Cleveland Clinic

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ARTHRITIS advisor

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

IN THIS ISSUE

Relief for Tennis and Golfer's Elbow

Pain at the elbow may stem from inflammation or degeneration of a tendon.

Sharp, stabbing pain at the elbow that doesn't go away may mean you have what is commonly referred to as tennis elbow or golfer's elbow. In medical terminology these are called tendinopathies because they involve tendons.

Tendons are cords of fibrous tissue that attach a muscle to a bone. Tennis elbow occurs when the tendon on the outside of the elbow (common extensor tendon) is affected. Golfer's elbow happens when the tendon on the inside of the elbow (common flexor tendon) hurts. Neither condition is exclusive to tennis players or golfers.

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Overworked tendons at the elbow can become inflamed (tendinitis). Unchecked inflammation can lead to a degenerative process (tendinosis).

"These almost always occur from a mixture of overuse and under-recovery," says Cleveland Clinic physician Jason A. Genin, DO. People with jobs that involve repetitive motion using the hand, wrist or arm (such as construction work, manual labor or typing) are prone to tendinopathy at the elbow.

New Understanding

Tendinopathies, such as tennis elbow and golfers elbow, have historically been called tendonitis because they often involve inflammation of the tendon. The "itis" in the word tendonitis refers to inflammation.

Recently, a more complex understanding of tendinopathies has been recognized. The conditions may start out with inflammation, but if not addressed early they can turn into a potentially degenerative process call tendinosis.

Tendons are one part of the musculoskeletal system, which also includes the bones, muscles and ligaments. Working together they allow us to move our bodies. Bones are held together at joints by ligaments. Muscles tug on bones to make them move, using the assistance of tendons, which attach muscles to bones. "The job of tendons is to support the joint and work as a mechanical mover," says Dr. Genin.

Tendons have a great capacity to withstand a wide range of movements, weight-bearing and pressure. However, overdoing certain types of activities can place abnormal load on a tendon and cause an injury.

"When a tendinopathy develops, it's an overload of a mixture of tensile and compressive forces to the tendon over time," says Dr. Genin. Tensile force is when two forces pull in opposite directions. Compressive force occurs when tendons become compressed against a bony protrusion, such as the elbow.

Movements that involve gripping, turning and twisting of the hand and

Continued on page 7

Cleveland Clinic
ARTHRITIS advisor

Belvoir

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Osteoarthritis Increasing Around the World

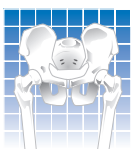
The number of people with osteoarthritis is increasing in most countries, according to a study published in *Annals of the Rheumatic Diseases* (June 2020). Researchers analyzed data from the Global Burden of Disease, Injuries, and Risk Factors Study, which included data from 195 countries and territories from 1990 to 2017. While there was variation around the world, osteoarthritis was on the rise in most places. Globally, the prevalence (the number of cases of a disease at a particular time) of osteoarthritis increased 9.3% from 1990 to 2017. The number of years people lived with disability rose 9.6% from 1990. The prevalence was higher among women, and it increased with age. In 2017, the United States, American Samoa and Kuwait had the highest number of people with osteoarthritis. The numbers are expected to continue to rise with longer life expectancy and increased prevalence of obesity.

Treat Osteoporosis Early After Hip Fracture to Prevent Future Fracture

People who suffer a hip fracture are less likely to experience a subsequent fracture if they begin taking osteoporosis medications right away. This was the finding of a study published in the journal *Bone* (May 2020). Researchers analyzed healthcare data on close to 78,000 people ages 50 and older who were hospitalized for hip fracture. The nearly 10,000 people who were prescribed an osteoporosis medication were divided into groups based on when they started the drugs: within 14 days of hospitalization; 15 to 84 days later; 85 to 252 days later; and 253 to 365 days later. Those in the very late initiation group had close to twice the risk of subsequent hospitalization for a bone fracture as those who started before 85 days. The most common medication used by patients was the bisphosphonate drug alendronate (Fosamax®).

Eye Complications Common in Rheumatic Diseases

About one-fifth of people with rheumatoid arthritis have symptoms involving the eyes, according to a study published in *The Journal of Rheumatology* (May 2020). The researchers conducted a review of 65 studies that looked at the prevalence of eye problems in people with rheumatoid arthritis and connective tissue diseases (such as lupus, antiphospholipid syndrome, giant cell arteritis, sarcoidosis, Sjogren's syndrome and others). Among connective tissue diseases aside from rheumatoid arthritis, eye problems were present in one-quarter to one-third of patients with the exception of Sjogrens syndrome. About 90% of people with Sjogrens had eye symptoms. In most diseases, the most common eye problem was dry eyes, which affected 16% of people with rheumatoid arthritis. Uveitis (inflammation in the eye tissues) was most common in people with sarcoidosis.



Risk for Bone Fractures Increased in People with Diabetes

People with both type 1 and type 2 diabetes are at increased risk for hip and other nonvertebral (those not occurring in the spine) fractures, according to a study published in the journal *Bone* (May 2020). Researchers conducted a review of published studies. Data on hip fractures came from records of over 17 million people with over 300,000 hip fractures. Data on other fractures came from close to 3 million people with over 180,000 fractures. People with diabetes were at increased risk for hip and other nonvertebral fractures, with the higher risk among those with type 1 as opposed to type 2 diabetes. Risk for hip fracture was higher among younger people (under age 65) with both type 1 and type 2 diabetes. Among people with type 2 diabetes, having diabetes for more than 10 years and use of insulin were associated with greater risk for hip fractures.

Illustrations by Marry Bee

A Shot in the Hip

When other measures fall short, a steroid shot can get stiff, achy hips moving.

A variety of therapies can be used to help relieve the pain and stiffness of osteoarthritis in the hip. Although not the first step in management, corticosteroid injections can be used when other therapies aren't sufficient.

"We can get out of homeostasis with our arthritic joints, and the pain is no longer getting better with other therapies," says Cleveland Clinic orthopaedic surgeon James Rosneck, MD. "That's when we consider a corticosteroid injection."

Worn Cartilage

Osteoarthritis involves the loss of cartilage, which is the material that covers the ends of bones in joints. Cartilage has two functions. "It helps us to move, and it provides some shock absorption within the joint," says Dr. Rosneck. When cartilage deteriorates, the load on the joint is increased, and there can be pain and stiffness.

Many people live with osteoarthritis, and symptoms can vary in severity at different times. "Our bodies always want to heal," says Dr. Rosneck.

Symptoms can usually be kept under control with measures such as anti-inflammatory pain medications, physical therapy and modifying activities that cause pain to flare up.

"Sometimes the fire can't get extinguished," says Dr. Rosneck. The "fire" is inflammation. A corticosteroid is a powerful anti-inflammatory drug, and injecting it directly into the joint can calm down the inflammation.

A Guided Procedure

A steroid injection can be given by a radiologist, orthopaedic physician, rheumatologist, primary care provider, or an advanced practice provider (such as a physician's assistant). The procedure differs from injections into other joints because it must be done under imaging guidance, such as fluoroscopy (real-time X-ray) or ultrasound.

The hip is a deep joint. "The injection needs to be done with a longer needle and under guidance because we need to make sure we are putting the medication in the correct location," says Dr. Rosneck.

Before injecting the steroid, the doctor will clean the skin and inject or spray the skin with an anesthetic to prevent you from feeling the needle stick. A numbing drug, such as lidocaine, will be mixed with the corticosteroid that is injected.

Pain relief from the numbing drug will be felt right away, but it will wear off in a few hours. There might be some soreness from the injection for a few days. Ice or heat can be applied to the area to relieve the pain. Other possible side effects include infection and a flushing reaction, which causes the skin to turn red. These are uncommon.

Normal activities can be resumed, but be careful for the first three to five days. The full effect of the steroid will kick in about three to 14 days after the injection.

New Normal

Relief from the injection can last three months or more. To prolong the effect, Dr. Rosneck recommends physical therapy to address and improve posture and movement. He also suggests being aware of activities that may have irritated the joint.

When the inflammation settles down, try to find a balance of activities so it doesn't happen again. "People still need to stay active and moving, but it may mean a new normal," says Dr. Rosneck.

If another steroid injection is needed, wait at least three or four months. If spaced too close together, there's a risk for joint damage.

Eventually, hip replacement surgery may be needed. Research shows that having this surgery within three months of a steroid injection increases the risk for infection. "Wait at least four months after a steroid injection for joint replacement," says Dr. Rosneck.

A steroid injection into the hip is done under image guidance to ensure it gets to the correct location.

What You Need to Know

- Treatment for hip osteoarthritis includes anti-inflammatory pain medication, physical therapy, regular exercise and weight loss.
- Some activities may cause a flare-up of symptoms, which involves increased inflammation.
- A corticosteroid injection can bring down inflammation.
- After the injection, find a balance of activities to keep symptoms under control.

Easy Veggies

Adding more fruits and vegetables doesn't have to be complicated.

You hear this advice over and over: Eat more fruits and vegetables. They're packed with nourishing vitamins, minerals and other nutrients. Many have antioxidant and anti-inflammatory properties, and a vegetable-rich diet can help keep your weight under control.

So, what's the best way to get more of them into your diet? There's no shortage of advice from cooking shows and the onslaught of internet videos by professional chefs about how to whip up something wonderful. But you don't have to have the skills of a chef to make tasty vegetables.

Cleveland Clinic dietitian Kristin Kirkpatrick, MS, RD, suggests keeping it simple. "You can make a vegetable dish that is really nutrient dense and good for you with three or fewer ingredients," she says.

An Extra Serving

Start by choosing vegetables in a variety of colors. The different colors represent different nutrients. "Aim for at least five colors a day if you can," says Kirkpatrick.

You don't have to go overboard. Try adding one extra serving of vegetables a day. "A serving is about a handful," says Kirkpatrick. Eat a handful of carrots as a snack, and you've got an extra serving of vegetables. Aim for progress, not perfection. "Any vegetable is better than none," she says.

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Grilling is an easy way to prepare vegetables. Coat lightly with oil and grill over medium heat.

Eating fresh vegetables is great, but there's nothing wrong with frozen vegetables. "Some are frozen at the peak of ripeness, so they are good, healthy options," says Kirkpatrick.

Canned vegetables are okay too. Be sure to check the sodium content. You can lower the amount of sodium by rinsing the vegetables in a colander.

Eat What You Like

To add more vegetables, go with what you're actually going to eat. People often think if they're going to eat more vegetables, it means they have to eat kale. "Kale is great, but so is anything that's green," says Kirkpatrick.

If you don't like kale, get something else, such as spinach, collard greens, bok choy, Brussels sprouts, or any other green vegetable that you do like.

"If you're not crazy about kale but you want to eat it anyway, there are different ways to prepare it so you won't even notice it's there," says Kirkpatrick. For example, chop it up and add it to sauces or soups.

Keep It Simple

To keep it simple, don't overthink preparation. If you have a red pepper, dice it and add it to a salad, a burger or mix it with some brown rice.

Buy broccoli that is precut into florets, which is more convenient than cutting up a head of broccoli. Put the florets on a baking sheet with some olive oil and roast them.

Sweet potatoes are high in vitamin A, beta carotene, vitamin C, antioxidants and fiber. See the box for three easy ways to cook sweet potatoes.

For another simple dish, cook some brown rice and black beans. When they are still hot, mix them together with some cut-up spinach. "The spinach will wilt, and you'll barely notice it's there, but you'll get the nutrients," says Kirkpatrick.

Adding more fruit to your diet is simple. Put fruit on oatmeal, cereal or plain yogurt. Or just eat more whole fruits.

Sweet Potatoes Three Ways

- **Sweet potato fries.** Cut sweet potatoes into thick rings. Cut the slices to create sticks. Place on a pan and drizzle with olive oil. Cook in a 400° oven for 30 to 40 minutes.
- **Sweet potato hummus.** Boil or bake sweet potatoes until soft. Mash the sweet potatoes and add mashed chickpeas, tahini, salt, lemon juice and garlic. Serve with cut-up veggies.
- **Sweet potato boat.** Bake a sweet potato in the oven until soft. Cut it in half lengthwise. Scoop out some of the inside to create a boat. (Mash the scooped out insides for a side dish) In a frying pan, sauté onions and mushrooms with some plant-based meat or ground turkey or chicken. Spoon the mixture into the potato boat. Or stuff the inside with black beans.

Challenge Your Balance

To improve your balance, practice being a little off balance.

One-quarter of adults ages 65 and older fall at least once every year. One in five of those falls results in a serious injury, such as a head trauma or bone fracture. You may be aware of some of the risks for falling, including trip hazards and dim lighting. But did you know that a big factor in falling is fear of falling?

"When someone stumbles or even has a fall, they can become afraid and start limiting their movements trying to stay safe," says Cleveland Clinic physical therapist Mary Morrison, PT, DScPT. "This can inadvertently start a downward cycle." You walk slower and take smaller steps, and that can actually make falling more likely.

Overcoming fear of falling requires a multifactorial approach. "You need to increase strength and endurance, but better balance will not come from these alone," says Morrison. "You also need to work specifically on balance."

Strength and Endurance

Everybody loses muscle mass with age. A regular routine of strengthening exercises will help maintain and build muscle. For better balance, work on the ankles, buttocks and hips.

You also need to increase endurance with some sort of aerobic activity. For it to be effective, you have to work hard at the exercise. "Work to the point where you are breathing heavier," says Morrison. Start at an intensity that is comfortable and gradually go faster.

Work on Balance

To improve balance you must challenge your balance. As we age, our reaction time slows down. You can ramp it up by putting yourself in situations where you are a little off balance and must recover.

Morrison recommends using a balance pad, which is a dense foam pad. Place it in a corner and stand on it. If you tumble backwards the wall will keep you upright. Put a chair in front of you to grab if necessary. But don't hold onto it. "If you hold onto something, your body is not fully reacting," says Morrison.

The foam pad causes you to wobble a bit. "That means balance is happening," says Morrison. You have to recover to balance. Start by standing on the pad with feet together and arms out to the sides. Follow the progression in the box (left), making it a little harder each time.

People often fall when they change directions. For example, when you turn and reach for something you can become unsteady. Morrison advises practicing multidirectional stepping. She has her patients use an app called Clock Yourself to work on this. You stand with feet together and step to the different numbers of the clock face.

You might also consider taking a dance class, which encourages you to move in different directions. "A class is nice because it challenges you, and the music might make you move a little quicker," says Morrison.

If you still feel unsteady, don't hesitate to use an assistive device, such as a cane, for balance. "Some people are reluctant to use a cane, but it can be incredibly liberating," says Morrison. Your walking speed may increase, allowing for better endurance and function.

Even with all these measures, falls can happen. Compounding the fear of falling is the fear of not being able to get back up. Morrison recommends practicing getting up from the floor (see box above). Ad

Practice Getting Up

Do this with someone in the room who can help if needed.

- Get on the floor near a chair or other furniture.
- Get up on your hands and knees.
- Put your hands on the chair. Slide one foot forward so it is flat on the floor. Keep the other leg bent so the knee is on the floor.
- From this position, slowly rise and sit in the chair.

Balance Pad

- Stand with your feet side by side.
- Place the instep of one foot so it is touching the big toe of the other.
- Place one foot in front of the other, heel to toe.
- Stand on one foot.
- Start with your arms out to the sides. Then do these with your arms down, and then with your arms crossed over your chest.

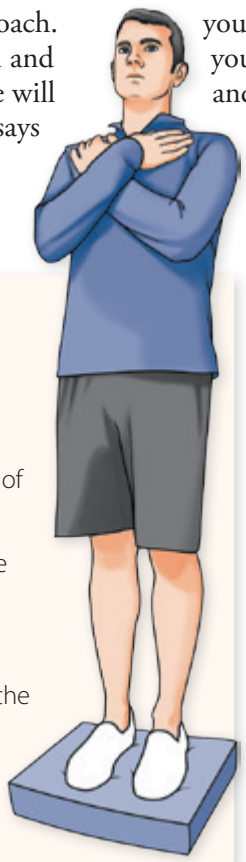


Illustration by Alayna Paquette

A Severe Type of Osteoarthritis

Erosive osteoarthritis is a severe but uncommon form of the disease.

Of the many types of arthritis, the most common one is osteoarthritis. Among people who have osteoarthritis, a small percentage has a severe form of the disease called erosive osteoarthritis.

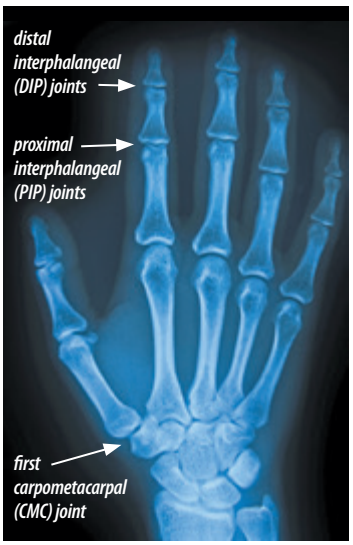
Osteoarthritis is sometimes referred to as "wear-and-tear" arthritis because it involves the wearing down of cartilage. Cartilage is the shiny material that covers the ends of bones in joints, allowing for smooth movement. For unknown reasons, cartilage can break down and thin. Bone can rub against bone, and damage occurs to other structures in and around the joint. The results are pain, swelling and stiffness.

More Damaging

Erosive osteoarthritis, which may also be called inflammatory or accelerated osteoarthritis, differs from regular osteoarthritis in a few ways. It is more inflammatory and more damaging to joints. "The joints are often tender and swollen, and the skin around the joint is red," says Chad Deal, MD, Head of the Center for Osteoporosis and Metabolic Bone Disease at Cleveland Clinic, and Associate Editor of *Arthritis Advisor*.

Erosive osteoarthritis can have a more sudden onset, and it progresses more rapidly. "It might worsen significantly over 12 months," says Dr. Deal. It is most common in the hands, particularly the joint at the base of the thumb (first carpometacarpal [CMC]), the joint closest to the fingertip (distal interphalangeal [DIP]) and the middle joint in the finger (proximal interphalangeal [PIP]).

Women are more likely to be affected than men at a ratio of 12 to 1. It also tends to strike at a younger age than typical osteoarthritis, meaning the 40s and 50s rather than the 60s and 70s.



Erosive osteoarthritis commonly affects the DIP, PIP and CMC joints in the hands. It can also occur in other joints.

Bone Erosions

A unique feature of erosive osteoarthritis is the effect it has on the bones in the joint, which differs from both typical osteoarthritis and rheumatoid arthritis.

In some people with typical hand osteoarthritis, bony overgrowths, known as osteophytes, form along the margins of the joint. These may cause visible bumps.

With rheumatoid arthritis, areas of bone in the joint can erode away, which is called an erosion. This usually happens on the margin of the joint near the area where the capsule that surrounds the joint (synovium) meets the bone. In the case of erosive osteoarthritis, bone erosions often occur, but they tend to be located in the center of the joint.

Diagnosis and Treatment

"A doctor can diagnose erosive osteoarthritis by recognizing the characteristic features," says Dr. Deal. An X-ray will show the central bone erosions. Erosive osteoarthritis may appear like rheumatoid arthritis. However, rheumatoid arthritis rarely affects the DIP joints, and blood tests will be negative.

Treatment for erosive osteoarthritis is similar to typical osteoarthritis. It includes oral or topical nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil®, Motrin®), naproxen (Aleve®), and diclofenac (Voltaren Gel®), application of heat and occupational therapy. The goals are to reduce pain and preserve function.

There are no drugs that will alter the course of osteoarthritis, including erosive osteoarthritis. Many doctors prescribe the drug hydroxychloroquine (Plaquenil®) because of its potential for reducing inflammation.

Plaquenil is used for inflammatory forms of arthritis, such as rheumatoid arthritis. It has been shown to be safe for people with these forms of arthritis. There are some possible side effects, which you should discuss with your doctor. "You may have heard about effects on the heart when the drug was taken by people with COVID-19," says Dr. Deal. "This occurred in severely ill people and often in combination with antibiotic drugs." Aa

Erosive Osteoarthritis:

- Is a severe form of osteoarthritis.
- Is not an autoimmune disease like rheumatoid arthritis. However, it has some similar features, such as inflammation in the lining of the joint and bone erosions.
- Occurs more often in women than men.
- Mostly affects joints in the hand.
- Is treated with pain medication, heat, occupational therapy and possibly hydroxychloroquine (Plaquenil).

Elbow tendinopathy *... from page 1*

forearm can especially overwork the common extensor and common flexor tendons at the elbow. At first, there will be inflammation, and the area tends to be painful to the touch. If the tendon doesn't fully recover because a person continues to do the activity that caused the problem, it can cycle in and out of a healing process.

This can cause damage to the normal collagen that resides in tendons. "Collagen gives us good tensile force, and it provides strength to the structure," says Dr. Genin. When there is a cycle of disrepair, a weaker type of collagen can develop, which has decreased strength. This is how tendinosis develops.

With tendinosis, the tendon thickens, becomes less elastic and doesn't function properly. If this continues, inflammation can develop on top of that. Eventually, a tendon can tear. Dr. Genin and his colleagues at Cleveland Clinic, Dominic King, DO, and Vikas Patel, DO, devised a classification system for tendinopathies to describe this progression.

Catch It Early

The most effective way to treat a tendinopathy is to catch it early. Typically, it causes sharp, stabbing or burning pain with repeated flexing or extending of the wrist. At first, the pain will occur only with certain movements. Eventually, it may be felt with all types of activities.

Early on, you can try simple measures to relieve the pain. These include activity modification, taking nonsteroidal anti-inflammatory drugs (NSAIDs) and wearing a tennis elbow strap or wrist brace at night. "If symptoms don't get better within seven to 10 days, seek medical care," says Dr. Genin. "At that point, it will be difficult to extinguish the pain on your own." If left unaddressed, tendinitis can become chronic and put a person at risk for tendinosis and tears.

The ability to choose appropriate treatment relies on an accurate diagnosis. To make the diagnosis, your doctor will ask questions about the history of your symptoms and conduct a physical examination. The doctor may also perform a musculoskeletal ultrasound to distinguish between the inflammation of tendinitis and the degenerative changes of tendinosis.

Customized Treatment

Treatment is not one-size-fits-all; what works for one person may not help another. Therefore, a physician will make a unique plan tailored to fit the needs of each person. "Your doctor needs to optimize treatment to reduce current pain and also to identify and limit factors that would cause it to recur," says Dr. Genin.

Some treatments are aimed at relieving inflammation. Others are focused on changing posture, body mechanics and ergonomics to improve function. The therapeutic options are described in the box.

If the problem is addressed soon enough, you may be able to resume activities with significant reduction in symptoms in four to six weeks. However, "if it wasn't addressed appropriately early, patients can have symptoms that last four to six months," says Dr. Genin. Aa

Treatment Options for Tendinopathy

© humonia | Getty Images

Tennis elbow strap.

- **Activity avoidance**. Rest for a period of time from the activity that caused or worsens the problem.
- **Bracing.** A tennis elbow strap takes pressure off an inflamed tendon. A wrist brace at night limits movement that might exacerbate the problem.
- **Nonsteroidal anti-inflammatory drugs (NSAIDs).** A short course of an NSAID, such as ibuprofen (Motrin®, Advil®) or naproxen (Aleve®), may ease pain. A topical NSAID (Voltaren Gel®) is also available. Your physician may also recommend custom topical preparations.
- **Physical therapy.** The focus of therapy is to work on posture and body positioning to improve overall body mechanics.
- **Corticosteroid injection.** A powerful anti-inflammatory medication can be injected into the joint near the tendon.
- **Orthobiologics.** This is a term for therapies that use cells or tissues to stimulate the body's own healing mechanisms. An example is platelet-rich plasma (PRP) injections. Platelets are components of blood that contain particles that aid in healing and tissue repair. Platelets are separated out from a blood sample and then injected to the site of tendonitis.
- **Minimally invasive tenotomy.** A thin metal probe is inserted into the area, and high-pressure saline is used to break up and remove some of the damaged tendon tissue. This allows for better function and pain relief.
- **Surgical Tendon Release.** A surgical procedure that relieves the tension in the degenerated area of the tendon.

Shingles vaccine……Disk degeneration

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IN COMING ISSUES

- Rotator cuff injuries
- ACL injuries and arthritis
- Calcium sources
- Drug holidays and osteoporosis

Q In the June 2020 issue you recommend that people with rheumatoid arthritis who take immune-suppressing drugs get a shingles shot. I take infliximab (Remicade®) and methotrexate. I have not had the vaccine. Isn't the vaccine live? Would I be more at risk of getting shingles by taking it?

A There are two vaccines against shingles. The newer one, Shingrix®, is considered safe for people taking immune-suppressing drugs. The older vaccine, Zostavax®, is a live vaccine. Live vaccines use a weakened (attenuated) form of a virus to teach the body's immune system to recognize and attack the virus. They are safe for most people. However, they are not recommended for people who take drugs that suppress the immune system.

Shingrix, which has been available since 2017, is not a live vaccine. It is a recombinant subunit vaccine, which means it is created from pieces of the virus. These pieces stimulate an immune response, but they cannot cause an infection. Shingrix is now the preferred vaccine against shingles. According to Cassandra Calabrese, DO, Cleveland Clinic Staff Physician in the Departments of Rheumatology and Infectious Disease, everyone ages 50 and older, including those with rheumatic diseases, should get vaccinated with Shingrix.

The vaccine is given in a series of two shots administered two to six months apart. It may cause some side effects, such as soreness at the injection site, fatigue, headache, nausea and muscle pain. These may be significant, but they usually go away in a day or two. Because of these potential side effects, the best time for someone with rheumatoid arthritis to get the vaccine is when their arthritis is stable and well controlled.

Correction: In the August 2020 issue, the topical NSAID diclofenac (Voltaren Gel®) is said to be available by prescription only. It is now available over the counter.

Q I have lost over 5 inches of height in the past 8 years. I found out that some of this is due to abnormal disks between the lowest vertebrae in my spine. Is there any way to inject something between those vertebrae? My back doesn't hurt much, but it seems that having those bones rubbing together is a good predictor of more pain in my future.

A There can be several reasons for loss of height with age. Disk degeneration is one of them. The small bones in the spine (vertebrae) are separated with shock-absorbing cushions (disks). When we're young, the disks have high water content. As we age, they lose some of the water and dehydrate. They get stiffer, and the outer shell can weaken and tear. This can cause them to become thinner, collapse or bulge. This degeneration of disks happens to everyone to some degree. It can be one reason you have lost some height. Disk degeneration may cause pain, but it's not always painful.

There is no way to restore the disks. But that doesn't mean there's nothing you can do. If degenerated disks are causing pain, even if it's still mild, don't wait to see a physician or physical therapist about exercises you can do to relieve current pain and prevent future pain. The goal is to strengthen the muscles that support the spine. These are the core muscles, which are the group of muscles in the abdomen, back, hips and pelvis.

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