune system's attack on the joints. These are known as immunosuppressives. DMARDs are taken orally or by injection. Not all are taken every day.

Generic name	Brand name	How to take
etanercept	Enbrel	once-weekly or twice-weekly injections (at home, by you or someone else)
infliximab	Remicade	given by infusion every eight weeks in hospital
adalimumab	Humira	given by fortnightly injections (at home, by you or someone else)
certolizumab pegol	Cimzia	given by fortnightly injections (at home, by you or someone else)
golumumab	Simponi	usually given on the same day every four weeks.

## Biologic drugs

### ***Anti-TNFs***

Anti-TNFs block the action of a chemical called tumour necrosis factor (TNF). TNF plays an important role in driving the inflammation and tissue damage of RA, and anti-TNFs may be able to delay or even prevent this damage.

Anti-TNFs aren't suitable for everyone, but can offer relief to some people with severe RA who have responded well to other disease-modifying drugs. They are usually taken with methotrexate.

The use of anti-TNFs is governed by strict guidelines which have to be followed in assessing who can be treated. Ask your rheumatologist whether you could be a suitable candidate.

### ***Other biologic drugs***

There are other biologic drugs for people with RA who have not responded to anti-TNF treatment. They target different parts of the immune system thought to play a part in RA.

- Rituximab (MabThera) is usually given in conjunction with methotrexate. It is given in a single treatment course of two infusions in hospital, two weeks apart.
- Abatacept (Orencia) is given by infusion or subcutaneously in hospital every four weeks. It should be used alongside methotrexate.
- Tocilizumab (RoActemra) is given by infusion in hospital every four weeks or by injection under the skin every week. If a person does not respond adequately to methotrexate, tocilizumab can be used without it.

## Availability of biologic drugs

The availability of these drugs varies across the UK. The National Institute for Health and Care Excellence (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 the NHS to pay for certain treatments before they are approved by NICE. Decisions in Northern Ireland usually take NICE's lead. However, Northern Ireland operates a different system from England and Wales. The equivalent body in Scotland is called the Scottish Medicines Consortium.

## Side effects

All biologic drugs can make you more prone to infections, although the benefits usually outweigh the risks. There is an increased risk of TB with biologics. You will be monitored carefully for the side effects of certain medication, with regular blood, urine and other tests.

Alternatively, the dose can be reduced, or you can be put on to another drug that does the same job, but suits you better.

Go back for advice before you stop taking any medication – unless the side effects are severe. Never stop taking steroids suddenly. Your doctor or nurse will advise you if you need to stop your biologics when taking antibiotics.

**Side effects are not inevitable; not everyone will get them and some may disappear over time.**

## Medication tips

- Make sure that you are absolutely clear about how much you should be taking of any drug, how often and when.
- Be sure to ask when you should take them – whether they are best taken with or after meals, or whether they should be taken on an empty stomach.
- Ask whether the drug will act immediately or only after some time.
- Ask about any possible side effects and be clear what to do if they occur.

Other things to consider when taking medication:

- You may need to avoid alcohol, as it can combine with the medication to damage your liver.
- If you are a woman thinking of having a baby, it is very important you discuss this with your doctor. You may need to stop taking some medication several months before conception. Some types, such as methotrexate, can cause problems during pregnancy and breastfeeding, and you may need to stop taking them for three months prior to conception. Biologic drugs are not currently advised in pregnancy, and some drugs can affect your fertility – again, ask your doctor about this.
- If you are prescribed a new medicine, ask about the possibility of any negative interaction between it and anything else you might already be taking – including other medicines or herbal or food supplements.
- Keep a record of the medication you are prescribed and take it with you to appointments with your GP or your rheumatologist.

## Surgery

While many people with RA will never need to have surgery, others find it is very successful in relieving pain, improving mobility and preventing disability. It is usually the last resort after other treatment options have been explored.

Your consultant will discuss with you any surgery options available for your particular needs. Surgery can be minor (to assess damage, to smooth joints or to repair cartilage) or it can be more intrusive (such as full joint replacement). Other operations include the removal of the inflamed lining of the joint cavity (synovectomy); the repair of damaged tendons; the removal of bone to relieve pain; the release of trapped nerves; or the fusing of a joint to make it more stable.

There are risks associated with surgery, and recovery may require changes to your normal routine. However, most people who undergo surgery see a dramatic improvement in pain levels and quality of life.

► For more information see our booklet: *Surgery and Arthritis.*

# Taking care of your joints

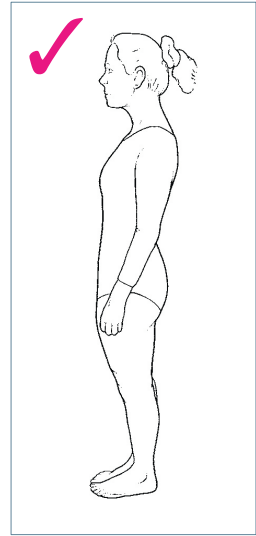
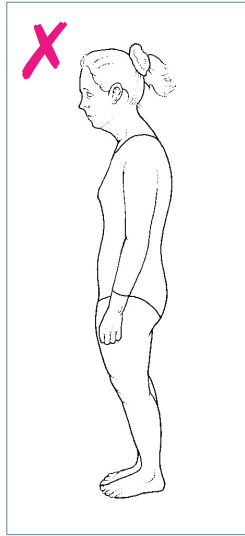
**It is important to take extra care of your joints as soon as you know you have arthritis. You may have to re-learn the way you do things, and become aware of what you are doing all the time, not just when your joints are stiff or hurt.**

## Changing the way you move

Try following some of these tips to use your body more effectively.

- Spread the load – use both hands to lift and hold, for example.
- Use less effort and shift rather than lift – for example, slide heavy pans along a kitchen top.
- Use larger, stronger joints to protect the fragile joints in your fingers and wrists. So rather than pushing a door open with your hand and wrist, use your shoulder or hip.
- Don't grip things too tightly – with pens, for example, choose a fatter one, hold it as loosely as possible or expand the grip with padding or use an easy-grip pen.
- Change positions often – shift position or stretch every half an hour to help you avoid joint stiffness, fatigue and pain.

*Slouching (left) is a sure sign of poor posture. Good posture (right) will put less strain on the joints throughout your body.*



## Improving your posture

If you have arthritis, you will find that developing and maintaining good posture can really help to put less strain on your body. Good posture aligns the body. It can be hard work to maintain good posture, but improvements can be achieved in a short space of time. Exercise is key, and different exercises can help in different ways, including to strengthen, lengthen and even shorten muscles.

Think about your posture throughout the day. Check yourself while walking, at work, while driving, or while sitting watching television. If you can increase your body awareness during daily activities, your good posture will quickly become a habit.

When your posture is good, your body will feel more relaxed.

## Tips for keeping active

- Begin gently and build up gradually. Do a little every day, rather than a lot every now and then.
- Find something you enjoy. Try walking, swimming, dancing or cycling – but avoid high-impact activities like squash or contact sports that will jar your joints.
- Exercise when you are least in pain, stiff or tired and your medication is most effective.
- Do your range of movement exercises at least once a day.
- Listen to your body and don't overdo it. If you feel more pain two hours after exercising than you did before, do less next time. Don't continue with an activity that causes severe pain, stiffness or fatigue.
- If you have a flare-up, do range of movement exercises and very gentle muscle-strengthening exercises.

► For more tips on how to keep active with RA, see our *Exercise and Arthritis* booklet.



## Balancing activity and rest

When your joints are inflamed or you're experiencing a flare up, rest may temporarily make your joints feel more comfortable. However, too much rest can make them stiff, so it is important to strike a balance between rest and activity. Regular periods of movement on days when you are not having a flare-up is really important and will often relieve aches and joint stiffness.

Being active protects your joints by keeping your muscles strong and keeping you mobile. It is also great for reducing pain and stress, and can help you lose excess weight, which puts less strain on your joints.

Exercise that focuses on improving your range of movement will not make your arthritis worse. These exercises gently take your joints through their comfortable range of movement, then ease them a little further. Strengthening exercises help tighten and relax muscles around a joint to protect it, while aerobic exercise raises your heart rate and makes you breathe faster.

*When starting a new exercise routine, your muscles and joints may feel stiff. Always warm up carefully, starting with a few exercises and slowly adding more.*

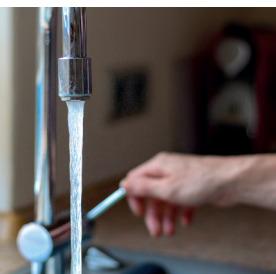
# Practicalities

Adjusting to RA may not be easy, but there are plenty of sources of help. The first step is finding out what is on offer and what your rights are. The organisations listed on pages 36–37 also have a wealth of information to share.

## Adapting at home

There are lots of handy gadgets that can help you around the home, and some fairly simple adaptations can make your life easier. In the kitchen, for instance, consider:

*Many modern taps can be turned on and off using a simple lever.*



- rearranging cupboards and drawers so the things you use the most are nearby
- switching to lightweight pans, mugs or kettle
- having equipment with easy-to-use buttons and switches
- changing from a manual to an electric tin opener, or using a cap gripper, and knives and peelers with padded handles
- having a stool in the kitchen so you can sit while you are preparing food, or a trolley for moving heavy items across the room
- changing twist-top taps for lever types, which are easier to use.

*Friends or family may be able to help with some tasks around the home that you find difficult.*



It makes sense to try out a gadget before you buy it – you could save a lot of money in the long run. Alternatively, make a list of criteria that the gadget must meet to avoid a bad purchase.

If you find you are doing a lot of work around the home, what about getting someone to help? Friends and family may be able to lend a hand.

You could also think about paying a cleaner or a handyperson for bigger tasks. Local organisations may be able to put you in touch with volunteers to help you with jobs around the house. Contact your local council, Citizens Advice, or your local library for guidance.

► **There is a lot more information about home life and getting out and about in Arthritis Care's *Independent Living and Arthritis* booklet.**

[arthritiscare.org.uk](http://arthritiscare.org.uk)  
free Helpline: 0808 800 4050

## Help with costs

► For more information, see Arthritis Care's range of factsheets on financial support.

Your local social services department (social work department in Scotland, health and social security agency in Northern Ireland) may be able to help with equipment or adaptations to your home. You are entitled to have your needs assessed to see whether you are eligible for help.

There is no hard and fast rule on what you will get: eligibility varies throughout the UK and you may have to contribute towards the cost. You may also have to wait a long time for an assessment or to get equipment. If your needs change, contact the social services department and asked if you can be moved up the waiting list.

Some equipment may also be available on the NHS. Local home improvement agencies and voluntary organisations also offer help or funding for equipment and adaptations.



## Public transport

Public transport is becoming more accessible, although it can still be difficult to use. Some local authorities produce guides to accessible bus, train and minicab services, and some run their own transport schemes.

Information is available on the National Rail website about station accessibility, train and station facilities, and assistance options. Transport for London offers similar information on its website, and has produced a guide to avoiding stairs on the London Underground network. In addition, all its bus routes are served by low-floor vehicles, but this may not be the case in all areas. Contact your local bus company to ask for information about specific routes.

Your local disability organisation or local newspaper may have local information, including schemes run by the Community Transport Association or other organisations.

Most public transport is covered by UK and European legislation, but there are still a lot of improvements to be made.

*Many newer trains and buses feature low-floor access.*

# Other useful organisations

## General

### **Arthritis Research UK**

Funds medical research into arthritis and produces information.

Tel: 0800 5200 520

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

### **National Rheumatoid Arthritis Society**

Offers an advisory and information service to people with rheumatoid arthritis.

Tel: 0845 458 3969

Freephone Helpline 0800 298 7650

[nras.org.uk](http://nras.org.uk)

### **SCOPE-DIAL UK**

DIAL UK can give you details of your nearest disability advice and information service.

Tel: 0808 800 3333

[scope.org.uk](http://scope.org.uk)

## Health services

### **NHS**

NHS Choices: for links to NHS services in your area,

NHS 111 Service:

Tel: 111

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

NHS Inform (Scotland):

Tel: 0800 22 44 88

[nhsinform.scot](http://nhsinform.scot)

NHS Direct (Wales):

Tel: 0845 4647

[nhsdirect.wales.nhs.uk](http://nhsdirect.wales.nhs.uk)



## Daily life

### **Disabled Living Foundation**

Provides advice and information on equipment.

Helpline: 0300 999 0004

[dlf.org.uk](http://dlf.org.uk)

### **Rica**

Produces consumer guides on products and services for disabled and older people.

Tel: 020 7427 2460

[rica.org.uk](http://rica.org.uk)

## Pain management

### **The British Pain Society**

Produces information about pain clinics.

Tel: 020 7269 7840

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

### **Pain Concern**

Produces information, to provide support and raise awareness for those with pain.

Tel: 0131 669 5951

Helpline: 0300 123 0789

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



ARTHRITIS CARE

## How Arthritis Care can help you

**Want to talk to someone about your arthritis?  
Or read more about the condition?**

**Call our free, confidential helpline on 0808 800 4050 for information  
and support. We're open weekdays from 09:30 to 17:00  
– we'd really like to hear from you.**

**We have over 40 free booklets and factsheets on various aspects  
of arthritis, from diet and surgery, to managing pain and fatigue.**

**These can be sent to you in the post – just ask  
our helpline staff for details.**

### Go online

You can download all our  
booklets and factsheets as a  
PDF at [arthritiscare.org.uk/](http://arthritiscare.org.uk/)  
information

We also have an online  
community, where you can  
chat to others with arthritis,  
and can be reached at  
[arthritiscareforum.org.uk](http://arthritiscareforum.org.uk)

### Talk to others

There are Arthritis Care  
branches and groups all over  
the country, where you can  
chat to other people with  
arthritis, in a social setting.  
Call the helpline or visit  
[arthritiscare.org.uk](http://arthritiscare.org.uk) to find  
your nearest branch or group.

## Share your experience

Want to share your story to help others live well with arthritis? Contact our helpline if you would like to get your story heard.

## Donate



Arthritis Care and Arthritis Research UK have joined together to help more people live well with arthritis. Read how at [arthritisresearchuk.org/merger](http://arthritisresearchuk.org/merger). All donations will now go to Arthritis Research UK and be used to help people with arthritis live full and active lives in communities across England and Wales, Scotland, and Northern Ireland.

## Raise awareness

Could you help us raise awareness of arthritis? Whether it's putting up posters in your local supermarket, handing out leaflets or organising a bake sale, we would really appreciate your time.

## Gifts in Wills

Gifts in Wills help us reach over half the people we support.

For more information about remembering Arthritis Care in your will, visit [arthritiscare.org.uk/wills](http://arthritiscare.org.uk/wills) or call 0330 2002 0311



Become a member of Arthritis Care and receive *Inspire*, our quarterly magazine on how to live well with arthritis.



## ARTHRITIS CARE

**We believe there is always something you can do to reduce the impact of arthritis. Call our free and confidential helpline. Talking about arthritis, sharing your concerns and how you feel, can really help.**

**There are free publications that you can find on our website or order by post. Or you may prefer to visit our online community where you can chat to others about the things that matter to you.**

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

**0808 800 4050**

(open weekdays 09.30–17.00)

**arthritis.org.uk**

Twitter: @arthritis\_care

Facebook: facebook.com/arthritiscareuk

Instagram: @arthritisareuk

**Arthritis Care, Floor 4, Linen Court, London N1 6AD**

Registered Charity Nos. 206563 and SC038693

Last reviewed in February 2017. Next reviewed in February 2020.

ISBN 978-1-903419-34-2

Please check our website for up-to-date information  
and reference sources or call 020 7380 6577.



Arthritis Care is a certified member of The Information Standard. This means that you can be confident that Arthritis Care is a reliable and trustworthy source of health and social care information.