



# MSK conditions and self-management

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# What are MSK Conditions? (most common)

A wide variety of conditions. Three main categories:

1. Inflammatory – the immune system goes wrong

1. **Rheumatoid arthritis** and other types of inflammatory arthritis

2. Axial spondyloarthritis

3. Lupus, scleroderma, connective tissue diseases

Most people will be on immune modifying drugs

Many have become extremely deconditioned through lockdown



# MSK Conditions

## 2. Non-inflammatory conditions/MSK pain

- Osteoarthritis
- Fibromyalgia
- Hypermobility/EDS
- Neck and back pain



Typically have chronic pain that varies and is worse with exercise, many have significant past trauma that increases pain

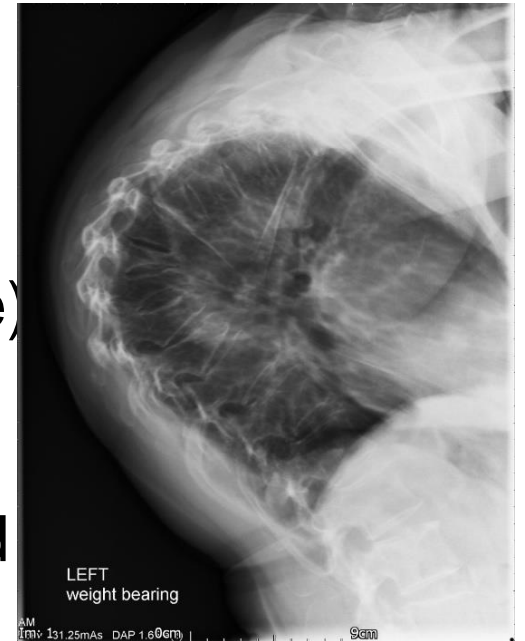
Often more disabling than inflammatory MSK conditions



# MSK Conditions

## 3. Osteoporosis – reduced bone density leading to fragile bones

- A silent condition until a bone is broken (fragility fracture)
- 1 in 2 women & 1 in 5 men over 50 will have a fragility fracture
- A fragility fracture is never normal and can be prevented
- Only about 15% of patients get appropriate treatment
- Immobility and falls are risk factors for fragility fracture
  
- Think about bone health in all people with MSK conditions



# What problems do MSK conditions cause?

- Joint pain, stiffness and swelling
- Generalised pain and fatigue, poor sleep quality
- Difficulty with activities of daily living and mobility
- Low mood, depression and anxiety – 20-30%
- Long term work disability – 40% will be out of work
- Social isolation
- Knee osteoarthritis causes increased mortality



# Everything is connected...



# Pain and MSK conditions

- Almost no connection between tissue damage and pain
- Pain “catastrophising” worsens pain
- Pain causes reduced exercise, poor sleep, low mood, social isolation and work disability
- The medical “language” of arthritis
- Learning self-management skills may help break the cycle



# Aspects of self-management

- Education – the challenge of low health literacy (1 in 6)
- Exercise and physical activity
- Weight-management and healthy eating
- Mind and mood
- Pain management
- Social strategies to reduce isolation and loneliness and to help people remain active and independent
- Work and benefits
- Getting the most from your consultation/HCP





# Weight management in MSK conditions – why?

## Obesity:

- Increases the risk of osteoarthritis, worsens joint damage and increases pain
- Is a pro-inflammatory condition increasing mortality and can cause generalised joint pain
- Joint replacements more likely to fail
- Makes medicines for inflammatory arthritis much less effective
- Every 1kg of excess weight adds 4-6kg of force through joints

# Weight loss and arthritis pain – good news

- 5-10% weight loss can reduce joint pain dramatically (30%+)
  - Joint replacement surgery may no longer be needed
  - Weight loss improves mobility, function and quality of life
  - Inflammatory arthritis is better controlled with weight loss
- 
- All arthritis guidelines worldwide strongly recommend weight loss/healthy eating advice but this rarely happens





# Exercise

- Joint pain makes people move much less because they are scared of doing damage
- Exactly the wrong thing to do
- Fear of exercise is a major barrier to change
- Exercise can't harm the joints even if they are swollen
- Not exercising always harms the joints by weakening muscle strength and reducing joint stability
- Moving less increases joint pain



# Good news about exercise/moving more

- Exercise is anti-inflammatory
- Small amounts of exercise can really help joint pain
- Simple quadriceps strengthening can reduce knee pain by 30%
- Resistance exercise at any age will improve strength and stamina
- Weight-bearing exercise improves bone density
- Just wearing a step counter increases daily steps by 4,000





- Exercise improves pain, sleep quality, mood and quality of life
- Doesn't need to be expensive or traumatic!
- Group exercise is extremely powerful



# Combined weight loss and exercise in knee osteoarthritis

- 450 obese/overweight people with knee OA
- Intensive supported group dietary help and group exercise
- After 18 months
- 40% had no or little knee pain
- Reduced levels of inflammation in blood
- Better function, quality of life
- 50-60% adherence to diet and exercise – group work may be key



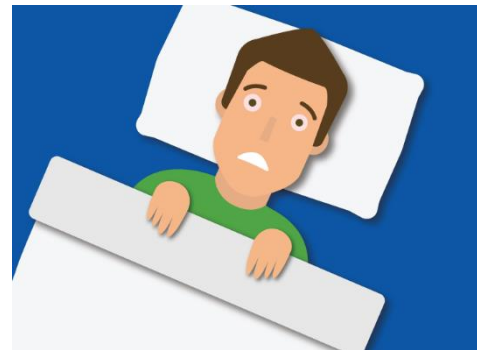
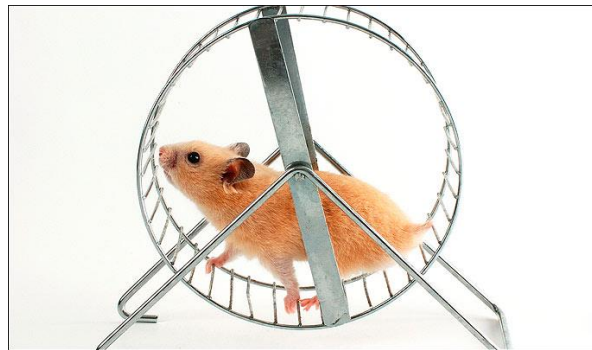
# Diet and arthritis

- No food causes or worsens arthritis
- Many people believe certain foods worsen their pain
- A “Mediterranean”-type diet may be the most healthy
- Low red meat, high pulses, fruit and vegetables and low fat
- No supplements help except possibly
  - Omega 3 fish oils in inflammatory arthritis
  - Vitamin D for most people in Winter
- No evidence for glucosamine, chondroitin, turmeric



# Sleep and fatigue in arthritis

- Fatigue is extremely common in MSK conditions especially FM
- Often the worst thing
- 89% of people with rheumatoid arthritis experience severe fatigue
- Multifactorial
- Linked to pain, poor sleep quality, mood, weight, hormones, life
- Sleep hygiene, exercise, mindfulness meditation, CBT





# Mood and arthritis

- Living with chronic pain and fatigue is depressing and exhausting
- Many people think pain means progressive damage and disability
- Sleep quality is often terrible
- Low mood and anxiety worsen pain, fatigue and social isolation
- Medical management may be necessary
- Strategies to reduce social isolation
- Exercise, talking therapies, sleep, distraction





Questions?

