



# HEALTHY WOMAN

News from the Office of Women's Health

Illinois Department of Public Health • Rod R. Blagojevich, Governor • Eric E. Whitaker, M.D., M.P.H., Director

Arthritis

Spring 2004

## An Overview



Arthritis is the leading cause of disability in the United States. More than 43 million people in the United States — almost 34 million of them in Illinois — have some form of arthritis or chronic joint symptoms. One of every three adults falls prey to this chronic disease. An aging population means that the number of Americans with arthritis is expected to rise to 60 million by the year 2020.

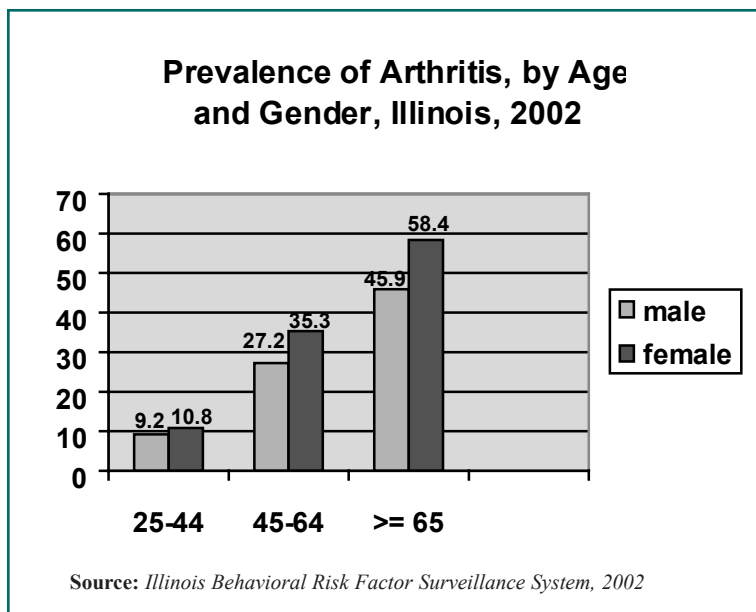
Arthritis-related conditions refer to approximately 120 diseases that affect the joints, muscles and other soft tissues. These conditions cause pain, stiffness and loss of motion in the joints (places in the body where bones meet, for example elbows, knees and hips). Some cases respond well to medicinal treatment; in other cases, the progression of the disease can be slowed and symptoms eased. Getting enough rest and exercise, controlling weight and eating a healthy diet also can help to ease symptoms. Additional treatments include the use of pain relief methods and assistive devices, such as splints or braces, or, in severe cases, surgery.

### A Major Issue for Women

The prevalence of arthritis increases with age; more than 58.8 percent of adults 65 and older have some form of the disease. Women are more likely to have arthritis (37.3 percent of U.S. women compared to 28.4 percent of U.S. men). However, several forms of the disease, including gout and spinal arthritis, affect mostly men. Illinois data on arthritis, which reflect national numbers and trends, is shown in the graph above.

Physical and hormonal differences may contribute to the fact that women have higher rates of many arthritic diseases. For instance, women have significantly less knee cartilage than men and, thus, may be more prone to damaging and ultimately

developing arthritis in this joint. In addition, women older than 50 have a higher risk of developing osteoarthritis of the hand, foot and knee. Estrogen levels are higher in arthritic cartilage compared to normal cartilage, suggesting that this hormone may be important in the development of osteoarthritis in women. (“What Women Need to Know About Arthritis and Bone Disease”, May 15, 2002, on [www.arthritisupport.com](http://www.arthritisupport.com))



Following is a description of the six most common arthritic diseases and their effects on women:

- **Osteoarthritis**, also known as degenerative joint disease, is the most common type of arthritis, affecting more than 21 million Americans, 16 million of them women. In males the disease commonly occurs before age 45; after age 55 it is more common in women. Osteoarthritis affects cartilage, the tissue that cushions and protects the ends of the bones in a joint. With osteoarthritis, the cartilage starts to wear away over time. In extreme cases, the cartilage can completely wear away, leaving nothing to protect the bones in a joint, causing bone-on-bone contact. Bones may also bulge, or stick out at the end of a joint, forming a *bone spur*.

Osteoarthritis causes joint pain and swelling and can limit a person's normal range of motion (the ability to freely move and bend a joint). When severely affected, a joint may not be able to move at all, causing a person to become disabled. Disability most often happens when the disease

affects the spine, knees and hips.

- **Fibromyalgia** is a syndrome that causes widespread pain and stiffness, though no joint deformity occurs. It is a common disease that affects approximately 2 percent of the U.S. population or about 5 million people. Widespread pain and localized tender points occur in the muscles and tendons, especially those of the neck, spine, shoulders and hips. Other common symptoms include significant fatigue, depression and sleep disturbance. The vast majority (90 percent) of those with fibromyalgia are women; it most often occurs during the childbearing years.
- **Rheumatoid arthritis** is an autoimmune disease in which the body's immune system (the body's means to fight infection) attacks healthy joints, tissues and organs. Rheumatoid arthritis affects more than 2 million Americans, often occurring in women of childbearing age, especially between the ages of 25 and 50. About two to three times as many women as men have this disease, which is characterized by an inflammation of the lining (or synovium) of joints which that can cause pain, stiffness, swelling and loss of function. When severe, rheumatoid arthritis can deform or change a joint. For example, the joints in a person's finger can become deformed, causing the finger to bend or curve. People with rheumatoid arthritis have an increased mortality rate. Recently, the [Brigham and Women's study] found that women with rheumatoid arthritis had twice the risk of heart attack compared to those without it. Women who had rheumatoid arthritis for 10 years or more had three times the risk of a heart attack. ("Arthritis Linked to Heart Disease: Women with Rheumatoid Arthritis have Increased Risk," Reuters, Oct. 31, 2003)

Rheumatoid arthritis affects mostly joints of the hands and feet and tends to be symmetrical. This means the disease affects the same joints on both sides of the body (like both hands or both feet) at the same time and with the same symptoms. Other symptoms of the disease are fatigue, fever and a general sense of feeling unwell.

- **Gout** is a type of arthritis that causes sudden, severe attacks of pain, swelling, redness, warmth and tenderness in the joints. It usually affects the joint of the big toe but can occur in feet, ankles, knees, hands and wrists. It is one of the few arthritic diseases that can be cured. Gout occurs when a substance called uric acid builds up in the body and forms needle-like crystals in the joints. The first symptoms of gout

often occur in the middle of the night or upon rising in the morning. Wearing shoes, moving the joint or standing may be difficult and painful. Gout accounts for between 1 percent and 5 percent of all cases of arthritis and it occurs most often in men older than age 40. Women tend to be more susceptible after menopause.

- **Lupus** (systemic lupus erythematosus or SLE) is a type of arthritis that affects the joints, muscles and other parts of the body and affects as many as 1.4 million Americans. Lupus involves inflammation that may affect many parts of the body including the heart, lungs, skin, joints and kidneys. Symptoms of lupus may include the following:
  - a butterfly-shaped rash over the cheeks and across the bridge of the nose
  - sensitivity to sunlight
  - mouth ulcers
  - pain and stiffness in joints
  - swelling of the lining around the heart
  - swelling of lungs or abdomen causing difficult and painful breathing
  - disk-shaped rashes on the face, neck and/or chest
  - kidney and/or nervous system problems
  - extreme fatigue
  - unexplained fevers
  - unusual hair loss
  - poor circulation in the fingers and toes
  - weight loss

Women are at higher risk of getting lupus than men, with nine out of 10 cases being female. Lupus usually occurs during a woman's childbearing years and poses an increased risk for miscarriage and complications during pregnancy. Lupus is three times more common among black women than white women and also more common among Native American, Chinese, Hispanic and Filipino populations.

- **Juvenile rheumatoid arthritis (JRA)** is a chronic condition that causes joint swelling and stiffness for more than six consecutive weeks in children 16 years of age or younger. About 285,000 children in the United States have juvenile arthritis, and about 100,000 have juvenile rheumatoid arthritis. As with its adult version, JRA occurs more frequently in girls than boys and is most common in the toddler to teen years.

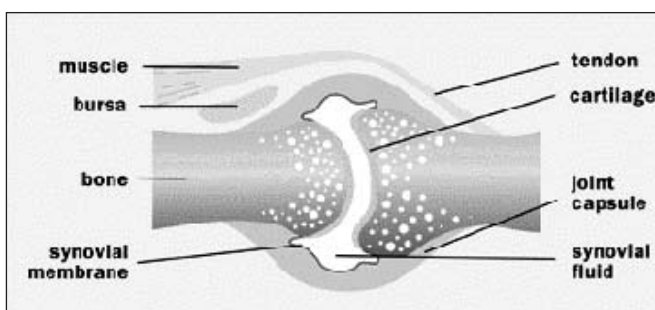
There are three types of JRA:

- **Pauciarticular**– Affects four or fewer joints and usually the larger joints such as the knees. This is the most common form of JRA; and about half of all children with Juvenile rheumatoid arthritis have this type. Children with this type of arthritis should be seen periodically by an ophthalmologist to watch for eye inflammation. Children may outgrow the illness.
- **Polyarticular**–Involves more than five joints and usually affects the smaller joints of the hands and feet. About 30 percent of all children with JRA have this type. These children often have a more severe form of the disease, which doctors consider to be similar to adult rheumatoid arthritis.
- **Systemic**– Begins with very high fevers as well as a skin rash and joint swelling. About 20 percent of all children with JRA have this type. It also may affect internal organs such as the heart, liver, spleen and lymph nodes. This type of arthritis may be severe and continue into adulthood.

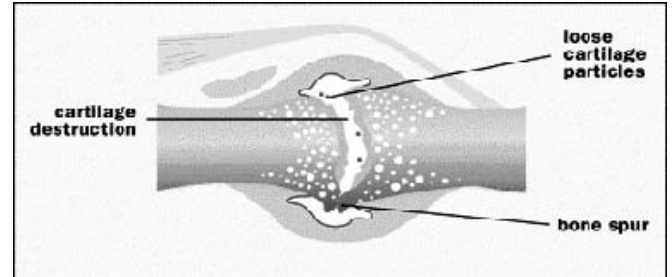
## Causes

For many types of arthritic diseases, no cause is known. Researchers are looking at possible causes for many of these diseases. With osteoarthritis, extreme stress on a joint may play a role in how this disease develops. Being overweight and aging appear to increase a person's chances of getting osteoarthritis. In some people, stress on normal joints can cause osteoarthritis, while in others, it occurs due to stress on abnormal cartilage. For instance, stress can be caused by weak cartilage (which runs in families) or from repeated injury to the joint. A person's biological make-up and family history may play a role in gout, rheumatoid arthritis, lupus, ankylosing spondylitis and some other arthritic diseases. Researchers also are looking at why some people develop these diseases and others do not.

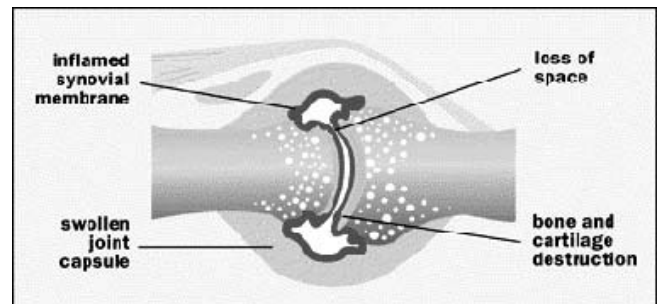
**Normal Joint** - In a normal joint (where two bones come together), the muscle, bursa (sacs of fluid that protect moving muscles, skin and tendons) and tendons (tissue that attaches muscle to bone) support the bone and help the joint to move. The synovial membrane releases a slippery fluid into the joint. Cartilage covers the ends of the bone and helps the bones to glide easily across each other.



**Joint with Osteoarthritis** - With osteoarthritis, cartilage breaks down and the bones rub together. The joint then loses shape and its ability to move is impaired. The ends of the bone become thick, forming spurs (bony growths). Bits of cartilage or bone float in the joint space.



**Joint with Rheumatoid Arthritis** - With rheumatoid arthritis, the joint becomes inflamed and the synovial membrane becomes thicker. This causes the joint to swell, resulting in damage to bone and cartilage. Over time, bone and cartilage are destroyed. Space between the joint gets smaller, and the joint loses shape and its ability to move.



(Illustrations from: U. S. Food and Drug Administration)

## Treatment and Self-management

Early diagnosis and appropriate treatment are very important in managing arthritis. Physicians now believe that damage to bones begins within the first two years a person has the disease. Early diagnosis can result in fewer symptoms and long-term complications. A person should see a health care professional if symptoms of pain or swelling in multiple joints on both sides of the body develop.

Appropriate management also can help people with arthritis live healthy and independent lives. A rheumatologist (an arthritis specialist) can be very helpful in evaluating and treating types of arthritis that require specialized drug therapy. Another important aspect of successfully dealing with arthritis pain and disability is self-management. People with arthritis must learn about their disease and take part in their

own care. Working with health care professionals allows a person to share in decision-making and gain a sense of control.

The following are important self-management techniques:

- **Exercise** is important for maintaining healthy and strong muscles, for promoting joint mobility and for maintaining flexibility. Exercise also can help people to sleep better, to maintain a positive attitude and to lose weight. It can reduce pain, as well. Before beginning any exercise routine, ask for your doctor's help in creating a program that meets your specific arthritis needs.
- **Rest** also is important. Arthritis may cause tiredness and muscle weakness. A short nap that does not interfere with nighttime sleep may be useful in controlling pain. Some people find stress reduction and biofeedback helpful.
- **Hot and cold compresses** can be used on joints for short-term relief of pain.
- **Assistive devices** can reduce stress on certain joints. For example, jar grippers or similar gadgets may limit stress on the small joints.

Research shows that patients who take part in their own care report less pain, make fewer visits to a doctor and enjoy a better quality of life. The Arthritis Foundation offers several classes to educate people with arthritis and help them to manage the disease and improve their overall health.

## Arthritis Foundation Self-Help Course

The Arthritis Self-Help Course is designed to help those affected by arthritis or fibromyalgia learn and practice the skills needed to build their own self-management program. It is a group education program led by trained volunteers, many of whom have arthritis or fibromyalgia. The course allows a person to share experiences with others and to learn from people like themselves. It also teaches the latest pain management techniques, how to develop an individualized exercise program, nutrition, fatigue and stress management, effective use of medications, how to solve problems caused by arthritis, how to handle emotional issues related to arthritis, and ways to communicate with family and friends to enable them to be partners in disease management.

## Arthritis Foundation PACE® (People with Arthritis Can Exercise)

PACE® is an exercise program designed specifically for people with arthritis. It uses gentle activities that help to increase joint flexibility and range of motion, as well as to maintain muscle strength and to improve overall stamina. Two levels of PACE® classes are available – basic and advanced. Each class has about 10 to 20 people and is generally held at least twice each week for a period of six weeks.

Adults of any age with arthritis or related conditions may participate in the PACE® program. However, the person must be able to walk independently (or with assisting devices, such as a cane or walker). Those in wheelchairs must be able to transfer to a straight-backed chair. Those with osteoporosis, multiple or severe joint problems, a history of back or neck problems, or who have had joint surgery are encouraged to check first with their doctor about the need for special precautions.

## Arthritis Foundation Aquatic Program

The Arthritis Foundation Aquatic Program (AFAP) helps those with arthritis and related conditions to improve flexibility and to decrease pain. Water exercise is especially good for people with arthritis because it does not put excess strain on joints. The AFAP gives arthritis sufferers the opportunity to do gentle activities in warm water, with guidance from a trained instructor. Though the program is non-clinical (one that will not replace a prescribed regimen of therapeutic exercise), past participants have enjoyed some physical benefits, such as decreased pain and stiffness. The AFAP also provides a friendly and supportive atmosphere to make new friends and to try new activities. This social interaction can help to lessen feelings of depression and isolation. Progress in the aquatic activities can lead to independence and improved self-esteem.

Co-developed by the Arthritis Foundation and the Young Men's Christian Association (YMCA), AFAP is offered at many pools throughout the United States. In some facilities, an advanced level (called AFAP PLUS) is also

### Address Corrections

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If you know others who would like to be added to our mailing list, please let us know.

Just call the Health-Line at 1-888-522-1282.

## Could you be facing arthritis?

**Assess Your Joint Health and find out today.**

### What's Your Risk?

1. Are you 45 years of age or older?  Yes  No
2. Have you ever had an injury to your knee severe enough to put you in bed; to force you to use a cane, crutch or brace; or to require surgery?  Yes  No
3. Are you more than 10 pounds overweight?  Yes  No
4. Have you in the past, or do you currently, participate in greater than three hours per day of heavy physical activities, such as bending, lifting or carrying items on a regular basis?  Yes  No
5. Did you have hip problems that caused you to limp as a child?  Yes  No

### What are Your Symptoms?

6. Has a doctor ever told you that you have arthritis?  Yes  No
7. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint?  Yes  No
8. In a typical month, were these symptoms present daily for at least half of the days in that month?  Yes  No
9. Do you have pain in your knee or hip when climbing stairs or walking two-three blocks (1/4 mile) on flat ground?  Yes  No
10. Do you have daily pain or stiffness in your hand joints?  Yes  No
11. Are you now limited in any way in any activities of joint symptoms (pain, aching, stiffness, loss of motion)?  Yes  No

12. Because of joint symptoms, rate your ability to do the following:

0 – Without ANY Difficulty

1 – With SOME Difficulty

2 – With MUCH Difficulty

3 – UNABLE To Do

- |                                                     |   |   |   |   |
|-----------------------------------------------------|---|---|---|---|
| a. Dress yourself, including shoelaces and buttons? | 0 | 1 | 2 | 3 |
| b. Stand up from an armless, straight chair?        | 0 | 1 | 2 | 3 |
| c. Get in and out of a car?                         | 0 | 1 | 2 | 3 |
| d. Open a car door?                                 | 0 | 1 | 2 | 3 |

**TOTAL** \_\_\_\_\_

*\* Please add the numbers shown next to each of your answers for question 12.*

### What's Your Score?

If you answered yes to any of questions 1-5, you are at risk for arthritis.

If you answered yes to two or more of questions 6-11, you might have symptoms of arthritis.

If you scored a 6 or more on question 12, please contact your healthcare professional immediately.

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available for those who are ready for a more vigorous program. There are also special versions of the program such as a deep-water course and a juvenile course.

For more information on the availability of these Arthritis Foundation courses in your area, check the Arthritis Foundation Web site at <[www.arthritis.org](http://www.arthritis.org)>, or contact one of the following Arthritis Foundation offices:

**Arthritis Foundation of Greater Chicago**  
(Chicago and Cook, DuPage, Kane, Lake, McHenry and Will counties)

29 E. Madison St.  
Chicago, IL 60601  
1-800-735-0096 or 312-372-2080  
[www.info.gc@arthritis.org](http://www.info.gc@arthritis.org)

**Arthritis Foundation of Greater Illinois**  
(all other counties in Illinois)

2621 N. Knoxville Ave.  
Peoria, IL 61604  
309-682-6600  
E-mail Heidi Koll at [hkoll@arthritis.org](mailto:hkoll@arthritis.org)

If you are a **health professional**, there are also several programs in Illinois to help you to better address the issue of arthritis in your patients:

## Illinois Arthritis Initiative (AIA)

Recognizing the burden of rheumatic diseases in the state, the Illinois Department of Public Health (IDPH), Division of Chronic Disease Prevention and Control, pursued funding to develop a plan for addressing arthritis control. In 1999, Illinois became one of eight core states designated by the U.S. Centers for Disease Control and Prevention (CDC) to receive arthritis initiative grant funding.

The Illinois Arthritis Initiative was organized to identify, develop and utilize statewide capacity in designing a comprehensive arthritis program. In 1999, the Illinois Arthritis Partnership was formed. This group consists of approximately 75 members representing more than 55 agencies and organizations. The partnership's multidisciplinary perspective contributes greatly to its task of reducing the burden of rheumatic diseases and conditions in Illinois.

Another major focus of the initiative was creating four work groups to address specific issues of arthritis concern: Surveillance and Data, Public Education, Professional Education/Health Care Systems, and Public Policy and Infrastructure. The dynamic nature of the partnership and

work group structure necessitates continual recruitment and expansion of group memberships to ensure that needs of the initiative are met.

Local health professionals can play an important role in addressing arthritis issues in their communities by becoming actively involved in the Illinois Arthritis Partnership and/or work groups. To learn more about becoming involved, please contact IDPH at 217-782-3300.

## Arthritis Pain Management: Satellite Conference (Two-part Series)

June 23 and June 30, 2004  
10 a.m. – 11 a.m. (Central Daylight Time)

### *Purpose of the Conference*

To provide state and local providers and caregivers a better understanding of the needs of their clients who have arthritis pain.

### *Target Audience*

Local health departments/agencies, health care providers, critical access/rural hospitals, Illinois Health Education Consortium (AHEC) sites, schools of public health, medical schools, health professions schools, Arthritis Foundation state and branch sites, county medical societies, allied health professions schools, pharmacy groups, and legislators (a special viewing site will be set up at the state capitol).

For more information on arthritis and associated conditions, contact

**American College of Rheumatology**  
404-633-3777  
[www.rheumatology.org](http://www.rheumatology.org)

**Arthritis National Research Foundation**  
800-558-2873  
[www.curearthritis.org](http://www.curearthritis.org)

**Illinois Arthritis Initiative**  
217-782-3300

**National Arthritis Foundation**  
800-283-7800  
[www.arthritis.org](http://www.arthritis.org)

**National Institute of Arthritis and Musculoskeletal and Skin Diseases**  
301-496-4484  
[www.niams.nih.gov](http://www.niams.nih.gov)

**National Institute on Aging**


800-222-2225

[www.nih.gov/nia](http://www.nih.gov/nia)**National Women's Health Information Center**

800-994-9662

[www.4woman.gov](http://www.4woman.gov)**Sources**

1. *The above article was developed by adapting information from the following sources:*
1. *Arthritis and Lupus Facts Sheets, National Women's Health Information Center, U.S. Department of Health and Human Services, August 2002 at <[www.4woman.gov/faq](http://www.4woman.gov/faq)>*
2. *Arthritis Foundation, "Arthritis in Women" (brochure)*
3. *"Arthritis: One of Three U.S. Adults are affected by Arthritis or Chronic Joint Symptoms," U.S. Centers for Disease Control, May 2003*
4. *Healthbeat facts sheets on arthritis, fibromyalgia, gout, lupus, osteoarthritis, juvenile rheumatoid arthritis and rheumatoid arthritis, Illinois Department of Public Health at <[www.idph.state.il.us/public/hb/hbarthritis.htm](http://www.idph.state.il.us/public/hb/hbarthritis.htm)>*
5. *"Helping Residents who Suffer from Arthritis," Illinois Council on Long-Term Care Family Resource Center at <[www.nursinghome.org/fam/fam\\_013.html](http://www.nursinghome.org/fam/fam_013.html)>*
6. *Illinois Behavior Risk Factor Surveillance System, 2002*
7. *Information on Arthritis Foundation classes is found at <[www.arthritis.org/events/getinvolved/programsservices](http://www.arthritis.org/events/getinvolved/programsservices)>*
8. *National Institute of Arthritis and Musculoskeletal and Skin Diseases*



## GOVERNOR ANNOUNCES ADDITIONAL FUNDS FOR BREAST AND CERVICAL CANCER SCREENING

Gov. Rod R. Blagojevich announced Illinois has received a special award of \$1.1 million from the federal government to ensure sufficient funding will be available through the end of the state's fiscal year to provide free breast and cervical cancer screenings to eligible women.

"Studies have shown that early detection and prompt treatment can significantly reduce the suffering and disease caused by breast and cervical cancer," Blagojevich said. "But because of the success of our program to reach low-income women, funding for screenings was running short. This grant will make sure no woman goes without services."

The award from the U.S. Centers for Disease Control and Prevention (CDC) allows the state to avoid creating waiting lists for breast and cervical cancer services and permit an additional 5,000 women to be screened by the

end of June. So far this fiscal year, 16,000 low-income women who have no health insurance and are between the ages of 35 and 64 have received screenings that may include free mammograms, breast examinations, Pap tests and pelvic exams through the Illinois Breast and Cervical Cancer Program administered by the Illinois Department of Public Health.

Women found to have cancer through this program are referred to the Illinois Department of Public Aid for help with treatment costs.

During fiscal year 2004, the state will spend nearly \$11 million to fight breast and cervical cancer and the Governor has pledged to increase state support for the program by \$2 million in his fiscal year 2005 budget. That proposed level of funding would provide screening and educational outreach services to 30,000 women.

"Illinois took the initiative to launch an outreach campaign targeting underserved women across Illinois, particularly African-Americans, Hispanics and those living in rural areas," said Dr. Eric E. Whitaker, state public health director. "The overwhelming success of the campaign resulted in thousands more women being served. Greater access to screening services and increased education of women and health care providers is improving the quality of life for women by preventing unnecessary disease."

Breast cancer is second only to lung cancer as a cause of death in women and the American Cancer Society has estimated that 750 new cases of cervical cancer will be detected in Illinois this year. Women seeking more information about the Illinois Breast and Cervical Cancer Program can call Public Health's Women's Health-Line at 888-522-1282 or 800-547-0466 for the hearing impaired.

## Announcements

**June 12, 2004**

### **Latina Women's Health Festival**

Prisco Community Center, 150 W. Illinois Ave., Aurora, IL

**July 26-28, 2004**

### **La Leche League International 32nd Physician's Seminar**

*Breastfeeding: A Baby's Right, A Physician's Responsibility*  
Hyatt Regency Newport, Newport, Rhode Island

*A La Leche League International Lactation specialist workshop – Breastfeeding: Evidence-Based Success- will be coming to Chicago on October 22, 2004.*



# Illinois Law Ensures Equity in Contraceptive Coverage

A new Illinois law requires insurance providers that cover prescription drugs to also cover all contraceptive drugs and devices approved by the U.S. Food and Drug Administration. Illinois became the 20th state to require private insurers to provide contraceptive equity when Governor Rod R. Blagojevich signed legislation last July. The law applies to all coverages that began on or after January 1, 2004.

Representative Sara Feigenholtz and Senator Iris Martinez, both from Chicago, sponsored the legislation. The new law also requires plans that cover outpatient medical services to also cover contraceptive services such as consultations, examinations and procedures related to pregnancy prevention. The new law does not extend to abortion services.

Certain self-insured plans may be exempt from state mandates, so women should check with their individual insurance plans to see if and when they will receive coverage under this law.

**Healthy Woman** newsletter is published quarterly by the ILLINOIS DEPARTMENT OF PUBLIC HEALTH. Story ideas, suggestions and comments are welcome and should be forwarded to Lisa Keeler, editor, Illinois Department of Public Health, Office of Women's Health, 535 W. Jefferson St., Springfield, IL 62761; or call 217-524-6088.

Rod R. Blagojevich, Governor  
Eric E. Whitaker, M.D., M.P.H., Director  
Illinois Department of Public Health  
Sharon Green, Deputy Director  
Office of Women's Health

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