

ARTHRITIS | *advisor*

Advice and information from a world leader in bone and joint care

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Men Get Osteoporosis Too

Both women and men need to pay attention to their bone health, and get screened for osteoporosis.

When you think of a person with osteoporosis the image that most likely comes to mind is an older woman. But men also get osteoporosis and suffer bone fractures.

About 54 million Americans have osteoporosis. Every year, about 2 million of them fracture a bone. Studies show that about one-half of women and one-quarter of men ages 50 and older will break a bone sometime in their lifetime due to osteoporosis. The consequences can be serious for both women and men.

Consequences

According to a report by the National Osteoporosis Foundation, 40% of people with any type of osteoporotic fracture require hospitalization, and 90% of those with a hip fracture are hospitalized. Overall, about 20% of people over age 65 with an osteoporotic fracture die within a year.

“In addition to increased mortality, a significant number of people who have an osteoporotic fracture from a fall require long-term nursing home care and never achieve their prefracture function,” says Chad Deal, MD, Head of the Center for Osteoporosis and Metabolic Bone Disease

at Cleveland Clinic, and Associate Editor of *Arthritis Advisor*.

Men may be worse off than women. Several studies have found that the risk for disability and death after an osteoporotic hip fracture is higher for men than for women.

Men Are Undertreated

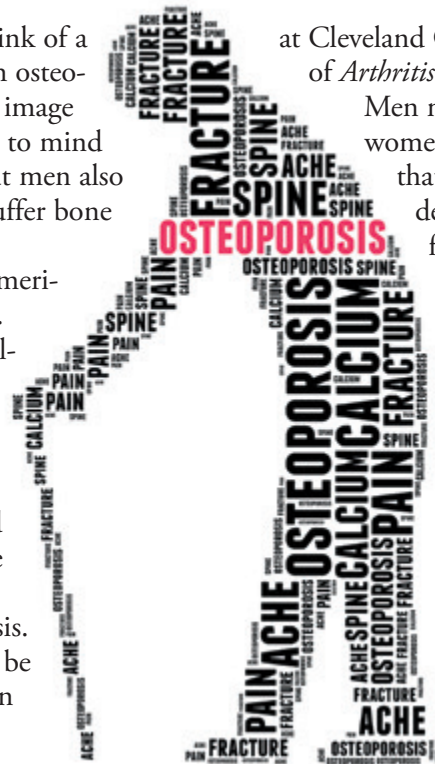
The situation for men is particularly concerning because men are less likely than women to be screened and treated for osteoporosis. A study published in the *Journal of Investigative Medicine* (April 2019) of over 13,000 men and women ages 70 and older found that only 12% of the men underwent bone density testing, compared with 63% of the women.

Men were also less likely to have their vitamin D level checked, to take vitamin D and calcium supplements, and to be treated with osteoporosis drugs.

What Is Osteoporosis?

Bone density declines in everyone with age. Early in life—up to about age 30—bone density increases. But after reaching peak mass, bones start to lose density. For women, this process speeds up at the time of menopause. Men experience a gradual decline in bone density over time.

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All men should get a bone density scan at age 70 to avoid the consequences of osteoporosis.

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B Arthritis
Advisor (ISSN
#15423425)
is published
monthly for
\$39 per year by
Belvoir Media
Group, LLC, 535 Connecticut
Avenue, Norwalk, CT
06854-1713. Robert Englander,
Chairman and CEO; Timothy
H. Cole, Executive Vice
President, Editorial Director;
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President, Circulation. ©2020
Belvoir Media Group, LLC.
Postmaster: Send address cor-
rections to *Arthritis Advisor*,
P.O. Box 8535, Big Sandy, TX
75755-8535.
www.Arthritis-Advisor.com

IN THE NEWS



Exercise Reduces Risk for Falling Among Older Adults

About one-third of adults ages 65 and older fall each year. A fall can have serious consequences, including bone fractures and head injuries. Exercise to improve strength, flexibility and balance is recommended to prevent falls. A study published in the *British Journal of Sports Medicine* (December 2019) assessed the effectiveness of this recommendation. The researchers analyzed data from 59 studies with a total of 13,000 participants ages 60 and older. They found that any form of exercise reduced the rate of falls by 23%. They also looked at different forms of exercise. Exercises for improving balance decreased risk by 24%. Engaging in several types of exercise, such as balance plus resistance exercises to strengthen muscles, reduced the rate of falls by 34%. Tai chi, which involves slow fluid movements, lowered fall risk by 19%. An exercise program supervised by a physical therapist was the most effective.



Yoga and Physical Therapy Help Low Back Pain Sufferers Sleep Better

People with chronic low back pain often sleep poorly. In a study published in the *Journal of General Internal Medicine* (October 2019) both yoga and physical therapy were found to help. The study included 320 adults with chronic low back pain. On a questionnaire about their sleep, most of them (92%) reported having poor quality sleep when the study began. They were divided into three groups. One group had 12 weekly yoga classes. The second group had 12 weekly physical therapy sessions, and the third group received an educational book about back pain. After the 12 weeks, participants in the yoga and physical therapy groups reported modest improvements in sleep quality on the questionnaire. Those who experienced 30% or greater pain relief or improved physical function after six weeks were most likely to have improved sleep at 12 weeks.




Vitamin D Supplements Alone Not Sufficient to Prevent Fractures

To stay strong, bones need calcium and vitamin D. People who don't get enough from their diet or from the sun (in the case of vitamin D) are advised to take supplements. A new study, published in *JAMA Network Open* (December 2019), found that just taking a vitamin D supplement may not be enough. The researchers came to their conclusions by combining results from multiple studies. They found that older adults with higher blood levels of vitamin D had a lower risk for hip or other bone fractures. However, an analysis of 11 studies found that just taking vitamin D supplements did not reduce risk for fractures. Combined results from six studies showed that taking both calcium and vitamin D supplements lowered risk for any fracture by 6% and for hip fracture by 16%.



People with Pseudogout May Have Higher Risk for Heart Disease

People who have pseudogout (which is a form of crystal-induced arthritis) appear to be at increased risk for heart disease, according to a study presented at the American College of Rheumatology Annual Meeting (November 2019). Pseudogout occurs when crystals called calcium pyrophosphate dehydrate (CPPD) collect in joints and areas surrounding the joints. This can cause sudden symptoms of painful, swollen joints. The knee is most commonly affected. Using a Veterans Affairs' database, researchers identified 24,413 people with pseudogout and compared them with 97,591 people without the condition. They found that close to 3% of those with pseudogout experienced a heart attack, stroke or another major heart disease event in the previous year. This was compared to just over 1% of those without pseudogout, meaning the rate of these events was three times higher for people with pseudogout. Those with pseudogout also had a shorter time until death from any cause than those without pseudogout. 

Yoga Is for Everyone

Yoga can help relieve the aches and pains of arthritis. And anyone can do it.

If you have stiff, achy joints from arthritis, you may look at photographs of people doing yoga and think, “That’s nice, but it’s not for me.” You may think you aren’t flexible enough to get into the poses, you can’t sit cross-legged, and it might be painful.

In fact, you don’t have to be able to grab the back of your leg over your head or touch your toes to benefit from yoga.

“Unfortunately, the people who really need the stimulation that yoga gives the body can be put off by it when they see these kinds of images,” says Judi Bar, yoga therapist and Yoga Program Manager at Cleveland Clinic. She would like to change that.

Benefits of Yoga

One of the main recommendations for people with arthritis is to stay active. Movement and physical activity are good for joints.

Yoga is a great way to achieve this. The word yoga means to unite. The practice of yoga brings together physical movements with mindfulness. “We’re calming the mind, we’re moving the body, and we’re adding the magic elixir, which is conscious awareness of the breath,” Bar explains.

Yoga works to stretch and strengthen muscles, which helps to support joints. And it works on improving balance. Yoga also calms the stress response, which relaxes tension in muscles, lowers blood pressure and reduces anxiety. “There are



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Yoga can be done by anyone. Poses can be modified to your ability. They can also be done in a chair.

studies showing that inflammation in the body calms down with yoga,” says Bar.

Yoga Is Accessible

The best way to learn yoga is with a class. But it’s important to choose the class carefully to make sure it’s the right one for you. “I suggest observing a class or talking to the instructor before signing up so you feel comfortable that it is at your level,” says Bar.

Yoga should not cause pain. “Maybe a little discomfort, but not pain in the joints,” says Bar. Yoga instructors should never have people do anything that causes pain. Bar also recommends finding a yoga teacher who doesn’t make hands-on adjustments.

“If a teacher moves your body, they might hurt you,” says Bar. “They don’t know what’s going on in your body” So find someone who only verbally describes the poses.

You should also avoid classes that emphasize speed, heavy exertion, or extremes of any kind. “More is not necessarily better,” Bar stresses. The greatest benefits come from gentle movements done consistently.


If you can’t sit on the floor, that’s okay. Yoga poses can be done in a chair or standing. You don’t need special clothes or equipment. Bar does recommend using a yoga mat, which can be purchased inexpensively. “The reason is safety,” she says. “The mat

is a little sticky, which makes it less likely you will slide and fall.”

Yoga Therapist

You might consider looking for a class taught by a yoga therapist. These professionals receive additional training and employ the practice of yoga for the purpose of improving health conditions. “We understand medical conditions and how to put that together with yoga,” says Bar.

Yoga therapists will tailor one-on-one sessions or a class to the specific health issues of the students. The International Association of Yoga Therapists has an online tool to find a yoga therapist near you (tinyurl.com/rhwsk8z)

While a class is the best way to learn yoga, there are also DVDs and online programs, including one by Bar (tinyurl.com/qotrhrs). 

What You Need to Know

- Yoga is a gentle, low-impact activity that can help maintain and improve joint function for people with arthritis.
- Yoga combines physical activity, mindfulness and awareness of the breath in a holistic approach.
- You don’t have to get into pretzel-like poses to benefit from yoga.
- Take the time to find a class and teacher at your level. Or look for a yoga therapist.

Healing Plantar Fasciitis

Simple stretches can relieve heel pain from plantar fasciitis.

Stabbing pain in the heel when you first stand up in the morning is a sign of the common foot ailment plantar fasciitis. “Pain may ease throughout the day with activity, but then it can worsen later in the day after prolonged weight bearing,” says Cleveland Clinic podiatrist Patrick McKee, DPM.

Two Stretches for Plantar Fasciitis

Gentle stretching should be done several times throughout the day, particularly in the morning and before any weight-bearing activity.



Exercise 1: Stretch the arch of the foot by pulling the toes upward in a slow sustained movement. Hold for 30 seconds.



Exercise 2: Sit on the floor with legs straight. Place a towel around the ball of the foot. Pull the foot upward until you feel a gentle stretch in the calf muscle. Hold for 30 seconds. Keeping the knee straight is necessary to properly stretch the calf muscles.

Illustrations by Alayna Paquette

Plantar fasciitis is irritation or injury to the plantar fascia, which is a tough band of tissue on the bottom of the foot that stretches from the heel to the ball of the foot. It helps to support the arch of the foot and provides shock absorption.

What Causes It?

“It is possible to develop plantar fasciitis from an acute injury, but it is more commonly a chronic overuse condition,” says Dr. McKee. Repetitive stress on the plantar fascia can cause small tears to form. Over time this can result in degeneration of the fascia. The tissue can become irritated or inflamed.

Some factors increase risk for plantar fasciitis. It is a common overuse injury in runners. But non-athletes also get it. People who are overweight or obese are at higher risk.

People who work at occupations that require them to stand on their feet for most of the day can also aggravate the plantar fascia. “The onset may be related to weight gain or a change in activity,” says Dr. McKee.

People who have limited flexibility in the ankle also are more likely to develop the condition. Weakness in muscles in the foot and ankle can also be a factor.

Treatment

Plantar fasciitis can usually be treated without surgery by using the following measures:

- **Shoes.** High-quality, lace-up shoes that are well cushioned and have strong, less flexible soles are recommended.
- **Shoe inserts.** Off-the-shelf arch supports may reduce the stress on

the injured fascia tissue. If they don't help or you have high arches, custom-made foot orthotics may work better.


- **Stretching.** Frequent gentle calf stretches and exercises that stretch the arch tissue can relieve symptoms (see box).
- **Night splint.** A splint worn at night keeps the foot at a 90 degree angle, which provides passive stretching of the plantar fascia. The benefits will be most noticeable with the first steps in the morning.
- **Corticosteroids.** An injection of a powerful anti-inflammatory drug (corticosteroid) may be helpful in the short-term, but there is less evidence that it is beneficial in the long term.

If these measures are not effective, there are other options. If symptoms persist or are severe, a cast can be worn for four to six weeks. “This can be a removable walking cast, but a nonremovable fiberglass cast typically is preferred,” says Dr. McKee.

Another alternative to surgery is extracorporeal shock-wave therapy (ESWT). This procedure uses high-pressure sound waves directed at the area to stimulate blood flow and healing. Other types of injections or minimally invasive procedures may be considered.

Finally, surgery is considered only when other measures fail. The procedure, called fasciotomy, involves releasing the fascia to relieve repeated strain on the tissue.

Prevention

To prevent plantar fasciitis from coming back, Dr. McKee recommends continuing to wear supportive shoes and arch supports. “Ongoing daily stretches will also reduce the chances of recurrence,” he says. 

Choose the Right Shoes

Wear shoes that help you get the most out of a walking program.

Exercise is an important part of a comprehensive treatment approach for people with osteoarthritis. Walking is a great form of exercise. But before you head out the door, consider what you are putting on your feet.

Choosing the best shoes can make a difference in getting the most out of your walk. “Shoes are important for both comfort and function,” says Cleveland Clinic physical therapist Darrell Allen, PT, DPT. Shoes provide stability, and they cushion the impact of each step. They also help control the motion of the legs and feet.

“If shoes are comfortable and help to protect your feet from excessive strain, you will be more likely to be successful sustaining a walking program,” says Allen.

Get Assistance

Everyone’s feet are different. They vary in length, width and shape. People can have high arches, flat feet or something in between. And there are a variety of foot conditions, such as arthritis, and foot abnormalities, such as bunions. Therefore, there isn’t one shoe recommendation that applies to everyone.

For this reason, Allen recommends buying walking shoes from a specialty shoe store, where you are more likely to get assistance to achieve the proper fit.

“I am a fan of walkers wearing running shoes for walking,” says Allen. Running shoes are made for every foot type, and they have the latest technology. “If they can hold up to a runner for 400 to 500 miles before wearing out then they can easily hold up for walkers,” he says.

Lace-up shoes are almost always preferable over slip-on shoes because the laces can be adjusted to allow the foot to have the proper amount of room. They can also be adjusted to accommodate a shoe insert.

Selecting Shoes

Allen has some general recommendations for different foot types. For example, some people have problems at the front of the foot. These include bunions, hammertoes and hypermobility. Hypermobility joints are loose and overly flexible, which can occur as a result of osteoarthritis. For these types of problems, Allen suggests getting shoes with a wide toe box to comfortably accommodate your toes.

People with flexible, hypermobile feet that cause the arch to collapse and become flat when they bear weight should select shoes with a stiffer sole and good arch support. “The shoe should not be easily twisted or bent because it needs to provide stability under the foot,” Allen explains.

If you have a high arch that does not drop when standing, Allen suggests getting shoes with maximum cushioning to help provide shock absorption.

If your big toe does not bend upward much or the joint has been fused, walking can be painful. In this case, Allen recommends wearing shoes with a rocker bottom. This can assist the toe-off phase of walking and reduce the need for the big toe to bend.

Shoe Inserts

Shoes alone may not be sufficient to provide comfort while walking.



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Walking for Exercise

- Start slowly and progress gradually each week.
- If you are new to walking, start with 10 minutes every other day.
- Add 3 to 5 minutes per week until you reach your time or distance goal.
- Walk at a pace that will elevate your heart rate to 65% to 75% of your maximum heart rate (220 minus your age).
- You should be able to talk comfortably while walking.
- If you have a heart condition or other medical concerns, consult with your physician before starting any exercise program.

Sometimes, shoe inserts (also called orthotics) can provide added assistance. These may also be needed for more severe abnormalities in foot alignment or function.

One option is orthotics you can buy in retail stores. They come in different varieties. They range from soft and flexible (to provide shock absorption for people with more inflexible feet) to rigid (to provide arch support and stability for flexible feet).

“When paired with a good pair of shoes, these are adequate for most people with minor issues,” says Allen. People with more severe foot deformities may need custom-made orthotics. These can be expensive, and they may not be covered by insurance. [Aet](#)

Rheumatoid Arthritis and Your Heart

People with rheumatoid arthritis can lower heart disease risk.

People who have rheumatoid arthritis (RA) may not be aware that they face a greater chance of developing heart disease than people without RA. This means that people with RA and their doctors need to be extra vigilant about managing both RA and heart disease risk factors.

“Anything you can do to modify factors such as high cholesterol, obesity and high blood pressure is really important,” says M. Elaine Husni, MD, Vice Chair of Rheumatology at Cleveland Clinic.

People with RA and metabolic syndrome—which is a combination of high blood pressure, high cholesterol, obesity and impaired glucose tolerance (a precursor to diabetes)—are particularly at risk.

Role of Inflammation

The reason for the extra heart disease risk with RA is not entirely known. It may relate to inflammation.

RA is an autoimmune disease. These types of diseases result from the body’s immune system mistakenly attacking healthy tissue. In the case of RA, the attack targets joints. Ongoing inflammation triggered by the immune system damages the joint lining and the structures in and around joints.

Inflammation plays a role in heart disease as well. It can contribute to the buildup of

plaque in blood vessels, causing them to narrow. Inflammation can also make the plaque unstable and prone to rupturing, leading to a complete blockage. Blocked blood vessels can result in a heart attack or stroke.



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Manage Risk Factors

Risk factors for heart disease:

- Obesity (body mass index of 30 and above)
- Smoking
- High blood pressure (>120/80 mmHg)
- High cholesterol
- Diabetes

To reduce risk:

- Eat a well-balanced diet that is low in salt, saturated fat, refined carbohydrates and added sugars.
- Get regular physical activity.
- Manage stress.
- Stop smoking if you smoke.
- Take prescribed medications, such as antihypertensive, cholesterol-lowering, and diabetes drugs.

Optimal Treatment

The best defense against heart disease is to take care of the risk factors you can control (see box).

It’s also important to make sure RA itself is effectively treated. The main drugs used to treat RA, called disease-modifying antirheumatic

drugs (DMARDs), work by controlling inflammation. There are many DMARDs, and they are taken over the long term.

By reducing inflammation, these drugs may help the heart as well as the joints. “Studies have shown that having well-controlled RA with the use of DMARDs can reduce risk for heart disease,” says Dr. Husni. However, it is not possible to determine which DMARDs may be most beneficial.

While there are drugs that can help, there also are anti-inflammatory drugs that may be problematic. For example, corticosteroid drugs can raise both blood pressure and cholesterol levels.

Even nonsteroidal anti-inflammatory drugs (NSAIDs)—such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®)—have been shown to slightly increase risk for heart attack and stroke. Corticosteroids and NSAIDs usually are taken for short-term relief of symptoms. Sometimes they are taken longer.

“Corticosteroids work very fast, and they are effective for

Continued on the bottom of page 7

Osteoporosis in men ... from page 1

Even though the density of bones decreases, bones usually stay strong enough. However, for some women and men, bones become too weak. This is osteoporosis. Weak, fragile bones can break from a fall or a minor trauma.

Bone fractures from osteoporosis most commonly occur in the hip, spine and wrist. Small fractures in the vertebrae of the spine can cause the spine to curve forward.

Screening

People often don't know they have osteoporosis until they break a bone because low bone density does not cause any noticeable symptoms. Therefore, everyone should be screened with a bone density test.

For men, screening should begin at age 70. (For women, it is age 65.) Some men should be screened even earlier. This includes men ages 50 to 69 who have risk factors, such as a family history of osteoporosis, excess alcohol consumption, smoking, sedentary lifestyle or rheumatoid arthritis.

Bone density is measured with a dual energy X-ray absorptiometry (DEXA) scan, usually of the hip and spine. The test is covered by Medicare and most other insurances. The results are reported as a T-score, which compares your bone density to that of a healthy 30-year-old. A

T-score of -2.5 or lower means you have osteoporosis.

After a Fracture

In addition to the routine screening guidelines, anyone who breaks a bone after age 50 should have a bone density test. "This is important because screening at this time might prevent a hip fracture at age 75, when the consequences can be even worse," says Dr. Deal.

Unfortunately, screening after a fracture is not happening enough. Studies show that less than 10% of men who have a hip fracture are screened for osteoporosis. And very few are on osteoporosis treatment.

Treatment

Osteoporosis is treated with medications. The most commonly used ones are in a class called bisphosphonates, which work by slowing the normal breakdown of bone. These drugs can be used for both women and men.

The bisphosphonate drugs include alendronate (Fosamax®), risedronate (Actonel®), ibandronate (Boniva®) and zoledronic acid (Reclast®). Women and men who are at very high risk for bone fractures may be given the drug teriparatide (Forteo®), which builds new bone.

Bone Strength, Fall Prevention

To help keep bones strong throughout life, and especially if you have

What You Need to Know


- Calcium and vitamin D are essential for bone health. Daily requirements for men are:

Age	Calcium (mg*)	Vitamin D (IU**)
19–70	1,000	600
71+	1,200	800

* mg = milligrams, IU = International Units

- Calcium sources: milk, yogurt, cheese, collard greens, sardines with bones, kale, almonds.
- The main source of vitamin D is exposure to the sun for about 10 to 20 minutes a day. Dietary sources include salmon, sardines, mackerel and other fatty fish. Some foods are fortified with vitamin D.
- Weight-bearing exercise (walking, running) for 30 minutes a day helps keep bones strong.
- At age 70, all men should have a bone density test.

osteoporosis, it is important to get the recommended amounts of calcium and vitamin D (see table) and to engage in regular weight-bearing exercise.


In addition, older adults should take action to prevent falls. "If you have fallen in the last year or are at increased risk for falling, see a physical therapist for a balance program," says Dr. Deal. The Centers for Disease Control and Prevention has some advice for preventing falls (cdc.gov/steady/patient.html). 

RA and your heart ... from page 6

people with flare-ups of symptoms," says Dr. Husni. You don't have to completely avoid them. Instead, Dr. Husni advises people to take corticosteroids and NSAIDs cautiously at the lowest effective dose for the shortest time possible.

RA and HDL Cholesterol

Recent research on cholesterol and RA provide another reason to keep the disease well controlled. HDL cholesterol is considered "good" cholesterol because it carries the "bad" LDL cholesterol out of the arteries, where it might contribute to narrowing of arteries.

Studies show that in people with RA that is not treated effectively, meaning there is excess inflammation in the body, HDL may be dysfunctional. "Even if the HDL level is high, which should be beneficial, it doesn't work as well as it does in someone with well-controlled RA, says Dr. Husni. 



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ASK THE DOCTORS

Secondary arthritis.....Protein requirements

Q I broke my ankle about 15 years ago when I was 45. My doctor told me I might get arthritis later in life. Should I be concerned about this?

A Millions of Americans have osteoarthritis, and most of them have what is considered primary osteoarthritis, which doesn't have an identifiable cause. It is also possible to have secondary osteoarthritis, which is triggered by an injury or disease. This is also called post-traumatic arthritis. A traumatic injury, such as breaking a bone, at some time in life may lead to arthritis later on. But that doesn't always happen.

Osteoarthritis occurs because of the deterioration of cartilage in joints. Cartilage is a tough, rubbery substance that covers the ends of bones where they meet, providing a gliding surface. Because of cartilage, you can move your joints smoothly and without pain. For unknown reasons, cartilage can wear down with age. This can cause symptoms such as pain and stiffness.


Sometimes an injury can disrupt the normal mechanics of joint function. This is because bones, muscles and other structures in and around a joint may not heal perfectly. Over time this can create stress that leads to abnormal wear and ultimately deterioration of cartilage. Bone fractures that are most likely to cause this are near or through a joint.

Primary osteoarthritis is uncommon in the ankle. But an ankle fracture may put you at risk for developing secondary osteoarthritis. However, it doesn't happen to everyone. The shoulder joint is also susceptible to secondary arthritis as a result of damage to surrounding structures, such as the rotator cuff (four muscles and their tendons that surround and support the shoulder joint). The rotator cuff can tear suddenly or fray over time, leading to a tear.

Q I know that protein is important for muscles. How much do I need to eat every day?

A You are right. Protein is essential. You need protein in your diet to maintain good health. Protein is especially important for preserving muscle strength. Starting at around age 50, everyone starts to lose muscle mass. The process speeds up around age 75, which can lead to frailty in older adults. You can combat muscle loss by engaging in regular strengthening exercises and getting adequate amounts of protein in your diet.

For adults, the recommended dietary allowance (RDA) of protein is 0.8 grams per kilogram of body weight. (Multiply your weight in pounds by 0.45 to get your weight in kilograms.) This is the minimum amount needed to meet basic nutritional requirements. You may need more. The amount of protein an individual needs depends on several factors, including age, weight and physical activity level. Older adults absorb protein less efficiently, so they often require more protein. The amount of exercise you get will also alter the amount of protein you need. There are protein calculators on the internet, including one from the USDA (tinyurl.com/sjd2exa), where you can enter your age, height, weight, and activity level to get a more specific recommendation.

You don't have to eat more meat to get more protein. Plants contain protein as well. Good protein sources include chicken, turkey, fish, lean beef or pork, milk, cheese, eggs, beans, lentils, nuts, seeds, tofu and some grains (such as wheat germ and quinoa). Protein should be part of a well-balanced diet that also includes carbohydrates and fats. Choose healthy carbohydrates (in fruits, vegetables, grains and beans) and fats (in olives, avocados, fish, nuts and seeds). 

IN COMING ISSUES

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- Exercises for Hip Pain
- Diet for RA
- Disk Replacement

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