

Katie Johnson: Good morning and welcome to Apple a Day, Lake Region Healthcare's Health and Wellness show where we feature news and information you can use to live a healthier life. I'm Katie Johnson, your host, and my guests today are Dr. Jason Glynn and Dr. Chris Rott. They are orthopedic surgeons here at Lake Region Healthcare and they're here to help us unfold everything you ever wanted to know about arthritis. Good morning, doctors.

Doctors: Good morning.

Katie Johnson: Well, I don't know if that's accurate. Everything you maybe did or didn't want to know about arthritis will vary based on your age and your experience with arthritis. But what we do know is arthritis is the leading cause of disability in America and a lot of people, millions..... 50 million adults and 300,000 children is what I read.....suffer from arthritis or joint pain or disease of some kind so it affects a lot of people. With so many different types and causes, we wanted to go to the experts here at Lake Region Healthcare to get answers to some of the common questions about arthritis pain.

These are the experts, their over 20 years of experience between these two physicians here and thousands of surgeries, many of which are designed to relieve the pain that people experience from arthritis. We've got some questions that we wanted to ask so that we can hear first-hand right from the doctors mouth, so to speak, about arthritis. One of the things I read is that there are over 100 different kinds or types of arthritis and related diseases, which seems a little bit overwhelming. I'm hoping you can narrow that down for us. What are the most common kinds of arthritis you see here in the Midwest, in Minnesota?

Dr. Jason Glynn: I think by far the most common type of arthritis that we see is the very typical osteoarthritis, which is the arthritis that comes from aging and use and abuse, kind of very similar to putting miles on a car and eventually needing a new set of tires. The more miles you put on, the higher stress those miles are, the quicker things wear out. I think that's by far the most common type of arthritis that we see in our practice, but there are certainly a number of others that we see in less frequent numbers.

Dr. Chris Rott: Osteoarthritis is considered degenerative arthritis where the other type would be inflammatory arthritis. That includes things like rheumatoid arthritis or psoriatic arthritis, or a lot of the other hundred different arthritic diseases kind of fall into that inflammatory arthritis. Those are a lot less common and quite different from osteoarthritis, and so I think most people need to worry about the degenerative arthritis, which is osteoarthritis.

Katie Johnson: Sure, that makes sense. You touched on this a little bit what the cause of arthritis is, and I'm curious if it can be maybe multi-faceted in its cause.

Dr. Chris Rott: Well, we do see in arthritis there maybe is a small genetic component of it. We certainly hear of plenty of people who their grandma had arthritis and their mom had arthritis and now they have arthritis, but probably the biggest thing that causes arthritis is wear and tear, like Dr. Glynn had mentioned. It usually affects people who are later in life, people with sports injuries or people who have carried extra weight for many years or have had other types of injuries too on their joint. This is usually what leads to the breakdown of your joints and causes osteoarthritis.

Katie Johnson: When it comes to diagnosing arthritis, how do you start?

Dr. Jason Glynn: Typically, when you come to our orthopedic clinic, often the first and easiest step is simple x-rays. Shows us the space in between the bones, which essentially makes up that cartilage. The lack of that cartilage is what gives you the typical osteoarthritis so you see narrowing of the space that used to be there and if that isn't quite as obvious we can move on to further fancier imaging tests, oftentimes MRIs, sometimes CT scans. It depends a little bit on the joint, it depends a little bit on the person, their age, and their injury history, and just their background helps to determine what the next best thing is if the plane x-rays don't tell us what we're looking for.

Dr. Chris Rott: Yep. Yeah, there really aren't any lab tests for normal degenerative osteoarthritis. Now, on the other side, on the inflammatory side, there are blood tests and other testing that's involved with that if we need to go down that road but, like we've said, that's way less common.

Katie Johnson: Does arthritis only affect joints or are there other parts of the body where arthritis can set in?

Dr. Jason Glynn: I would say in the most typical sense of this kind of degenerative or osteoarthritis, it predominantly affects the joints. That's where we certainly deal with it most of the time. Again, as you get into more of the inflammatory arthritis type things, there are other associated conditions that go with that systemic inflammatory change that can cause other sorts of issues. It sort of starts to get out of our area of expertise when it goes out of the bones and joints and into other things and, oftentimes, that may warrant a referral either to your primary care provider or someone in another specialty like rheumatology or someone that specializes in more specific things outside of the bones of joints.

Katie Johnson: Sure. I imagine that the treatment options for arthritis are going to vary based on severity and maybe the stage that it's in, but maybe you can talk us through what treatment options look like and how you explore those with patients.

Dr. Chris Rott: Usually, treatment for arthritis starts conservatively with simple things like trying to maybe modify your activities, to decrease the load on your joint. Heat and ice can help. There's medicines like anti-inflammatories like Tylenol or the

ibuprofens or the Aleves can help. Then we start getting into a little bit more invasive things like cortisone injections and ultimately oftentimes then total joint replacement with certain advanced stages of arthritis. Exercise is really helpful, and that unpopular weight loss does a good thing to help with arthritis.

Katie Johnson: I think that's a good point to emphasize that it's not a certain diagnosis of surgery, right? I think some people are afraid to come in because they're just not ready for a joint replacement.

Dr. Jason Glynn: I think ultimately we're both surgeons so it tends to be the end result, but I think we both view it as kind of a last result for most folks. There are pretty rare cases that someone comes in and due to the severity of their arthritis or the degree of deformity or problems that that arthritis has caused, it's pretty rare that that's the first answer out of our mouths is, "Boy, we should really talk about surgery for this." It's usually a very logical progression from less invasive to more invasive. Once you've exhausted all of those other things, it's certainly something to consider and something we're both very experienced with and competent in performing.

Katie Johnson: Absolutely. What about not getting any treatment? Is there any risk to ignoring or bearing with your arthritis and not addressing it?

Dr. Chris Rott: As a general rule, basically you're just going to have more pain and more disability. There are certain times where people have let their arthritis go so far that they've now led to actually severe deformities of their joint, which can make things more complicated, but that's rare. I do think probably a bigger risk would be your loss of function and activity can lead to other medical problems, weight gain, and potentially we know that being active and eating right can have effect on diabetes and cholesterol and blood pressure and all those things. I think indirectly that loss of activity probably is the biggest risk to not having your arthritis treated.

Katie Johnson: You mentioned exercise. It might feel painful so people might think it's bad. You know, I have arthritis so I can't exercise. My understanding from what you just said though is it can actually be part of treatment.

Dr. Jason Glynn: It certainly can. The problem with arthritis is that with the loss of that normal cartilage you lose some of that ability to shock absorb through your activities throughout your day. Being able to sometimes in a very smart, very nuanced way, with the help of some of our personal trainers, with the help of our physical therapists in the organization, they're expert at being able to kind of work around a troublesome joint but still be able to get you some benefit to regaining some of that strength, some of that mobility. It's not a cure for arthritis but it can certainly make the symptoms a lot less bothersome, allow you to be more active and maintain as much of your activity as you can, despite the fact that you do have arthritis.

- Dr. Chris Rott: Yeah. There are some good studies that have shown that people with usually a little bit more moderate arthritis actually feel better if they can go out for a 20 or 30 minute walk most days of the week. It does hurt a little bit more when you get started but oftentimes if you can keep that up it helps now. You feel like you walked 10 miles at work, that unfortunately doesn't really help, you need to really get out for that sustained 20 or 30 minute walk or swim or a bike ride. All those things are good. Like Dr. Glynn said, the impact things are not good but just simply going for a walk around the block with your dog or your significant other can actually make your arthritis hurt a little bit less.
- Katie Johnson: And won't do any further harm?
- Dr. Jason Glynn: The benefits outweigh the risk of further harm, maintaining your flexibility, maintaining or improving your strength puts you in a better place to be able to deal with it and certainly outweighs the possible downside of worsening the arthritis.
- Dr. Chris Rott: Yeah, and if you ultimately have to have a surgery for your arthritis, having strong muscles and good flexibility makes you heal way faster after that surgery.
- Katie Johnson: That's a really good point. Related, what about diet? Can diet impact either the worsening or the improvement of arthritis symptoms?
- Dr. Jason Glynn: I think it certainly can and it works in a couple of ways. There are certainly types of foods that tend to be more inflammatory to our systems. There are certainly foods that have been shown to have an anti-inflammatory effect. We've got some great dieticians here through Lake Region Healthcare that can help you navigate some of those complexities, but the other thing is simply the amount of food. If you're carrying around 10 or 20 or 50 extra pounds, think about going out to the local grocery store or fleet farm and picking up a 50 pound bag of something and carrying it around all day. It certainly counts and certainly can worsen your symptoms. You feel dramatically better when you set that down and continue walking.
- Katie Johnson: Right, that's going to put some pressure on those joints. Preventing arthritis. Is there anything at a young age even or as you age that you can do or that you recommend maybe contributing to prevention or at least delaying the onset of wear and tear that leads to arthritis?
- Dr. Chris Rott: Probably like we said before, the biggest thing you can do is keeping your weight down. Other than that, the other things that can cause arthritis are injuries to your joint but those are kind of hard to prevent and I certainly wouldn't suggest not being out for sports because we know that sports are good for you and all those things. There is a possibility that could lead to earlier arthritis but I think really the only thing you can do to prevent arthritis is keeping your weight down.

Dr. Jason Glynn: Yeah. I think there are certain aspects of sport participation. There are certainly sports that are higher risk for injuries to bones and joints. There are sports that are less risky. Even within those sports that are higher risk, there are a lot of interesting studies on injury prevention programs, certain ... They call them almost pre-hab or pre-rehab programs that you can participate in that make you, according to those studies, dramatically less likely to sustain that sort of injury on the soccer field, on the football field, on the basketball court. Certainly injury prevention can lead to lesser chances of arthritis as the result of that injury further down the road.

Katie Johnson: Any truth to high impact contributing? You hear a lot of people say, "I'm not going to be a runner, I don't want to have that impact" and the implications of that.

Dr. Jason Glynn: This might be where we diverge a little bit in opinion as somebody who's been a runner for a number of years now. I think it depends on a lot of things. You see people running around town, we certainly have a very active community of runners in Fergus Falls and there are some of those people that you see that they just look smooth and fast and it's just, it's very elegant to watch them run and some people aren't. There is some aspect of form and technique that that amount of pounding, if you're not doing it very well, can certainly add up. There are those people, the crazy runners that, "Man, if I can't run I don't know what I would do with myself."

It's almost more of a mental health thing than a physical health thing sometimes and you can tell those people all day long you should probably run less, this is probably causing you problems and they're going to keep doing it anyway because it's kind of their thing.

Katie Johnson: Sure. Yeah. I can see where that's probably a relatively individual but something that came to my mind when you talked about athletic or athletics in sports and the benefits of that. But as I age, I'm noticing I have to spend a lot more time stretching and warming up, which I would guess contributes to less injury over time and might be something that more of us could remind ourselves to take time for.

Dr. Chris Rott: There's some of that too. Maybe thinking about, as you enter your fifth or sixth decade, maybe running is not as good of an option as it was when you were 20 and thinking about moving to anything else, basically, biking, swimming, walking. Elliptical machines are always things that put a little bit less impact on your joints when you're entering into those decades where you're more prone to develop arthritis and some of the biochemical changes that happen and physiological changes that happen in your body that lead to arthritis as you age.

Katie Johnson: Those are great points. Anything else that are common questions you hear from patients or that you hear out in the community about arthritis that we haven't addressed?

- Dr. Jason Glynn: No, I think we've done a pretty good job covering the common ones that we hear about. Kind of, "Gosh, why did this happen? Why me? What can I do about it? What are my options here?" Because they don't really want to slow down. They don't want to give up their activities.
- Katie Johnson: Yes, and I think that's maybe where it would be a good place to end is what do you tell someone who's maybe suffering from some joint pain, maybe in some denial or just really questioning what's the right thing for me to do. What's your best advice to people in that situation?
- Dr. Chris Rott: Well, first I would say try to get a little more active, if you can, and see you might feel some better. I think the next thing is come talk to us because even though we are surgeons I think that we really treat people here and we want you to get better. Our first option isn't going to be surgery. Now, that's probably one we're going to discuss but usually when you come and talk with me I'll tell you here are the things we can do from the least invasive to the most invasive. I'll tell you where I think you best fall on that continuum. Like Dr. Glynn said, most of the time surgery is not the first thing we're going to tell you.
- Now, there are some people who come in to me who are in bad enough shape that that might be the first thing we discuss, but I'm going to give you other options too. I think talk with us, we have a great team here of physical therapists and athletic trainers and physicians and advanced practice providers here who will walk you through your options and answer your questions.
- Dr. Jason Glynn: Yeah. I think it's a very individualized treatment plan and what's good for one person isn't necessarily good, makes sense for you, is not necessarily what makes sense for your neighbor that you talked about it with. By all means, come and see us, come and see someone on our team and we will do our best to come up with an individualized plan that makes the most sense for you.
- Katie Johnson: I know I've asked you this question before, when should you come and see the doctor? Anytime it's starting to interfere with your daily life, right? Don't let arthritis or any other pain keep you from living your fullest life. That's really why we're here to help enrich your life through health. Doctors, thank you both for taking the time today to talk about this extremely common issue of arthritis and shed some light on both causes, prevention, and treatment options when it comes to arthritis. I appreciate your time today.
- Dr. Chris Rott: Thanks, Katie.
- Dr. Jason Glynn: You're welcome. Thanks for having me.
- Katie Johnson: Dr. Jason Glynn, Dr. Chris Rott, and Katie Johnson on Apple a Day today. At Lake Region Healthcare, we are here for you - always. Have a great day.