



# Joint support

*We look at how therapy can support people with arthritis*

Seventy five per cent of people with Arthritis and joint pain feel their pain stops them living life to the full.<sup>1</sup> Many therapists are no doubt aware of the restrictions on the lives of clients who are in a great deal of pain. While therapists are not in a position to cure conditions like arthritis, they can provide much needed support and make a positive impact on their clients' lives. In this article, we take a look at arthritis and the role that therapies can play in providing invaluable complementary support to clients with the condition.

## ABOUT ARTHRITIS

Arthritis is a common condition that causes pain, stiffness and swelling in a joint and affects around 10 million people in the UK.<sup>2</sup> There are many different forms of arthritis and related conditions, with osteoarthritis and rheumatoid arthritis being the most common.

Around eight million people in the UK have osteoarthritis and it typically affects adults who are in their late 40s or older, although it can occur after an injury or related condition at any age. It is often genetic and more likely to affect women. Osteoarthritis causes cartilage lining to thin and roughen, increasing the strain on tendons and ligaments, which in turn causes swelling and pain. The

hands, knees, spine and hips are the most commonly affected areas.

Rheumatoid arthritis is less common, affecting more than 400,000 people in the UK. Three times as common in women than men, rheumatoid arthritis typically develops between 40 and 50 years of age. Swelling and pain is caused by the body's immune system targeting affected joints. Rheumatoid arthritis can also affect other parts of the body, including organs and tissues.

Bone and cartilage can break down in both of the above types of arthritis, leading to changes in the shape of joints.

There are many other types of arthritis and related conditions, such as ankylosing spondylitis, primarily affecting the spine; cervical spondylosis, affecting the neck; fibromyalgia, causing pain in muscles, tendons and ligaments; psoriatic arthritis, which can occur in people with psoriasis; gout, affecting people with too much uric

acid in the body; lupus, an autoimmune condition, which attacks tissue and organs; enteropathic arthritis, affecting people with inflammatory bowel disease; and polymyalgia rheumatic, which occurs in people over 50 years of age, and is characterised by stiffness and pain in the upper legs and across the shoulders.

While there's no known cure for arthritis, treatments are usually designed to slow down the progress of the condition, reduce inflammation and improve range of motion.





## THERAPY AND ARTHRITIS

Approximately 12% of people in the UK seek out complementary therapists each year, but evidence suggests this percentage is significantly higher among people who are in pain and have conditions, such as arthritis.<sup>3</sup> Unsal and Gozum (2010) says that complementary therapy 'is widely used by patients with arthritis and has perceived beneficial effects'.<sup>4</sup>

These effects may differ depending on the therapy, with some helping to improve joint mobility and grip strength and others potentially reducing pain or improving quality of life. Of course, sports and remedial therapies also have an important role to play, as our member survey indicated (see page 15).

There are many therapies that may benefit people with arthritis, and while we wouldn't be able to cover all these in this article, we have provided a summary of evidence below, highlighting those that are more widely researched.

## ACUPUNCTURE

A study published in the British Medical Journal found acupuncture to be more effective than a placebo when used alongside diclofenac, an anti-inflammatory drug, to treat osteoarthritis of the knee.<sup>5</sup> The randomised controlled, single-blind trial split 97 patients into the two groups, with 48 receiving acupuncture and 49 the placebo. The experimental group who received acupuncture reported a greater reduction in pain and stiffness and greater functional activity.

Perhaps more significantly, a systematic review of 16 trials on acupuncture for osteoarthritis found the therapy to be associated with significant improvements in pain and function after eight weeks and 26 weeks.<sup>6</sup> Acupuncture showed greater improvements when compared with sham acupuncture or standard care alone.

## AROMATHERAPY

Kim et al (2005) studied the effect of aromatherapy on symptoms of pain, depression and feelings of life satisfaction in patients with arthritis and found it had major effects on decreasing pain



## Reflective practice 1

### *Denise Lewis, MFHT, talks about using aromatherapy to support a client with arthritis in the hands*

I trained as a nurse in 1987 and went on to specialise in accident and emergency and occupational health. I also worked abroad in private healthcare and it was during this time that I learnt the importance of appropriate therapeutic touch. Tisserand (1994) states that 'our hands are instruments of communication'.<sup>18</sup>

I qualified as a massage therapist in 1997 and aromatherapy in 2014. I then retired from nursing and became a volunteer therapist at St David's Hospice Care in Newport, South Wales. I volunteer once a week at the day hospice, which is such a happy and positive place to work. The staff are so kind and caring. I feel very privileged to work there. I also work one day a month for the charity Valleys Healing and Life, which provides complementary therapies for people living with chronic illnesses and cancer.

One particular client, who has arthritis in both hands, has responded well to the use of ginger essential oil (which Buckle (2015) describes as suitable for chronic pain) and lavender essential oil, an anti-inflammatory at 1% dilution in a carrier of sweet almond oil.<sup>19</sup>

The client explained to me during the functional assessment that his main concern was pain with reduced range of motion



Denise Lewis

and grip in both hands. He had recently dropped a hot cup of coffee over himself which had caused him great distress. The blend was mixed and the client inhaled this prior to treatment.

I then applied the blend to both hands using gentle effleurage strokes and wrapped one in a towel for warmth and comfort while working on the other hand. The treatment lasted for 20 minutes but the appointment is usually longer as it gives the client time to chat about how they are coping or any worries they may have.

Pain scores were documented before and

after treatment using a scale of zero to 10, with zero equalling no pain and 10 being the most severe. Prior to treatment the pain score was 10 out of 10, post treatment five out of 10, with beneficial effects lasting up to 10 days. He also said he did not need to take his morphine as much and his GP had advised him to continue with the aromatherapy, as it's 'better than taking lots of analgesia'.

During subsequent treatments he felt his grip had improved, from zero out of 10 to five/six out of 10. This had given him more dexterity when using cutlery as he was embarrassed about others having to help him with meals.

and depression.<sup>7</sup> Kim noted significant differences in the reduction of pain and depression in those that received aromatherapy compared with the control group, but life satisfaction remained the same. The essential oils used were lavender, marjoram, eucalyptus, rosemary and peppermint, blended with a carrier oil of almond, apricot and jojoba oil.

Furthermore aromatherapy massage was considered to be effective for short-term knee pain relief by Yip and Tam (2008).<sup>8</sup> Fifty-nine older patients were involved in a double-blind, placebo controlled experimental study group. One group received massage with aromatic ginger and orange, while another had the same treatment but with a placebo (olive oil) and the control group had no treatment whatsoever. Four weeks after treatments, the aromatherapy massage group reported a more significant improvement in physical function and reduced pain, when compared to the other two groups.

## HYPNOTHERAPY

A German study examined the effectiveness of hypnosis on the condition, using visual imagery aimed at reducing autoimmune activity and symptoms of rheumatoid arthritis. Sixty-six patients with rheumatoid arthritis were divided into three groups; 26 learnt hypnosis techniques, 20 were in a relaxation control group and a further 20 were on a waiting-list control group. The patients who used hypnosis techniques showed greater improvements than both other groups in subjective and objective measurements.<sup>9</sup>

## KINESIOLOGY TAPING

Researchers in Poland monitored 20 patients suffering from rheumatoid arthritis in hospital, splitting them into two groups of ten, with one undergoing physiotherapy alongside kinesiology tape applications and the other with physiotherapy on its own. The first group showed a significant increase in

hand muscle strength, suggesting that a combination of physio and kinesiology tape may bring benefits to people suffering with rheumatoid arthritis.<sup>10</sup>



## MASSAGE

Massage could be potentially beneficial to people suffering with rheumatoid arthritis, as a team of researchers compared two types of massage and found differences in the rate of improvement.<sup>11</sup> Forty-two people with rheumatoid arthritis in the upper limbs were randomly assigned to either a light pressure or a moderate pressure massage group and were massaged once a week for one month. The moderate pressure group experienced less pain, showed greater grip strength and improved range of motion by the end of the four-week period.

Field, et al (1997) also conducted a study to examine the benefits of massage therapy in supporting children with juvenile rheumatoid arthritis, by having their parents massage them for 15 minutes each day, for 30 days.<sup>12,13</sup> There was an immediate reduction in anxiety and stress levels and a reduction in pain over the 30 days, according to reports by children and parents, and an assessment by a doctor.

Yurtkuran and Kocagil (1999) added to the efficacy of massage and other therapies by comparing TENS, electroacupuncture and ice massage for osteoarthritis of the knee.<sup>14</sup> All three therapies performed favourably against a placebo in decreasing pain, improving quadriceps muscle strength and knee flexion.

## REFLEXOLOGY

One study, looking at non-pharmacologic interventions for rheumatoid arthritis, compared the effects of reflexology



## Reflective practice 2

*Jill Arkwright, FFHT, reflects on supporting a client with osteoarthritis in both knees*

Working as part of a complementary therapy team within the NHS is both challenging and rewarding. The Nightingale Macmillan Unit is a palliative medical unit within the Royal Derby Hospital. Working with patients with complex medical conditions provides the team with opportunities to expand and adapt the therapies.

When patients have cancer, their existing medical conditions can become more problematic as the cancer causes progressive changes, such as weight loss, weakness and loss of muscle mass. One of the common conditions that we deal with is arthritis. Although there are many types, we mainly encounter osteoarthritis, rheumatoid arthritis, gout and fibromyalgia.

While working in the day unit I met Tom, a bright, jovial 85-year-old with prostate cancer, who also suffered with chronic osteoarthritis in both knees.

Following a consultation and physical examination of his knees, I initially offered Tom an aromatherapy massage. A blend of essential oils was made to address his



Jill Arkwright

symptoms, consisting of black pepper, ginger, lavender, peppermint, frankincense and eucalyptus, for pain relief. I also incorporated anti-inflammatory oils, such as rosemary, sandalwood, geranium and orange, with the blend varying weekly, depending on whether Tom's arthritis was active or in remission. A low dose blend of one or two per cent reflected Tom's age, poor health and medication levels. The choice of carrier oils were sweet almond, grapeseed or calendula to help nourish his dry skin.

The massage pressure was gentle to moderate, depending on Tom's symptoms and tolerance levels. Passive knee movements were included into the massage by extending and flexing the knees. Tom had never had a massage before and was surprised and delighted by how much he enjoyed the soothing sensations. He formed a trusting supportive relationship with me and the day unit staff. He looked forward to his treatments, stating that his pain was reduced, his knees were more mobile and he slept better, giving him a better quality of life.

and aromatherapy massage.<sup>15</sup> The study randomly assigned 51 patients with rheumatoid arthritis to either receive reflexology, aromatherapy massage or standard care alone. Both the reflexology and aromatherapy massage group reported a significant reduction in pain and fatigue.

A pilot study on the efficacy of reflexology in the management of low back pain may also support its use for arthritis. Quinn, et al (2008) randomly divided patients into two groups, receiving

reflexology or a sham treatment.<sup>16</sup> The reflexology group reported a reduction in pain following treatment, compared to minimal changes in the sham group.

## YOGA THERAPY

Raj yoga may also benefit people with arthritis. A pilot study in Dubai, UAE, suggests that regularly practising Raj yoga may have beneficial effects on disease activity in patients with rheumatoid arthritis.<sup>17</sup> Forty-seven patients were assigned to either a yoga group, completing a total of 12 Raj yoga sessions, or control group. Measures taken before and after the 12 yoga sessions demonstrated statistically significant improvements in rheumatoid arthritis disease parameters in the yoga group.

## FHT MEMBERS AND ARTHRITIS

We conducted our own survey to find out more about the work FHT members do in supporting people with arthritis and received 120 responses. One quarter of respondents treat 10 or more regular clients with arthritis, showing just how well versed some members are with supporting people with the condition.





*"Make the time to listen. Make the time to care. In our role as a therapist, we are a small cog in a large wheel. Work with the client's GP, physio and external healthcare team."*

CAROLYN WELLINGTON-SOVATABUA, MFHT

While respondents had experience in supporting various different forms of arthritis, more than 88% have clients with osteoarthritis and 64% with rheumatoid arthritis, the two most common types. Eighty per cent of these clients see the member to specifically help them cope with their arthritis, with the most commonly affected areas being the neck, hands, knees, hips and back areas.

The therapies that respondents were most likely to use to support people with arthritis were reflexology (58%), aromatherapy (46%), sports or remedial massage (46%) and body massage (40%).

While clients may be seeing a member to help them cope with a range of symptoms, our findings suggest that the most common reasons are to help reduce pain (86%), improve joint mobility (83%), improve overall quality of life (73%) and reduce inflammation/swelling (63%).

Respondents also say that their clients will

seek treatment to allow them to continue to enjoy certain activities, such as walking, gardening, playing golf, zumba and playing the piano, while others just want to walk and sleep better or have the grip strength to hold onto a cup.

*"Research the types of arthritis and current journals. Understanding the client's condition helps you be selective on the appropriate treatment. Always stay within your limitations and be honest with yourself and the client. Don't be afraid to try different approaches and always keep an open mind. Don't be afraid to liaise with clients and other health professionals, providing you have the client's consent, so that you can apply a multi-disciplined approach where appropriate."*

NICHOLAS MULRYAN, MFHT

*"Be mindful of positioning your client. Do not promise results that raise expectations. Adapt length of treatments in accordance with clients' comfort. Suggest any lifestyle changes you think will help. Offer aftercare tips, blends or oils [if qualified in aromatherapy] for use between treatments. Most clients will see the benefits of treatments as a health care choice and continue to come for many years."*

GILLIAN VINCENT, MFHT

## USEFUL TIPS

Below are some useful tips to consider when supporting clients with arthritis:

- ◆ Treatment to the area affected by arthritis may not be advisable when the client is experiencing a flare up of symptoms.
- ◆ Treatment should not be painful. Remember, consent is an ongoing process – make sure you ask your client if they are comfortable throughout the treatment and where necessary, modify the pressure or techniques used and shorten the length of the treatment.
- ◆ Where appropriate, provide the client with some simple exercises for them to carry out at home, within their capability, in between treatments. Ensure the client understands what to do, by demonstrating the exercise/movement for them.

THANK YOU to all those who completed the FHT arthritis members' survey. The information you provided has been invaluable to this feature

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