

Education

Arthritis, diet, and nutrition: What is proven, what is not

“What foods should I eat to help control my arthritis, and what should I avoid?” This is a question commonly asked of health-care professionals and at JointHealth™ workshops.

It is very natural to want to have some control over the progression of a chronic disease, and our diet and nutrition is something that each of us has some level of control over.

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ACE is pleased to offer this online issue in both English and Francais. Please click here to download a printable pdf in English or francais.

We hope that you find this issue helpful, and we wish you a wonderful holiday season.



Arthritis Consumer Experts™

910B Richards Street, Vancouver BC V6B 3C1
t: 604.974.1366 f: 604.974.1377
tf: 1.866.974.1366

**e: info@arthritisconsumerexperts.org
www.arthritisconsumerexperts.org**

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Unfortunately, there is no “magic arthritis diet” that can cure a person’s arthritis, or eliminate arthritis symptoms. Unproven diets, or “miracle cures”, are commonly found on the internet, and rumors abound about certain foods to eliminate or eat in excess. It is important to remember that few of these theories have ever been scientifically examined, and none have been scientifically proven effective.

Though no dietary miracles have yet been discovered in the fight against arthritis, scientists have made a number of recent research advancements on the role of diet and nutrition in arthritis treatment. Today, we understand much more about the connections between arthritis, diet, healthy bodyweight, immune function, and inflammation. We are learning more and more about the positive steps each of us can take to fight arthritis and encourage overall health.

To help you understand what the research is telling us about arthritis and nutrition, here is a discussion about what is proven effective, and what is not.

Proven effective

LOWER FAT

Several studies have shown a clear link between “wear and tear” osteoarthritis and a high body mass index (BMI). This link seems to include joints which are not weight-bearing, suggesting that extra fat-tissue may be causing arthritis, perhaps by making chemicals or proteins.

We know that maintaining a healthy bodyweight is an important factor in maintaining overall health, and in fighting arthritis. To do this, a diet low in saturated and trans fats is recommended. Often, this is easier said than

done. People living with arthritis often have difficulties shopping, cooking, and even eating. Because of these challenges, people with arthritis often find themselves eating too many pre-packaged or fast foods which are high in saturated fats.

There are some studies that show that diets high in red meat can predispose people to developing arthritis. There are other studies that show that a vegan diet (no meat or dairy) may reduce arthritis symptoms, however, it is quite difficult to obtain the required nutrients with this type of diet. It may be that vegans are getting less saturated fats.

Foods high in saturated fats

Animal fats	Cream
Butter	Lard
Cheese	Poultry skin
Chocolate	Vegetable shortening
Coconut oil	Whole milk

BALANCED DIET

Try thinking of food as “fuel”; the proper amounts of the right types of food will allow your body to function at its optimal level, allowing you to face the challenges presented every day when you are living with arthritis. You should eat a variety of foods from each of the food groups each day. For information about serving sizes, go to: http://www.hc-sc.gc.ca/fn-an/alt_formats/hpfb-dgpsa/pdf/food-guide-aliment/fg_rainbow-arc_en_ciel_ga_e.pdf

Food Group	Servings per day
Bread, Cereal, Rice, Pasta	6 to 11
Vegetable	3 to 5
Fruit	2 to 4
Dairy	2 to 3
Meat, Poultry, Fish, Legumes	2 to 3

OMEGA 3 AND OMEGA 6

Some studies have shown that Omega 3 and Omega 6 fatty acids are beneficial in

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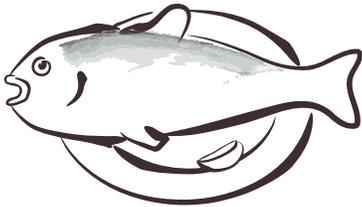
Education

Proven or not... *continued*

the treatment of some forms of inflammatory arthritis.

Omega 3 fatty acids are found in coldwater fish, such as salmon and trout, and in flax seed and olive oils. To get the recommended amounts of Omega 3 fatty acids, you should eat 2 – 3 servings of coldwater fish per week, cook with olive oil, and use flax seed oil as a dressing.

Omega 6 fatty acids are found in evening primrose and borage plants, a blue-flowering herb with a flavour resembling cucumber. As



Omega 3 fatty acids are found in coldwater fish, such as salmon and trout,

with flax seed oil and Omega 3 fatty acids, borage seed oil may be a good source of Omega 6 fatty acids. It is difficult to find large quantities of Omega 6 fatty acids in common foods. A supplement is probably the most effective way to get your Omega 6 requirement. You should speak with a dietitian about an appropriate dosage, and which source is best suited to your situation.

CALCIUM AND VITAMIN D

Calcium is a vital component of any nutrition plan, especially for people with arthritis. People with many forms of arthritis are at an increased risk for developing osteoporosis, because of a likely decline in physical activity, a reduction in the body's ability to effectively absorb calcium as a result of having arthritis, and as a side effect of some arthritis drug treatments, such as prednisone.

Foods high in calcium

Milk	Broccoli
Yoghurt	Almonds
Swiss/cheddar Cheese	Salmon (canned with bones)

Vitamin D is a fat-soluble vitamin. It helps the body to absorb calcium, and thus plays a vital role in promoting skeletal health.

Foods high in vitamin D

Herring	Liver
Salmon	Egg yolk
Fortified milk	Shrimp

The average adult should consume 1000 – 1500 mg of calcium, and 400 – 800 IU of Vitamin D, each day. If you find that you're not able to get enough of these vital nutrients through your diet, you should consult a dietitian to discuss whether you need a supplement. You can find a dietitian in your area by visiting the Dietitians of Canada website at www.dietitians.ca. They have a searchable database of dietitians across the country. If you live in British Columbia, you can call the dial-a-dietitian service, at 604-732-9191 or 1-800-667-3438, and speak with a registered dietitian.

NUTRIENT INTAKE

You may need to consider taking a vitamin supplement if you're unable to get all of the nutrients your body requires through your diet. If, for example, you're on a calorie-restricted diet, you cannot tolerate dairy products, or you're a strict vegetarian, you should contact a registered dietitian to discuss your diet and any supplements you may require.

Unproven Diets

ELIMINATION DIETS

Some people believe that certain foods or additives can trigger or worsen some forms of arthritis. There is very little scientific evidence to support this belief. Scientists have yet to determine a single food or additive which is likely to cause arthritis in the general public.

That said, if you feel that eating a certain food often causes your symptoms to worsen, you might consider talking to your doctor about eliminating that food so that you can monitor whether your arthritis improves - usually, three months is a sufficient test period.

FASTING

While some studies have shown results indicating that fasting may have a short-term beneficial effect on inflammatory arthritis, the experts agree that fasting is not advisable as a long-term treatment, as it can lead to dehydration and serious nutritional deficiencies. As a result, fasting diets are not recommended.

DIETS PROMOTING ONE "MIRACLE" FOOD

Sometimes, certain foods are promoted as a cure for arthritis. These include brewer's yeast, garlic, cod liver oil, alfalfa, wheat germ, mussel extract, lemon juice, and molasses. None of these so-called "miracle foods" are proven effective in evidence-based research. Alfalfa actually aggravates some types of arthritis, especially lupus and related diseases. These cures are not proven effective or safe, and should not be relied upon.

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Practical tips for cooking

Often, the symptoms of arthritis can make cooking meals a real challenge. Simple tasks like chopping, grating, and stirring can seem nearly impossible when you're living with arthritis, but there are ways to make cooking more manageable.

Here are some ideas to consider:

- Instead of standing, sit down to peel vegetables
- Use electric appliances, such as can openers and food processors, instead for those operated by hand
- Check out the array of adapted kitchen tools on the market, including jar openers, lightweight mugs and plates, adapted vegetable peelers, and more
- Place a wet cloth underneath bowls to stop them from slipping while you mix
- Ask someone to hammer metal skewers up through the bottom of your cutting board, to secure vegetables while you cook
- Use a slotted spoon to take food out of boiling water, rather than lifting heavy pots over to the sink to drain them
- Use pre-cut fresh vegetables, and pre-washed and mixed salads
- Look into having your groceries delivered, either from your regular store, or from one of the many online services
- Keep your knives sharp
- Use pliers to open anything with a pull-tab
- Peel potatoes and beets after cooking, when the skin is much easier to remove
- Use a rubber glove to improve your grip when opening jars
- Take time to stop, rest, and stretch every few minutes

Often, meeting with an occupational therapist can be extremely helpful when you are looking for ways to make your environment work for you. To find an occupational therapist in your area, ask your health-care provider, or call your local division of The Arthritis Society.

Listening to you

Have you discovered a simple solution that makes life in your home easier? Please write to us at info@arthritisconsumerexperts.org and tell us about it. We'd love to include some of your tips in a future issue.

Weight Loss and Arthritis



"One person at a time please"

Obesity is a significant risk factor for osteoarthritis. At the same time, osteoarthritis in the hip, knee or hand significantly increases a person's chances of becoming obese as arthritis pain and stiffness makes it harder to be mobile and keep one's weight down. In other words, if you are obese you increase your risk for developing arthritis, and if you have arthritis you are at an increased risk for becoming obese.

Clearly, obesity and arthritis are linked, and the importance of maintaining a healthy bodyweight cannot be underestimated.

It seems as if a new "miracle" diet appears on the market every day, but the truth is that there are no "new" diets, only newly packaged and marketed ones. The simple truth is that the best plan to lose weight and maintain a healthy bodyweight is one that incorporates fewer calories, a balanced diet, and moderate exercise.

Several factors contribute to the success or failure of a diet. These include changing the ways we think about food, managing stress effectively, and maintaining a strong support network.

Cognitive restructuring

Changing the way we think about losing weight is essential. It is important to have realistic expectations around weight loss, so that what we expect is similar to what we experience in the course of healthy weight loss. It is critical to remember that slow, consistent weight loss is optimal; it is the type most likely to be maintained in the long-term. It is also important to celebrate small victories and positive lifestyle changes.

It is often also helpful to maintain a realistic perspective on weight loss. Try not to make your life about your weight or weight loss goals. Instead, maintain an active, varied lifestyle, while keeping to your positive diet and exercise resolutions. People often run into trouble when they obsess about their weight and neglect other areas of life.

Stress management

Physical activity increases one's sense of well-being. If you are able, try consciously replacing any food-related stress or anxiety behaviors you may have noticed in yourself with gentle exercise.

Meditation is another positive stress-reliever. Try sitting in "quiet contemplation" for a few minutes each morning or evening, or whenever you feel stressed. Progressive relaxation, or tensing and relaxing your muscles, is yet another positive, healthy way of relieving stress.

Social Support

Having the support of those around you is very helpful when you are trying to lose weight. This can include support from family, social networks, and community support (self-help or self-management support groups, for example).

"... research tells us that most people break their diets at 4:30pm."

Many people have found that weight loss with a partner or friend as a "diet buddy" is very helpful; you can celebrate small successes together, and provide encouragement for one another when facing challenges.

Analyze your life

In order to make positive, healthy changes, it is critical to have a clear, honest understanding of your starting point. Though it may be difficult, be honest with yourself about your eating habits.

Keep a daily food journal; self-reporting food intake is a very important factor in understanding

how much and what types of food you are eating. Remember that recording accurately is just as important as making the commitment to keep the journal. Most people who keep a food journal underreport their calorie intake by a third.

It is a good idea to track your exercise patterns and weight loss progress accurately as well. That way, you'll be able to see clear results, and understand what it took to achieve them.

One of the most important issues to consider is that each of us has a particular pattern, or rhythm, to our day. Identify which situations or stimuli trigger overeating in you. For example, research tells us that most people break their diets at 4:30pm. If you find that there is a particular time of day that you are prone to overeating, or eating unhealthily, try to plan around that. If you know that you are vulnerable to overeating at 4:30pm, make sure you will be busy at that time. Plan to be taking a walk with a friend, or some other activity that takes you away from food temptation, at that time.

Maintaining weight loss

Once you have reached your weight loss goals, it is critical to have a game plan for maintaining your healthy bodyweight. Here are a few simple strategies for weight loss maintenance:

- Maintain a lower fat diet, and keep an eye on calories as well. Maintaining a reduced fat intake is one of the most critical predictors of weight maintenance;
- Eat breakfast—90 percent of those people in research studies who did, kept the weight off;
- Self-monitor food intake and weight regularly. It is very important to remain aware of what you are eating, and how your overall weight maintenance is going;
- Be physically active – at least one hour per day should be your goal. Tailor your physical activities to your abilities, and try to engage in exercise that you enjoy—it will be easier to keep up.

Understanding that weight loss is the result of a total lifestyle commitment is the first step in any successful weight loss program. People living with arthritis face extra hurdles, such as limited mobility and challenges with exercising. Remember that achieving and maintaining a healthy body weight is one of the most critical commitments you can make to yourself when you are developing a well-rounded plan for living well with arthritis. ◀

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Glucosamine—does it really work?

Glucosamine is a dietary supplement commonly derived from shellfish shells. It has long been used as a treatment for osteoarthritis, and many of us have heard great things about glucosamine and chondroitin: that it is a “miracle cure”, that it is safer than traditional medication, that it can both prevent and treat arthritis, and on and on.

Reports published in the non-medical press have helped to raise awareness and expectations of glucosamine and chondroitin as effective treatments for osteoarthritis and other joint problems.

Recent research, however, has cast doubt on these claims.

A study conducted by Dr. Jolanda Cibere at the Arthritis Research Centre of Canada in Vancouver examined the effects of discontinuing glucosamine use. Patients who had been taking glucosamine, and who believed that it had been successful, were given either the same dose that they had been taking on their own, or a placebo. In this study, glucosamine was shown to be no more effective at preventing a flare than placebo.

In another recent study, published in the New

England Journal of Medicine this past February, researchers looked at people with osteoarthritis of the knee, and followed them over a period of six months, taking either glucosamine alone, chondroitin alone, glucosamine and chondroitin, a prescribed anti-inflammatory drug celecoxib (Celebrex™) or a placebo. Only celecoxib was superior to placebo. The study concluded

“If you haven’t seen a positive effect after three months, glucosamine and/or chondroitin is probably not going to work for you.”

that overall, glucosamine, chondroitin, and glucosamine with chondroitin were not more effective than placebo in reducing knee pain. Other studies from Boston and Toronto research centres also found that glucosamine had no positive effect in improving the symptoms of knee osteoarthritis.

If you are not convinced by the science, the good news is that neither glucosamine nor chondroitin appear to have frequent significant side-effects. If you would like to try one or both of them, try taking 500 mg of glucosamine three times a day, with or without 400 mg of chondroitin three times a day. Keep a detailed health journal, and track whether your symptoms have improved while you have been taking it. If you haven’t seen a positive effect after three months, glucosamine and/or chondroitin is probably not going to work for you. In that case, you’re better off spending your health-care dollars on something that is proved through research to be effective. ◀

We hope you find this information of use. Please tell us what you think by writing to us or emailing us at info@arthritisconsumerexperts.org.

Through your ongoing and active participation, ACE can make its work more relevant to all Canadians living with arthritis.

Arthritis Consumer Experts

Who we are

Arthritis Consumer Experts (ACE) provides research-based education, advocacy training, advocacy leadership and information to Canadians with arthritis. We help empower people living with all forms of arthritis to take control of their disease and to take action in health care and research decision making. ACE activities are guided by its members and led by people with arthritis, leading medical professionals and the ACE Advisory Board. To learn more about ACE, visit

www.arthritisconsumerexperts.org

Guiding principles and acknowledgement

Guiding Principles

Health care is a human right. Those in health care, especially those who stand to gain from the ill health of others, have a moral responsibility to examine what they do, its long-term consequences and to ensure that all may benefit. The support of this should be shared by government, citizens, and non-profit and for-profit organizations. This is not only equitable, but is the best means to balance the

influence of any specific constituency and a practical necessity. Any profit from our activities is re-invested in our core programs for Canadians with arthritis.

To completely insulate the agenda, the activities and the judgments of our organization from those of organizations supporting our work, we put forth our abiding principles:

- ACE only requests unrestricted grants from private and public organizations to support its core program.
- ACE employees do not receive equity interest or personal "in-kind" support of any kind from any health-related organization.
- ACE discloses all funding sources in all its activities.
- ACE identifies the source of all materials or documents used.
- ACE develops positions on health policy, products or services in collaboration with arthritis consumers, the academic community and health care providers and government free from concern or constraint of other organizations.
- ACE employees do not engage in any personal social activities with supporters.
- ACE does not promote any "brand", product or program on any of its materials or its web site, or during any of its educational programs or activities.

Thanks

ACE thanks the Arthritis Research Centre of Canada (ARC) for its scientific review of JointHealth™.



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ACE thanks these private and public organizations.

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