

Exercise Essential For Managing Rheumatoid Arthritis

(NAPSA)—People with rheumatoid arthritis (RA) may be reluctant to exercise for fear that it might damage their already painful joints, or simply because they do not know what, if any, benefit regular exercise will have on their disease. Ten years ago, doctors were unaware of the benefit. Now, however, new research has shown that exercise is not only helpful, but is an important tool in managing RA.

Unlike osteoarthritis, the “wear and tear” joint condition, RA is a disease that causes swelling and stiffening in joints of the hands, feet and wrists. Of the 2.1 million Americans with RA, women are most affected. Striking between the ages of 30 and 50, RA can destroy the joints, gradually disabling sufferers.

“Having dedicated my life to physical fitness and wellness, being diagnosed with rheumatoid arthritis was devastating,” says Shari Whitley, president and CEO of Women’s Workout World. “I could not imagine a life that did not involve being physically active.”

After being diagnosed, Whitley tried common RA treatments including methotrexate, which were unsuccessful in treating her symptoms. In February 2003, her rheumatologist recommended HUMIRA (adalimumab), the latest treatment for RA patients who have failed at least one DMARD (disease modifying anti-rheumatic drug). Within a short time period, Shari noticed that her joint pain and stiffness was significantly



reduced and she was able to resume doing the things she loved, including exercising and running fourteen Women’s Workout World centers.

According to the Arthritis Foundation, moderate exercise offers benefits to people with RA, including better range of motion; a reduction in joint pain and stiffness; endurance boosts; and increased flexibility. Exercise also has positive results on some of the symptoms and secondary conditions of RA by releasing a pain-relieving mechanism that can reduce joint pain.

“After I was prescribed HUMIRA, I was able to return to exercising on a regular basis,” says Whitley. She worked with a trainer to find strength training exercises that would help build muscle, such as small weights and working with a resistance ball. “I have found that by increasing my strength, I have been able to reduce the stress on my joints.”

Getting Started

When choosing a gym or fitness center, studies have shown,

people are more likely to use a facility that is within minutes from their workplace or home. Doctors recommend beginning with stretching exercises, such as yoga or aquatics, which help improve range of motion, before advancing to aerobic exercises. The important thing to remember when starting an exercise program is to start slow and make it fun. People with RA should always consult their rheumatologist before beginning any exercise regime to determine the most appropriate program.

What Studies Show

People with RA have an elevated risk of developing and dying from heart and blood vessel disease, however, at least one study shows that once people with RA feel comfortable, vigorous aerobic exercise could be beneficial. Building strength through physical exercise reduces the risk of falls through improving reaction time, balance and coordination. Studies show hydrotherapy, a combination of warm water and exercise, had significant improvement in joint tenderness and in knee range of movement for RA sufferers.

The Arthritis Foundation recommends a comprehensive treatment program with the appropriate use of medications and learning how to self-manage the disease. For more information about RA and exercise, visit www.arthritis.org. For more information about HUMIRA, visit www.humira.com.

HUMIRA is indicated for reducing signs and symptoms, inhibiting the progression of structural damage and improving physical function in adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more DMARDs. HUMIRA can be used alone or in combination with methotrexate or other DMARDs.

Important Safety Information

Cases of tuberculosis (TB) have been observed in patients receiving HUMIRA. Serious infections and sepsis, including fatalities, have been reported with the use of TNF-blocking agents, including HUMIRA. Many of these infections occurred in patients also taking other immunosuppressive agents that in addition to their underlying disease could predispose them to infections. The combination of HUMIRA and anakinra is not recommended. TNF-blocking agents, including HUMIRA, have been associated in rare cases with demyelinating disease and severe allergic reactions. Infrequent reports of serious blood disorders and rare reports of lymphoma have been reported with TNF blocking agents. Patients with rheumatoid arthritis, particularly those with highly active disease, are at a higher risk for the development of lymphoma. The potential role of TNF-blocking therapy in the development of malignancies is not known. The most frequent adverse events seen in the placebo-controlled clinical trials in rheumatoid arthritis (HUMIRA vs. placebo) were injection site reactions (20 percent vs. 14 percent), upper respiratory infection (17 percent vs. 13 percent), injection site pain (12 percent vs. 12 percent), headache (12 percent vs. 8 percent), rash (12 percent vs. 6 percent) and sinusitis (11 percent vs. 9 percent). Discontinuations due to adverse events were 7 percent for HUMIRA and 4 percent for placebo. As with any treatment program, the benefits and risks of HUMIRA should be carefully considered before initiating therapy.