



Washington, D.C.

# *A Rheumatologist's Strategy for Managing Pain and Fatigue*

**Russell Rothenberg, M.D.**

**10215 Fernwood Road – Suite 401**

**Bethesda Maryland**

**301-571-2273**

**[www.RussellRothenbergMD.com](http://www.RussellRothenbergMD.com)**

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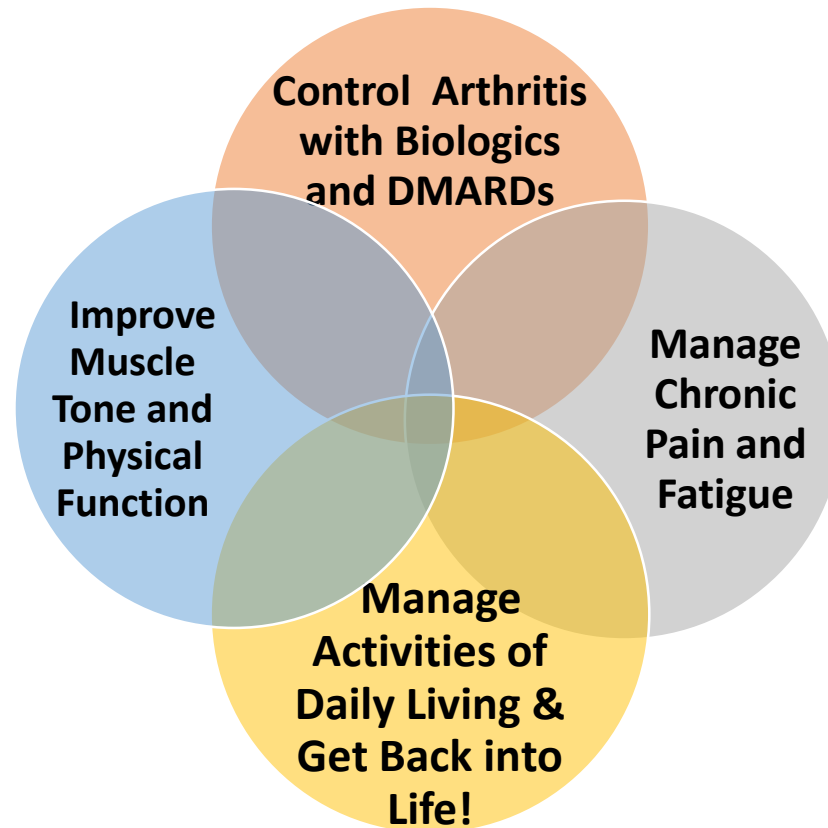
# A Rheumatologist's Strategy for Managing Pain and Fatigue

- **Biologics (ex. Enbrel, Humira) and Disease Modifying Remittive Drugs (DMARDs) Methotrexate, have dramatically improved the prognosis for Rheumatoid Arthritis (RA) and Chronic Arthritis patients**
  - Reduction in swollen joints
  - Reduction in inflammation blood test CRP levels
  - Reduction in new bone erosions on X-ray
- **Diagnosis of the source(s) of arthritis pain is essential to the proper treatment**
- **With better prognosis, Chronic Arthritis patients have new challenges concerning Getting Back Into Life!**

# A Rheumatologist's Strategy for Managing Pain and Fatigue

- **What if Biologics and DMARDs do not correct the RA patients' chronic Arthritis pain, fatigue and inability to function?**
  - I was involved in a research project “Dialogues in Rheumatology,” where we asked that question to rheumatologists around the country.
    - Leave pain management to the Pain Management Clinics
    - Pain Management Specialists are very important in the control of severe pain
- **Rheumatologists know much more about the Chronic Arthritis patients**

# A Rheumatologist's Strategy for Managing Pain and Fatigue



# Manage Arthritis Comorbidities Associated with Chronic Pain and Fatigue

- Anxiety
- Depression
- Obesity
- Physical deconditioning
- Non-restorative sleep
- Disruption of circadian rhythm
- Fibromyalgia and myofascial pain



# Medication for Chronic Pain and Fatigue

## • Nocturnal Pain and Insomnia

- 8 hour Tylenol- can manage insomnia caused by nocturnal Arthritis pain
  - Improving pain tolerance and fatigue
- Long acting NSAIDs
  - Can help manage nocturnal pain and fatigue
- Tramadol, an atypical opioid medication
  - Can help manage nocturnal pain and fatigue

## • The Opioid Pain Dilemma

- If your Arthritis Pain can be controlled adequately with Tylenol or NSAIDs, do not take an opioid medication
- Understand the *risks and benefits of Tramadol, an atypical opioid medication*



# DEA Controlled Substances

- **Schedule II**
  - High risk of addiction: Morphine, Oxycodone
- **Schedule III**
  - Moderate risk of addiction: Tylenol with Codeine
- **Schedule IV**
  - Low risk of addiction: tranquilizers- Valium (diazepam) Xanax (alprazolam) and atypical opioid- Tramadol
    - Tramadol first labeled controlled in 2015
      - FDA- it is an opioid and neurotransmitter (SNRI) analgesic
- **Schedule V**
  - Very low risk of addiction: cough syrup with Codeine

# Peripheral Nerve and Central Nervous System (CNS) Pain Pathways

- **Peripheral Nerve Pain-** Pain felt through the nerves in the arms and legs
  - Often sharp and burning- often acute pain
- **CNS Pain-** pain transmitted through nerves in the brain and spine
  - More diffuse and achy- Chronic Pain
    - SNRI (serotonin norepinephrine reuptake inhibitor) drugs like Cymbalta (Duloxetine) are effective in reducing CNS neurologic pain
    - Cymbalta is FDA approved for treatment of joint pain, back pain, anxiety, depression, and fibromyalgia pain and function

# Treating Pain Through More than One Nerve Pathway

- Treating chronic pain through more than one nerve pathway- reduces the amount of medication needed to manage the pain
- Tylenol and Tramadol
  - Tylenol treats peripheral nerve pain
  - Tramadol treats CNS pain
- NSAIDs and Tramadol
  - NSAIDs treat peripheral nerve pain
  - Tramadol treats CNS pain

# Prednisone (Steroid) Therapy

- **Prednisone treats inflammation**
  - It often treats Arthritis pain and fatigue effectively
- **Low dose prednisone (3-10 mg) can do wonders for Arthritis patients' pain, but**
  - There is an increased risk of infection
  - It can cause osteopenia/osteoporosis
    - Bisphosphonates (ex. Actonel, Fosamax) can decrease steroid induced osteoporosis
  - It can cause weight gain/Cushingoid symptoms
  - The total amount of steroids for the year determines the risk of steroid side effects

# Trying to Function with Chronic Pain is Fatiguing!

- **Managing Chronic Pain Can Manage Fatigue**
  - Pain medication can decrease fatigue and increase energy- too much medication increases fatigue
  - Short acting NSAIDs are often effective in starting the day and reducing AM stiffness
  - Being more functional can allow you to be more active, and have a more positive approach to life
- **Managing Arthritis pain includes these goals**
  - Better muscle tone and more fluid gait
  - Better exercise and increased endorphins

# Fibromyalgia

- **Fibromyalgia patients have:**
  - Increased generalized pain and fatigue
  - Increased autonomic nervous systemic dysfunction
    - Irritable bowel and bladder symptoms
    - Insomnia- due to overstimulation of the nervous system
    - Increased sensitivity to medications
  - ***“Fibromyalgia Pathophysiology & Treatment: A Guide For Patients & Physicians”*** posted on [www.RussellRothenbergMD.com](http://www.RussellRothenbergMD.com)

## Myofascial Pain

- **Myofascial Pain is caused by decreased blood flow and increased peripheral nerve pain**
  - It is localized soft tissue pain that can cause painful, palpable soft tissue “knots” or “trigger points”
  - Resulting in increased pain and stiffness:
    - Around the joints
    - Anywhere in the body



## Fibromyalgia Pain Flare

- Fibromyalgia patients often do not recognize they are in pain until the pain gets overwhelming
  - Can cause severe diffuse pain and exhaustion
- Fibromyalgia is associated with many rheumatic diseases
  - RA, SLE, Sjogren's Syndrome
  - Double whammy: Fibro + Arthritis flare

## Don't Give Up!

- **Maintain Joint Range of Motion, Muscle Tone, Posture and Balance**
  - **Arthritis can make your body weaker and stiffer**
    - You need to exercise your muscles
    - You need to move your joints through a full ROM
  - **Exercise your thigh muscles to prevent progression of OA in the knees.**
    - Exercise bicycle or elliptical trainer
  - **Core exercises reduce undue stress and overuse of the back and spine**
  - **Manage computer/work ergonomics**
    - Adjustable chair with arms with neck and lumbar support
    - Sit-Stand Desk and foot rest

# A Rheumatologist's Strategy for Managing Pain and Fatigue

- Neuromuscular Physical Therapists can give you a treatment/exercise plan designed for you!
- Pilates, Tai Chi, Modified Yoga are very helpful for managing joint ROM, muscle tone and balance
  - You can learn to do the routines with confidence
  - Mind-body meditation can help manage arthritis pain
- Accommodations for Chronic Arthritis
  - Raised toilet seat and shower seat
  - First Floor Bathroom/Bedroom
  - Railings/ramps to get into your home
  - Occupational Therapist consultation for more ideas

# Manage Activities of Daily Living (ADL) and Getting Back into Life!

- **Once your Pain Levels are Acceptable**
  - You should have less chronic fatigue
  - You should have better physical function
- **Accommodation for ADL**
  - Pacing is essential
  - Ask for help with lifting/cleaning/cooking/shopping
  - Ask for work accommodations
- **Getting Back into Life!**
  - Gradually increase your activity level
  - Focus on what you can do, not what you can't do

# Comprehensive Management of Chronic Arthritis

- **Balanced diet, including:**
  - Anti-inflammatory Berries and Cherries
  - Omega 3 fish oil (non-burpy) and North Sea Fish
  - Glucosamine Chondroitin MSM supplement for OA
  - Calcium rich foods
- Adequate exercise and paced activities
- Adequate sleep
- Supportive low heeled shoe wear
- PT, OT and other accommodations
- Medications to manage arthritis pain and function

# QUESTIONS?