PURPOSE & KEY TERMS

- The purpose of this section is to help the learner understand the basics of arthritis; information that needs to be gathered when screening a potential resident with arthritis; and accommodations an AFH will need to provide for a resident with arthritis.
- Nonsteroidal anti-inflammatory drugs (NSAIDS)
- Osteoarthritis
- Rheumatoid arthritis

OBJECTIVES

- The learner will be able to:
  - Describe different types of arthritis and how the condition progresses;
  - List key questions to ask when screening potential residents with a diagnosis of arthritis;
  - Describe the guidelines for arthritis care;
  - Describe general treatment of arthritis;
  - Explore your own physical and emotional limits regarding the type of care required for residents with arthritis.
MAJOR TYPES OF ARTHRITIS

- Arthritis is inflammation of a joint. It is a general term used for more than 100 kinds of diseases that affect the joints and connective tissue.
- Rheumatoid Arthritis
  - Pain with or without movement, general fatigue, and body/muscle aches and stiffness after resting. Symptoms come and go. Painful stiffness can be persistent.
  - Age at onset of the disease and general health are significant factors in the prognosis of the disease. Improvement can occur.

MAJOR TYPES OF ARTHRITIS CONTINUED

- Treatment of rheumatoid arthritis is aimed at reducing pain, inflammation and preventing muscles from wasting away.
- Osteoarthritis
  - Is a degenerative joint disease and frequently involves the major weight-bearing joints (hips, knees, lower spine) and the joints near the fingertips and base of the thumb and big toe.
  - Symptoms of osteoarthritis include aching pain with movement, pain increasing during the day and temporary stiffness.

GENERAL TREATMENT PLAN

- Proper treatment can relieve symptoms and prevent serious joint problems. It can slow, but not reverse, the disease process:
  - Manage pain and inflammation;
  - Maintain flexibility and muscle strength; and
  - Prevent further harm to joints.
- Treatment can help maintain activity and usually involves a exercise, medication, heat and cold treatments, joint protection and lifestyle changes.
Exercise should be done regularly to keep joints flexible and muscles strong. Range of motion or stretching exercise is beneficial:
- Consult a health care professional when developing an exercise plan for each resident.

Medications are taken under the supervision of a prescribing practitioner:
- Aspirin (the most widely used);
- Nonsteroidal anti-inflammatory drugs (NSAIDS);
- Acetaminophen (Tylenol).

Hot and cold treatments
- Do not apply extreme temperatures without a medical order. Be careful when applying heat. People with poor circulation/reduced sensitivity are at risk for burns.
- Assistive devices such as canes, walkers, crutches can protect weight-bearing joints
  - Must be fitted by a health care professional. Improperly fitted, they can cause more harm than good.

Elderly residents who have osteoarthritis can be helped to maintain their highest level of function, prevent secondary problems and promote comfort:
- Conserve the residents' energy;
- Encourage correct posture and body mechanics;
- Avoid overusing or abusing joints;
- Promote use of appropriate assistive devices;
- Be aware of safety hazards; and
- Monitor medications – watch for drug side effects.
PERSONAL CARE

- Self-care aids help conserve energy and remain active, independent and safe. Bathing and grooming aids include:
  - Shower caddy;
  - Grab bars and nonskid safety mats/strips;
  - Long shower spray hose;
  - Bath bench or chair;
  - Terry cloth robe;
  - Electric razors;
  - Emery paper taped to a flat surface;
  - Velcro fasteners, elastic waistbands;
  - Clip-on ties; and
  - Soft stretch web belts.

EXERCISE AND MOBILITY

- Regular exercise is important in effectively managing osteoarthritis. There are numerous gentle exercises.
  - A health professional such as a physical therapist or doctor can develop an exercise plan that meets the resident’s specific needs;
  - The exercise plan may include putting the joints through range of motion and isometric exercises.

- Daily exercise helps prevent further decline in function and strength.

SLEEP AND REST

- The resident can improve stamina by taking frequent short rest periods during the day and resting before fatigue occurs. If sleeping is a problem, suggest that the resident:
  - Take a warm bath just before bedtime;
  - Exercise in bed – this can reduce stiffness that causes the resident to wake up during the night.
**DIET AND MEALTIME**

- A well-balanced diet is most important. If a resident is overweight, consult the person’s doctor about a weight reduction diet.
- Mealtime can be easier if you provide:
  - A sharp knife — requires less pressure to cut food.
  - Padded utensils — easier to grasp the utensils.
  - A mug that can be comfortably held with both hands — beverages and soup served in a mug makes drinking and eating easier.

**DISCUSSION/QUESTIONS**