

QUESTIONS YOU *MUST* ASK AT TODAY'S EXAM

Arthritis

FREE
take-home
copy

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Health**monitor**[®]

HealthMonitor.com

*"Lupus can't
stop me from
doing what
I love most"*

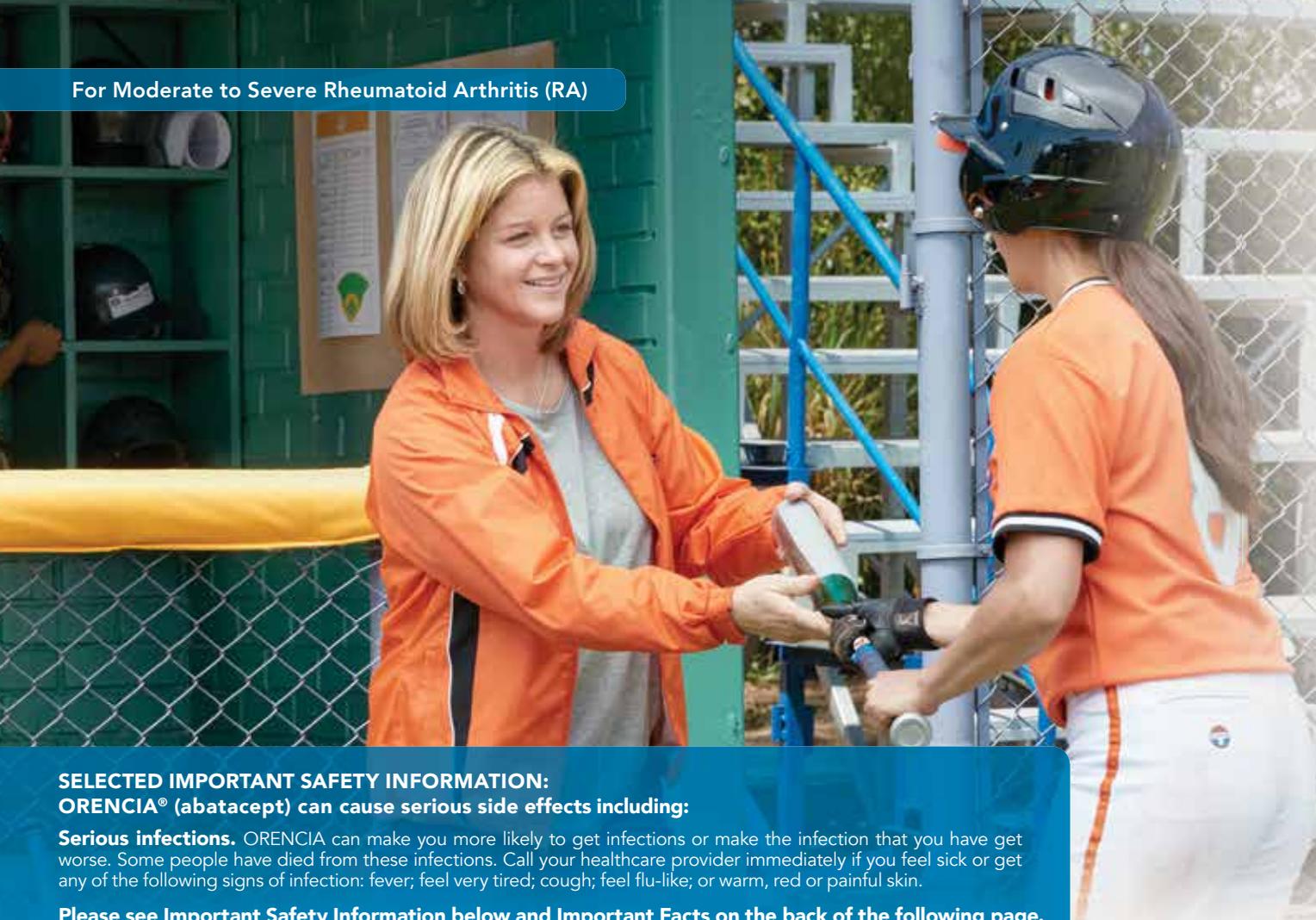
**DON'T LET
RA SPOIL
YOUR
SUMMER
FUN**

Miss Delaware USA 2008
Vincenza Carrieri-Russo beat
back the disease to keep
pursuing her passions

**Defeat
BACK
PAIN!**

COMPLIMENTS OF YOUR HEALTHCARE PROVIDER

CSRO
COALITION OF STATE RHEUMATOLOGY ORGANIZATIONS



What my life with RA looks like.

“ I love the game, but I’m not a fan of pain and swelling. My RA often made doing something simple, difficult. ORENCIA® (abatacept) helps me get back to the things I love to do.”

- Shannon, Actual ORENCIA Patient.
Individual results may vary.

- ORENCIA works differently by targeting a source of RA early in the inflammation process
- ORENCIA has helped new RA patients and those not helped enough by other RA treatments, including methotrexate
- It reduces the pain and swelling of moderate to severe RA in adults
- ORENCIA helps to reduce further joint damage

Talk to your rheumatologist to see if ORENCIA is right for you.

SELECTED IMPORTANT SAFETY INFORMATION:

ORENCIA® (abatacept) can cause serious side effects including:

Serious infections. ORENCIA can make you more likely to get infections or make the infection that you have get worse. Some people have died from these infections. Call your healthcare provider immediately if you feel sick or get any of the following signs of infection: fever; feel very tired; cough; feel flu-like; or warm, red or painful skin.

Please see Important Safety Information below and Important Facts on the back of the following page.

INDICATION/USAGE AND IMPORTANT SAFETY INFORMATION FOR ORENCIA® (abatacept)

Indication/Usage

Adult Rheumatoid Arthritis (RA): ORENCIA is a prescription medicine that reduces signs and symptoms in adults with moderate to severe RA, including those who have not been helped enough by other medicines for RA. ORENCIA may prevent further damage to your bones and joints and may help your ability to perform daily activities. In adults, ORENCIA may be used alone or with other RA treatments other than tumor necrosis factor (TNF) antagonists.

Important Safety Information

Inform your healthcare provider of the following, before you receive treatment with ORENCIA:

Infections: If you have any kind of infection even if it is small (such as an open cut or sore), an infection that is in your whole body (such as the flu), an infection that will not go away, or a history of infections that keep coming back. ORENCIA may make your immune system less able to fight infections, so you may be more likely to get infections or any infection you have may get worse.

Tuberculosis: If you have had tuberculosis (TB), a positive skin test for TB, or if you recently have been in close contact with someone who has had TB. If you get any of the symptoms of TB (a cough that does not go away, weight loss, fever, night sweats), call your healthcare provider right away. Before you start ORENCIA, your healthcare provider may examine you for TB or perform a skin test.

If you have or have had **Viral Hepatitis.** Before you use ORENCIA, your healthcare provider may examine you for hepatitis.

If you have a history of **Chronic Obstructive Pulmonary (lung) Disease (COPD).**

If you are scheduled to have **Surgery.**

Allergies to the Ingredients of ORENCIA: The ingredients of intravenous (IV) ORENCIA are: abatacept, maltose, monobasic sodium phosphate, and sodium chloride for administration. The ingredients of subcutaneous (SC) ORENCIA are: abatacept, sucrose, poloxamer 188, monobasic sodium phosphate monohydrate, dibasic sodium phosphate anhydrous, and water for injection.

Vaccinations: If you have recently received a vaccination or are scheduled for any

vaccination. If you are receiving ORENCIA, and for 3 months after you stop receiving ORENCIA, you should not take live vaccines.

Diabetes: If you have diabetes and use a blood glucose monitor to check your sugar levels. The **infusion** of ORENCIA contains maltose, a sugar that can give falsely high blood glucose readings with some monitors on the day you receive your infusion. Your healthcare provider may tell you to use a different way to monitor your **blood** sugar levels. ORENCIA for SC injection does not contain maltose; therefore, you do not need to change the way you monitor your blood sugar if you are taking ORENCIA subcutaneously.

Pregnancy: If you are pregnant or plan to become pregnant. It is not known if ORENCIA can harm your unborn baby. If you took ORENCIA during pregnancy, talk to your healthcare provider before your baby receives any vaccines.

Breastfeeding: It is not known if ORENCIA passes into your breastmilk. Talk to your healthcare provider about the best way to feed your baby if you use ORENCIA.

If you **Take Any Other Kinds of Medicine,** including prescription and over-the-counter medicines, vitamins, and herbal supplements.

If you are **Taking Other Biologic Medicines to Treat RA** such as: Enbrel® (etanercept), Humira® (adalimumab), Remicade® (infliximab), Kineret® (anakinra), Rituxan® (rituximab), Simponi® (golimumab), Cimzia® (certolizumab pegol), or Actemra® (tocilizumab). You may have a higher chance of getting a serious infection if you take ORENCIA with other biologic medicines.

Possible Side Effects of ORENCIA

ORENCIA can cause serious side effects including:

- **Serious infections.** ORENCIA can make you more likely to get infections or make the infection that you have get worse. Some people have died from these infections. Call your healthcare provider immediately if you feel sick or get any of the following signs of infection: fever; feel very tired; cough; feel flu-like; or warm, red or painful skin.
- **Allergic reactions.** Allergic reactions can happen to people who use ORENCIA. Call your healthcare provider or get emergency medical help right away if you have any symptoms of an allergic reaction, which may include hives; swollen face, eyelids, lips, tongue; or trouble breathing.

• **Hepatitis B infection.** If you are a carrier of the hepatitis B virus (a virus that affects the liver), the virus can become active while you use ORENCIA. Your healthcare provider may do a blood test before you start treatment with ORENCIA.

• **Vaccinations.** You should not receive ORENCIA with certain types of vaccines. ORENCIA may cause some vaccinations to be less effective.

• **Respiratory problems in people with COPD.** You may get certain respiratory problems more often if you receive ORENCIA and have COPD, including: worsened COPD, cough, or trouble breathing.

• **Cancer (malignancies).** Certain kinds of cancer have been reported in people receiving ORENCIA. It is not known if ORENCIA increases your chance of getting certain kinds of cancer.

Common side effects with ORENCIA are headache, upper respiratory tract infection, sore throat, and nausea.

These are not all the possible side effects of ORENCIA.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Please read the Important Facts on the back of this page.

Call 1-800-ORENCIA or Visit: ORENCIA4.com for more information and learn how you can receive money saving offers.



 **ORENCIA**
(abatacept)

Injection for Intravenous Use
Injection for Subcutaneous Use

See your RA in a different way.

IMPORTANT FACTS

The information below does not take the place of talking with your healthcare provider. Only your healthcare provider knows the specifics of your condition and how ORENCIA® may fit into your overall therapy. Talk to your healthcare provider if you have any questions about ORENCIA (pronounced oh-REN-see-ah).

RHEUMATOID ARTHRITIS (RA)

RA is a disease of the immune system which causes joint pain and damage, and impacts the ability to perform daily activities.

ABOUT ORENCIA (abatacept)

ORENCIA, for intravenous (IV) injection or injection under the skin (subcutaneous, or SC), is a prescription medicine that reduces signs and symptoms in:

- adults with moderate to severe RA, including those who have not been helped enough by other medicines for RA. ORENCIA may prevent further damage to your bones and joints and may help your ability to perform daily activities. ORENCIA may be used alone or with other RA treatments other than tumor necrosis factor (TNF) antagonists.

BEFORE YOU START ORENCIA

Tell your healthcare provider about all your medical conditions, including if you:

- have any kind of infection even if it is small (such as an open cut or sore), or an infection that is in your whole body (such as the flu). If you have an infection when taking ORENCIA, you may have a higher chance for getting serious side effects.
- have an infection that will not go away or an infection that keeps coming back.
- are allergic to abatacept or any of the ingredients in ORENCIA. The ingredients of IV ORENCIA are: abatacept, maltose, monobasic sodium phosphate, and sodium chloride for administration. The ingredients of SC ORENCIA are: abatacept, sucrose, poloxamer 188, monobasic sodium phosphate monohydrate, dibasic sodium phosphate anhydrous, and water for injection.
- have or have had viral hepatitis. Before you use ORENCIA, your healthcare provider may examine you for hepatitis.
- have had tuberculosis (TB), a positive skin test for TB, or have been in contact with someone who has it. Tell your healthcare provider right away if you get a cough that does not go away, weight loss, fever, or night sweats. Your healthcare provider may examine you for TB or perform a skin test.
- have a history of chronic obstructive pulmonary (lung) disease (COPD).
- are scheduled to have surgery.
- recently received a vaccination or are scheduled for any vaccination. If you are receiving ORENCIA, and for 3 months after you stop ORENCIA, you should not receive live vaccines.

- have diabetes and use a blood glucose monitor. You may get falsely high blood sugar readings with certain types of blood glucose monitors the day you receive an infusion of ORENCIA (abatacept). You do not need to change your blood sugar monitoring if you are taking ORENCIA injection under the skin.
- are pregnant or plan to become pregnant. It is not known if ORENCIA can harm your unborn baby. If you took ORENCIA during pregnancy, talk to your healthcare provider before your baby receives any vaccines. Bristol-Myers Squibb Company has a registry for pregnant women exposed to ORENCIA. The purpose of this registry is to check the health of the pregnant mother and her child. Women are encouraged to call the registry themselves or ask their healthcare provider to contact the registry for them by calling 1-877-311-8972.
- are breastfeeding. Talk to your healthcare provider about the best way to feed your baby if you use ORENCIA.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

ORENCIA may affect the way other medicines work, and other medicines may affect the way ORENCIA works causing serious side effects.

Especially tell your healthcare provider if you take other biologic medicines to treat RA such as: Enbrel® (etanercept), Humira® (adalimumab), Remicade® (infliximab), Kineret® (anakinra), Rituxan® (rituximab), Simponi® (golimumab), Cimzia® (certolizumab pegol), and Actemra® (tocilizumab).

You may have a higher chance of getting a serious infection if you take ORENCIA with other biologic medicines for your RA.

Know the medicines you take. Keep a list of your medicines and show it to your healthcare provider and pharmacist when you get a new prescription.

IMPORTANT INFORMATION ABOUT POSSIBLE SIDE EFFECTS WITH ORENCIA

ORENCIA can cause serious side effects including:

- **Serious infections.** ORENCIA can make you more likely to get infections or make the infection that you have get worse. Some people have died from these infections. Call your healthcare provider immediately if you feel sick or get any of the following signs of infection: fever; feel very tired; cough; feel flu-like; or warm, red or painful skin.
- **Allergic reactions.** Allergic reactions can happen to people who use ORENCIA. Call your healthcare provider or get emergency medical help right away if you

ORENCIA® /Rx only
(abatacept)

have symptoms of an allergic reaction, which may include: hives; swollen face, eyelids, lips, or tongue; or trouble breathing.

- **Hepatitis B infection in people who carry the virus in their blood.** If you are a carrier of the hepatitis B virus (a virus that affects the liver), the virus can become active while you use ORENCIA (abatacept). Your healthcare provider may do a blood test before you start treatment with ORENCIA.

- **Vaccinations.** You should not receive ORENCIA with certain types of vaccines (live vaccines). ORENCIA may also cause some vaccinations to be less effective. Talk with your healthcare provider about your vaccination plans.

- **Respiratory problems in people with COPD.** Some people may get certain respiratory problems more often if they receive ORENCIA and have COPD, including: worsened COPD, cough, trouble breathing.

- **Cancer (malignancies).** Certain kinds of cancer have been reported in people receiving ORENCIA. It is not known if ORENCIA increases your chance of getting certain kinds of cancer.

Common side effects of ORENCIA include: headache, upper respiratory tract infection, sore throat, and nausea.

These are not all the possible side effects of ORENCIA.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

HOW WILL I RECEIVE ORENCIA?

You may be given ORENCIA by a healthcare provider through a vein in your arm (IV). It takes about 30 minutes to give you the full dose of medicine. You may also receive ORENCIA as an injection under your skin (SC). For home use, ORENCIA comes in a prefilled syringe or prefilled ClickJect™ autoinjector. Your healthcare provider will prescribe the type that is best for you.

GENERAL INFORMATION ABOUT ORENCIA

Medicines are sometimes prescribed for conditions that are not mentioned in Patient Information leaflets. Do not use ORENCIA for a condition for which it was not prescribed.

You can ask your pharmacist or healthcare provider for information about ORENCIA that is written for health professionals. For more information, go to www.ORENCIA.com or call 1-800-ORENCIA toll-free.

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Arthritis

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FEATURES

12 You can thrive— even with RA!

Kelli Carlson shares the strategies that have made all the difference for her

18 “Lupus isn’t standing in my way!”

Vincenza Carrieri-Russo refused to give up her passions to the disease

20 Summer fun made easy!

Use these smart strategies to enjoy the season without stressing joints

22 Back off, back pain!

Spa-like techniques that can soothe a nagging backache

24 Are these “healthy snacks” really good for you?

Granola, dried fruit, soy and almond milk—are they as good for you as you think?

25 3 ways to get the most from your doctor visits

Being open and honest is just the first step in being a proactive partner in your healthcare



20

Have a blast—and sidestep joint pain and fatigue—while hosting backyard bashes this summer!

18

“Lupus has driven me to want to achieve more!” says Vincenza Carrieri-Russo.



Contents continues on next page ▶

DEPARTMENTS

- 7 News you can use**
Benefits of sleep; weight-loss tip; RA and heart health; fighting fatigue
- 8 Little lifesavers**
Strategies for making every day easier
- 10 Words of wisdom**
Using the "spoon theory" to plan your day—and avoid pain and fatigue
- 17 Ask the expert**
Richard M. Dell, MD, clears the confusion about fractures and osteoporosis
- 26 Questions for your care team**
The answers can help you stay on top of your treatment and feel your best
- 27 Dig in!**
Cheesy jalapeno poppers are baked not fried—and feature an ingredient that eases joint pain!



These poppers are delicious—and waist-friendly! **27**

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HAVE RA?

Keep an eye on your heart health!

Although many patients with rheumatoid arthritis are at higher risk for cardiovascular disease, a study in *Rheumatology* found that risk factors, such as high cholesterol and high blood pressure, go undertreated more than half the time! Make sure your primary care provider knows you have RA, and ask to have your heart risk assessed. Get a copy of test results, and share with your rheumatologist.

Walk off fatigue

One of the biggest issues people with RA face is fatigue—and it's a symptom medications don't really help. That's why it's key to find the energy-boosting methods that work for



you. According to researchers at the University of California, San Francisco, wearing a pedometer is a great start. Study subjects given the step-counting device reported far less fatigue. Just be sure to tell your care provider if you're feeling fatigued, in case it's being caused by another condition, such as sleep apnea or secondary fibromyalgia.

More reason to get your zzzs

Do you toss and turn most nights, do shift work or frequently experience jet lag? Studies suggest the chronic sleep disruptions may contribute to weakened bones, according to findings presented at the Endocrine Society's annual meeting. Researchers say that failing to get sound slumber may reduce the body's ability to form new bone. Talk to your healthcare provider if sleep disturbance is a chronic problem for you.

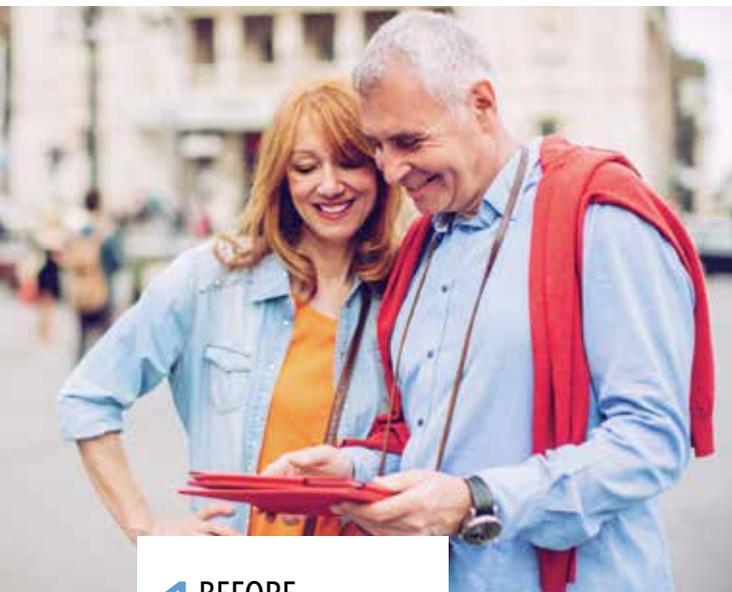


The habit that can help keep off excess pounds

It's weighing yourself at least once a week. Seems that people who let more time elapse between getting on the scale are more likely to gain weight, according to a study in the online journal *PLOS One*. On the other hand, people who weigh themselves daily are more likely to lose it. Keep in mind that every pound of excess weight puts four pounds of extra pressure on the knees. 



Make every day with arthritis *easier!*



1 BEFORE TRAVELING TO A NEW CITY, DO THIS.

Scope out the elevation. While guidebooks and maps can help you gauge distance, to know how hilly your destination is, look at an aerial view or topographical map. You can also use the “Webcam” and “Terrain” features at maps.google.com before you leave.

2 PLANT A PORTABLE GARDEN.

If you want to grow small patches of flowers, herbs or veggies (think tomato plants), make

it simple by planting them in a bucket with a handle or a small pot. The benefit? No more kneeling and bending! Just lift the bucket onto a table when you need to weed or prune. Another perk: You can place it in the sun or shade as needed.

3 TAKE A WORRY-FREE HIKE.

Prevent falls by investing in a pair of rubber-soled shoes, which provide a firm grip and secure traction. Also, walk on the grass when gravel is wet to avoid slipping and sliding.

4 TRY TREKKING POLES AT THE BEACH. Walking in sand can be especially tough on joints in your feet, ankles and knees. Trekking poles—designed with pointy ends that dig into sand—can help keep you stable and pain-free. Buy the lightest set you can find to prevent arm and wrist strain.

5 SLEEP WELL BY PILING UP ON THESE. Pillows! Placing pillows under and between the knees can help relieve pressure. Cervical (a.k.a. chiropractic) pillows can be especially helpful for arthritis in the neck. And putting 6- to 8-inch blocks under the head of the bed can help soothe arthritis in the spine.

6 SHOWER WITH EASE. Limit stress on your finger joints by keeping shampoo and liquid soap in pump bottles. Put hand rails in the bath/shower for fall prevention.

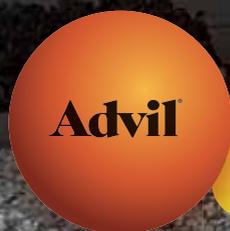
7 REPLACE DOORKNOBS WITH HANDLES. Or buy lever-style adapters that fit over standard round knobs. This lets your elbow and forearm do the work rather than your wrist and fingers.

8 LOVE TO KNIT? Opt for birch or bamboo instead of metal needles—they’re lighter and warmer. And for fabric? Nix cotton and other fibers. Instead, use wool or wool blends, which are more pliable and easier on the hands.

9 INVEST IN COOKING POTS WITH TWO HANDLES Using two handles distributes weight more evenly between your hands and wrists. 



WHAT STIFF JOINTS?



NOTHING'S STRONGER ON MINOR ARTHRITIS AND OTHER JOINT PAIN THAN **Advil***

Proud sponsor of the Arthritis Foundation

Use as directed.

© Pfizer 2016. *Among OTC pain relievers.

Words of wisdom for arthritis

“Use ‘The Spoon Theory’ to plan your day”



PATIENT:
Linda Kaserman, 57
DIAGNOSIS:
Osteoarthritis
RESIDENCE:
Adelphi, MD



RHEUMATOLOGIST:
Donald E. Thomas,
Jr., MD, Arthritis and
Pain Associates of PG
County, Greenbelt,
MD, and Medical
Advisory Council,
Arthritis Foundation
Mid-Atlantic Chapter

HOW IT HELPS ME

“In 2005 I discovered ‘The Spoon Theory,’ which was developed by Christine Miserandino, who has lupus (see her site, butyoudontlooksick.com). Basically, Christine explains to her friend what living hour-to-hour in her day is like by handing her friend several spoons—a tangible reference to show the amount or ‘spoonfuls’ of energy needed for a particular activity. When your spoons are used up, so are you! I’ve relied on this idea to cope with chronic pain and fatigue caused by several conditions, including a diagnosis of osteoarthritis in both knees in 2002 and a left knee replacement in 2014. By consciously thinking ahead and looking at what ‘spoons’ are needed for each day, I can anticipate how much energy I’ll need and plan accordingly so that I don’t become fatigued or overstress my joints. It helps me get laundry done, dinner cooked and even enjoy time out with friends. I’ve mentioned this theory to Dr. Thomas and was thrilled he finds it as useful as I do. When you live with a chronic condition, it’s so great to have a doctor that understands the methods that his patients use to get through their day. It helps that he speaks our language.”

WHY IT WORKS

“It can be difficult adjusting to living with a chronic disorder that causes fatigue and pain. Going from a fully functioning individual to someone who’s unable to do everything you once could is hard. ‘The Spoon Theory’ helps people put things into perspective: Each day when they wake up, they will only have a number of spoonfuls of energy to accomplish their tasks. It’s important to learn to limit their activities to this preset number. This can help the person decrease the chances of them overdoing it, which can trigger symptoms for people with chronic diseases. It can also help them realize that sometimes they’ll wake up with an extra spoonful or two and be able to do something extra that day. This theory is also a good way for people to explain to loved ones their limitations.” —Diana Whelan

GET THE HELP YOU NEED!

Ask about a referral to an occupational therapist who can give you tips on how to perform tasks with less pain and effort.

STAND TALL®

See how a less than 1-inch incision can give you relief from chronic neck or back pain.



Casey A.
Actual Patient

More than 75,000 patients have trusted Laser Spine Institute to relieve their chronic neck or back pain since 2005. **Here’s why:**

- Minimally invasive outpatient procedures
- Board-certified surgeons+
- No lengthy recovery*
- Patient satisfaction score of 96^

GET RELIEF FROM:

- Pinched nerve
- Bulging/herniated disc
- Scoliosis
- Spinal stenosis
- Arthritis of the spine
- Sciatica
- Other chronic conditions

If you’ve had an MRI and have been told you might need neck or back surgery, call us today for your MRI review. We’ll tell you within two business days if one of our procedures is right for you.

Call 1-855-656-5600
or visit LaserSpineInstitute.com for your **no-cost MRI review.***



**CALL TODAY FOR YOUR
NO-COST MRI REVIEW**

*Not a diagnosis. See LaserSpineInstitute.com/MRIreview for more details.
+For more information, visit LaserSpineInstitute.com/results.
^For more information, visit LaserSpineInstitute.com/surgeons.
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Yes, you can thrive —even with RA!

“I may have been confused by my rheumatoid arthritis diagnosis and how to manage it—but you don’t have to be!” says Kelli Carlson, who’s been living with RA for more than a decade. Here, she passes down a few tips she wishes she’d known way back when. —BY KELLI CARLSON

If a pain doesn’t feel right, don’t accept it—dig deeper!

Looking back, I realized I’d had the symptoms of RA long before I was diagnosed. But I chalked up my pains to my active lifestyle, and when my knees swelled every time I got my period, I figured that was “just the way it is.” When I finally decided to see an orthopedist, he couldn’t find anything wrong.

It wasn’t until I woke up one morning and I literally couldn’t move one entire side of my body that I got my answer. My regular doctor was away, so I saw another orthopedist instead, who immediately recognized my symptoms were caused by RA and referred me to a rheumatologist.

Takeaway tip: If you have a hunch something’s wrong, despite an all-clear from your doctor,

follow it. Drive home the point you’re not well by logging your symptoms and how they’re affecting your ability to do everyday activities—then show it to them. Ask more questions, and don’t be shy about getting a second opinion.

Get support by setting people straight!

Having RA isn’t like being pregnant—there’s no “pregnancy bump” for people to try on to get an idea of what it feels like. It may be hard for others to understand what you are going through, let alone empathize. When I was in college and needed to see my doctor, it meant I’d have to skip classes from time to time. One of my professors said to me, “You can be a student or a patient, but you can’t be both.” Even today, I feel some people confuse my lack of energy or my need to pace my activities as laziness.

Takeaway tip: Talk about your RA to friends and family, and let them know how it makes you feel. Try: “I may look healthy and normal to you, so it may be hard for you to understand why I have to go at my own pace or occasionally back out of activities. The fact is, RA is an inflammatory disease that sometimes makes it hard for me to do things like dress myself or lift a heavy pot.” You can also invite loved ones to join you at appointments, so they can hear first-hand about your RA and even ask their own questions.



“Tell others, I may look healthy, so it may be hard for you to understand that I have to go at my own pace,” says author Kelli Carlson.

Turn to people who are really in the know—others with RA!

It’s great to have a whole healthcare team who can treat our individual cases, pros who understand the condition from a medical perspective and can help us understand how the latest

medical guidelines apply to us. But there’s something we can’t get from them—and that’s the unique perspective that comes from having RA. Only another patient with RA can tell you what it’s like to go through the trial and error of finding the treatment that put them into remission...share the decision-making tools that helped them figure out how to manage their RA...reveal how they got their friends and family to empathize and provide the support they need.

Takeaway tip: Join a support group like CreakyJoints, which counts 100,00 arthritis patients among its members. Check out ArthritisPower, the first-ever patient-led, patient-centered research registry for arthritis, bone and inflammatory skin conditions. And consult the first-ever Rheumatoid Arthritis Patient Guidelines (find at CreakyJoints.org/education/rheumatoid-arthritis-patient-guidelines), which were developed by a group of patients (including me), a panel of rheumatologists and CreakyJoints to help people with RA make informed decisions about their healthcare and prepare them for meaningful conversations with their doctors and loved ones. 🗣️

Just learned you have RA?

Try asking your doctor two or three questions at each visit so you don’t get overwhelmed. You might start with “What is RA?,” “How is it affecting my body?” and “What is your plan to control my RA?” In time, and with the right support, you will learn everything you need to know.

FOR MODERATE TO SEVERE RA

Don't let RA stop you.

DISCOVER XELJANZ® AND ONCE-DAILY XELJANZ® XR.

If you used to love doing it, don't let RA get in the way. XELJANZ can reduce joint pain and swelling in as little as two weeks, even without methotrexate.*

XELJANZ (tofacitinib citrate) is a small pill, not an injection or infusion, for adults with moderate to severe RA for whom methotrexate did not work well.

ASK YOUR RHEUMATOLOGIST IF XELJANZ IS RIGHT FOR YOU

*Individual results may vary

X-rays show that XELJANZ helps stop further joint damage.

What is XELJANZ/XELJANZ XR?

XELJANZ (tofacitinib citrate) 5 mg tablets/XELJANZ XR is a prescription medicine called a Janus kinase (JAK) inhibitor. XELJANZ/XELJANZ XR is used to treat adults with moderately to severely active rheumatoid arthritis in which methotrexate did not work well.

- It is not known if XELJANZ/XELJANZ XR is safe and effective in people with hepatitis B or C.
- XELJANZ/XELJANZ XR is not for people with severe liver problems.
- It is not known if XELJANZ/XELJANZ XR is safe and effective in children.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about XELJANZ/XELJANZ XR?

Serious infections. XELJANZ/XELJANZ XR can lower the ability of your immune system to fight infections. Some people can have serious infections while taking XELJANZ/XELJANZ XR, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections. Your healthcare provider should test you for TB before starting XELJANZ/XELJANZ XR, and monitor you closely for signs and symptoms of TB infection during treatment. You should not start taking XELJANZ/XELJANZ XR if you have any kind of infection unless your healthcare provider tells you it is okay. You may be at a higher risk of developing shingles.

Cancer and immune system problems. XELJANZ/XELJANZ XR may increase your risk of certain cancers by changing the way your immune system works. Lymphoma and other cancers, including skin cancers, have happened in patients taking XELJANZ/XELJANZ XR.

Some people who have taken XELJANZ with certain other medicines to prevent kidney transplant rejection have had a problem with certain white blood cells growing out of control (Epstein Barr Virus-associated post-transplant lymphoproliferative disorder).

Tears (perforation) in the stomach or intestines. Some people taking XELJANZ/XELJANZ XR can get tears in their stomach or intestine. This happens most often in people who also take nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, or methotrexate. Tell your healthcare provider right away if you have fever and stomach-area pain that does not go away, and a change in your bowel habits.

Changes in lab test results. Your healthcare provider should do blood tests before you start receiving XELJANZ/XELJANZ XR, and at certain times while you are taking XELJANZ/XELJANZ XR, to check for the following side effects:

- **changes in lymphocyte counts.** Lymphocytes are white blood cells that help the body fight off infections.
- **low neutrophil counts.** Neutrophils are white blood cells that help the body fight off infections.
- **low red blood cell count.** This may mean that you have anemia, which may make you feel weak and tired.

Your healthcare provider should also routinely check certain liver tests. You should not receive XELJANZ/XELJANZ XR if your lymphocyte count, neutrophil count, or red blood cell count is too low or your liver tests are too high. Your healthcare provider may stop your XELJANZ/XELJANZ XR treatment for a period of time if needed because of changes in these blood test results. Your healthcare provider should do blood tests to check your cholesterol levels 4-8 weeks after you start XELJANZ/XELJANZ XR, and as needed after that.

Before taking XELJANZ/XELJANZ XR, tell your healthcare provider if you:

- think you have an infection or have symptoms of an infection such as fever, sweating, or chills; cough; blood in phlegm; warm, red, or painful skin or sores on your body; burning when you urinate or urinating more often than normal; muscle aches; shortness of breath; weight loss; diarrhea or stomach pain; or feeling very tired
- are being treated for an infection
- get a lot of infections or have infections that keep coming back
- have diabetes, HIV, or a weak immune system. People with these conditions have a higher chance for infections
- have TB, or have been in close contact with someone with TB
- live or have lived in, or have traveled to certain parts of the country (such as the Ohio and Mississippi River valleys and the Southwest) where there is an increased chance for getting certain kinds of fungal infections (histoplasmosis, coccidioidomycosis, or blastomycosis). These infections may happen or become more severe if you use XELJANZ/XELJANZ XR. Ask your healthcare provider if you do not know if you have lived in an area where these infections are common
- have or have had hepatitis B or C or liver problems
- have ever had any type of cancer

- have kidney problems
- have any stomach area (abdominal) pain or been diagnosed with diverticulitis (inflammation in parts of the large intestine) or ulcers in your stomach or intestines, or narrowing within your digestive tract
- have had a reaction to tofacitinib or any of the ingredients in XELJANZ/XELJANZ XR
- have recently received or are scheduled to receive a vaccine. People taking XELJANZ/XELJANZ XR should not receive live vaccines but can receive non-live vaccines
- have any other medical conditions
- plan to become pregnant or are pregnant. It is not known if XELJANZ/XELJANZ XR will harm an unborn baby

Pregnancy Registry: Pfizer has a registry for pregnant women who take XELJANZ/XELJANZ XR. The purpose of this registry is to check the health of the pregnant mother and her baby. If you are pregnant or become pregnant while taking XELJANZ/XELJANZ XR, talk to your healthcare provider about how you can join this pregnancy registry or you may contact the registry at 1-877-311-8972 to enroll

- plan to breastfeed or are breastfeeding

After starting XELJANZ/XELJANZ XR, call your healthcare provider right away if you have any symptoms of an infection. XELJANZ/XELJANZ XR can make you more likely to get infections or make worse any infection that you have.

Tell your healthcare provider about all of the medicines you take, especially any other medicines to treat your rheumatoid arthritis. You should not take tocilizumab (Actemra®), etanercept (Enbrel®), adalimumab (Humira®), infliximab (Remicade®), rituximab (Rituxan®), abatacept (Orencia®), anakinra (Kineret®), certolizumab pegol (Cimzia®), golimumab (Simponi®), azathioprine, cyclosporine, or other immunosuppressive drugs while you are taking XELJANZ/XELJANZ XR. Taking XELJANZ/XELJANZ XR with these medicines may increase your risk of infection. Tell your healthcare provider if you are taking medicines that affect the way certain liver enzymes work. Ask your healthcare provider if you are not sure if your medicine is one of these.

Taking XELJANZ XR

When you take XELJANZ XR, you may see something in your stool that looks like a tablet. This is the empty shell from the tablet after the medicine has been absorbed by your body.

What are other possible side effects of XELJANZ/XELJANZ XR?

XELJANZ/XELJANZ XR may cause serious side effects, including hepatitis B or C activation infection in people who carry the virus in their blood. If you are a carrier of the hepatitis B or C virus (viruses that affect the liver), the virus may become active while you use XELJANZ/XELJANZ XR. Tell your healthcare provider if you have the following symptoms of a possible hepatitis B or C infection: feeling very tired, little or no appetite, clay-colored bowel movements, chills, muscle aches, skin rash, skin or eyes look yellow, vomiting, fevers, stomach discomfort, and dark urine.

Common side effects of XELJANZ/XELJANZ XR include upper respiratory tract infections (common cold, sinus infections), headache, diarrhea, and nasal congestion, sore throat, and runny nose (nasopharyngitis).

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see additional Patient Information on the following page.

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XELJANZ is also available as a once-daily pill.

A pharmacokinetic (PK) study has found that, like XELJANZ, once-daily XELJANZ XR delivers medicine to you throughout the day.

XELJANZ® XR 
(tofacitinib citrate)
extended release • 11 mg tablets

One pill. Once daily.

XELJANZ[®] **CONSUMER BRIEF SUMMARY**
XELJANZ (ZEL' JANS') XELJANZ XR
(ZEL' JANS' EKS-AHR) (tofacitinib)
(tofacitinib citrate)

What is the most important information I should know about XELJANZ/XELJANZ XR? XELJANZ/XELJANZ XR may cause serious side effects including:

- 1. Serious infections.**
 XELJANZ/XELJANZ XR is a medicine that affects your immune system. XELJANZ/XELJANZ XR can lower the ability of your immune system to fight infections. Some people can have serious infections while taking XELJANZ/XELJANZ XR, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections.
- Your healthcare provider should test you for TB before starting XELJANZ/XELJANZ XR.
 - Your healthcare provider should monitor you closely for signs and symptoms of TB infection during treatment with XELJANZ/XELJANZ XR.

You should not start taking XELJANZ/XELJANZ XR if you have any kind of infection unless your healthcare provider tells you it is okay. You may be at a higher risk of developing shingles. Before starting XELJANZ/XELJANZ XR, tell your healthcare provider if you:

- think you have an infection or have symptoms of an infection such as:
 - fever, sweating, or chills
 - muscle aches
 - cough
 - shortness of breath
 - blood in phlegm
 - weight loss
 - warm, red, or painful skin or sores on your body
 - diarrhea or stomach pain
 - burning when you urinate or urinating more often than normal
 - feeling very tired
- are being treated for an infection.
- get a lot of infections or have infections that keep coming back.
- have diabetes, HIV, or a weak immune system. People with these conditions have a higher chance for infections.
- have TB, or have been in close contact with someone with TB.
- live or have lived, or have traveled to certain parts of the country (such as the Ohio and Mississippi River valleys and the Southwest) where there is an increased chance for getting certain kinds of fungal infections (histoplasmosis, coccidioidomycosis, or blastomycosis). These infections may happen or become more severe if you use XELJANZ/XELJANZ XR. Ask your healthcare provider if you do not know if you have lived in an area where these infections are common.
- have or have had hepatitis B or C.

After starting XELJANZ/XELJANZ XR, call your healthcare provider right away if you have any symptoms of an infection. XELJANZ/XELJANZ XR can make you more likely to get infections or make worse any infection that you have.

2. Cancer and immune system problems. XELJANZ/XELJANZ XR may increase your risk of certain cancers by changing the way your immune system works.

- Lymphoma and other cancers including skin cancers can happen in patients taking XELJANZ/XELJANZ XR. Tell your healthcare provider if you have ever had any type of cancer.
- Some people who have taken XELJANZ with certain other medicines to prevent kidney transplant rejection have had a problem with certain white blood cells growing out of control (Epstein Barr Virus-associated post-transplant lymphoproliferative disorder).

3. Tears (perforation) in the stomach or intestines.

- Tell your healthcare provider if you have had diverticulitis (inflammation in parts of the large intestine) or ulcers in your stomach or intestines. Some people taking XELJANZ/XELJANZ XR can get tears in their stomach or intestines. This happens most often in people who also take nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, or methotrexate.
- Tell your healthcare provider right away if you have fever and stomach-area pain that does not go away, and a change in your bowel habits.

4. Changes in certain laboratory test results. Your healthcare provider should do blood tests before you start receiving XELJANZ/XELJANZ XR and while you take XELJANZ/XELJANZ XR to check for the following side effects:

- **changes in lymphocyte counts.** Lymphocytes are white blood cells that help the body fight off infections.
- **low neutrophil counts.** Neutrophils are white blood cells that help the body fight off infections.
- **low red blood cell count.** This may mean that you have anemia, which may make you feel weak and tired.

Your healthcare provider should routinely check certain liver tests.

You should not receive XELJANZ/XELJANZ XR if your lymphocyte count, neutrophil count, or red blood cell count is too low or your liver tests are too high.

Your healthcare provider may stop your XELJANZ/XELJANZ XR treatment for a period of time if needed because of changes in these blood test results.

You may also have changes in other laboratory tests, such as your blood cholesterol levels. Your healthcare provider should do blood tests to check your cholesterol levels 4 to 8 weeks after you start receiving XELJANZ/XELJANZ XR, and as needed after that. Normal cholesterol levels are important to good heart health.

See "What are the possible side effects of XELJANZ/XELJANZ XR?" for more information about side effects.

What is XELJANZ/XELJANZ XR?

XELJANZ/XELJANZ XR is a prescription medicine called a Janus kinase (JAK) inhibitor. XELJANZ/XELJANZ XR is used to treat adults with moderately to severely active rheumatoid arthritis in which methotrexate did not work well.

XELSOURCESM
 Answers and Support
"Certain programs and services powered by Pfizer RxPathways"

Need help paying for your medication?
XELSOURCESM may be able to help – regardless of your insurance situation.*
 Learn how at www.XELSOURCEHelps.com

It is not known if XELJANZ/XELJANZ XR is safe and effective in people with Hepatitis B or C. XELJANZ/XELJANZ XR is not for people with severe liver problems.

It is not known if XELJANZ/XELJANZ XR is safe and effective in children.

What should I tell my healthcare provider before taking XELJANZ/XELJANZ XR? XELJANZ/XELJANZ XR may not be right for you. Before taking XELJANZ/XELJANZ XR, tell your healthcare provider if you:

- have an infection. See "What is the most important information I should know about XELJANZ/XELJANZ XR?"
- have liver problems
- have kidney problems
- have any stomach area (abdominal) pain or been diagnosed with diverticulitis or ulcers in your stomach or intestines
- have had a reaction to tofacitinib or any of the ingredients in XELJANZ/XELJANZ XR
- have recently received or are scheduled to receive a vaccine. People who take XELJANZ/XELJANZ XR should not receive live vaccines. People taking XELJANZ/XELJANZ XR can receive non-live vaccines.
- have any other medical conditions.
- plan to become pregnant or are pregnant. It is not known if XELJANZ/XELJANZ XR will harm an unborn baby.

- **Pregnancy Registry:** Pfizer has a registry for pregnant women who take XELJANZ/XELJANZ XR. The purpose of this registry is to check the health of the pregnant mother and her baby. If you are pregnant or become pregnant while taking XELJANZ/XELJANZ XR, talk to your healthcare provider about how you can join this pregnancy registry or you may contact the registry at 1-877-311-8972 to enroll.

- plan to breastfeed or are breastfeeding. You and your healthcare provider should decide if you will take XELJANZ/XELJANZ XR or breastfeed. You should not do both.

Tell your healthcare provider about all of the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. XELJANZ/XELJANZ XR and other medicines may affect each other causing side effects.

Especially tell your healthcare provider if you take:

- any other medicines to treat your rheumatoid arthritis. You should not take tocilizumab (Actemra[®]), etanercept (Enbrel[®]), adalimumab (Humira[®]), infliximab (Remicade[®]), rituximab (Rituxan[®]), abatacept (Orencia[®]), anakinra (Kineret[®]), certolizumab (Cimzia[®]), golimumab (Simponi[®]), azathioprine, cyclosporine, or other immunosuppressive drugs while you are taking XELJANZ or XELJANZ XR. Taking XELJANZ or XELJANZ XR with these medicines may increase your risk of infection.
- medicines that affect the way certain liver enzymes work. Ask your healthcare provider if you are not sure if your medicine is one of these.

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

How should I take XELJANZ/XELJANZ XR?

- Take XELJANZ/XELJANZ XR exactly as your healthcare provider tells you to take it.
- Take XELJANZ 2 times a day with or without food.
- Take XELJANZ XR 1 time a day with or without food.
- Swallow XELJANZ XR tablets whole and intact. Do not crush, split, or chew.
- When you take XELJANZ XR, you may see something in your stool that looks like a tablet. This is the empty shell from the tablet after the medicine has been absorbed by your body.
- If you take too much XELJANZ/XELJANZ XR, call your healthcare provider or go to the nearest hospital emergency room right away.

What are possible side effects of XELJANZ/XELJANZ XR?

XELJANZ/XELJANZ XR may cause serious side effects, including:

- See "What is the most important information I should know about XELJANZ/XELJANZ XR?"
- **Hepatitis B or C activation infection** in people who carry the virus in their blood. If you are a carrier of the hepatitis B or C virus (viruses that affect the liver), the virus may become active while you use XELJANZ/XELJANZ XR. Your healthcare provider may do blood tests before you start treatment with XELJANZ and while you are using XELJANZ/XELJANZ XR. Tell your healthcare provider if you have any of the following symptoms of a possible hepatitis B or C infection:
 - feel very tired
 - skin or eyes look yellow
 - little or no appetite
 - vomiting
 - clay-colored bowel movements
 - fevers
 - chills
 - stomach discomfort
 - muscle aches
 - dark urine
 - skin rash

Common side effects of XELJANZ/XELJANZ XR include:

- upper respiratory tract infections (common cold, sinus infections)
- headache
- diarrhea
- nasal congestion, sore throat, and runny nose (nasopharyngitis)

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of XELJANZ/XELJANZ XR. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

You may also report side effects to Pfizer at 1-800-438-1985.

General information about the safe and effective use of XELJANZ/XELJANZ XR.

Medicines are sometimes prescribed for purposes other than those listed in a brief summary. Do not use XELJANZ/XELJANZ XR for a condition for which it was not prescribed. Do not give XELJANZ/XELJANZ XR to other people, even if they have the same symptoms you have. It may harm them.

This brief summary summarizes the most important information about XELJANZ/XELJANZ XR. If you would like more information, talk to your healthcare provider. You can ask your pharmacist or healthcare provider for information about XELJANZ/XELJANZ XR that is written for health professionals.

This brief summary is based on XELJANZ/XELJANZ XR Prescribing Information LAB-0445-10.0 and Medication Guide LAB-0535-4.0.

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**CLEARING THE
 CONFUSION ABOUT
 FRACTURES AND
 OSTEOPOROSIS**

**STOOPED POSTURE A
 SIGN OF AGING?**

Q My mother had osteoporosis and was really hunched over later in life. Is that normal?

A It's a myth that osteoporosis is just a part of normal aging—it's not! Think of your body like a car and your bones as the supporting frame. Sure, things tend to wear out as time goes on. But taking protective measures will help both you and your car get around for many years to come. Knowing that your mom was stooped over should make you stop and think, *That could be me.* Use it as incentive to stay ahead of osteoporosis.

**MY FRACTURE HEALED—
 NOW WHAT?**

Q My broken collarbone is healed, and I feel great. Does that mean I'm done with doctor visits?

A Not necessarily. Your doctor will need to determine if your broken bone was due to osteoporosis. This is crucial to know, since having one fracture puts you at high risk for another. In fact, when a patient has a hip fracture, there's almost a 50% chance that they had a prior fracture, such as of the wrist, shoulder, and yes, even collarbone.

I tell my patients over age 50 who have broken a smaller bone that this may actually be their lucky day: This fracture allows us to come up with a plan to avoid worse fractures, like of the hip, later on. Fortunately, we have excellent and safe treatments to help reduce the risk of future fractures.

**ALERT! MEN ARE
 AT RISK, TOO**

Q My 65-year-old husband broke his foot and I'm worried he may have osteoporosis, but he says men don't get it. Is that true?

A No! Even though women are twice as likely to get osteoporosis, 1 in 5 men over 60 have low bone mass. Often, we don't know a man has osteoporosis until after a fracture, and even then men sometimes refuse to believe they have it—and therefore refuse treatment to help them stay fracture free. This can have serious consequences: Numerous studies show that after a hip fracture, men are twice as likely to suffer complications as women. Risk factors in men include excess alcohol, smoking and certain prostate cancer treatments. Your husband should get his bone density tested and start treatment as recommended.



Osteoporosis is not just a normal part of aging—you can take steps to protect your bones!

OUR EXPERT Richard M. Dell, MD, orthopedic surgeon and former orthopedic lead of the Healthy Bones Program at Kaiser Permanente in Southern California, Downey, CA

“Lupus can’t stop me from doing what I love most!”

When lupus nearly threatened to put an end to her passions—dancing, competing in pageants, being active—Miss Delaware USA 2008 Vincenza Carrieri-Russo refused to back down. —by JOANA MANGUNE

Opening up a restaurant. Competing in a national pageant. Walking the runway at New York Fashion Week. Former Miss Delaware USA Vincenza Carrieri-Russo has accomplished that and more—all while living with lupus. But when the disease first reared its head six years ago, it almost put a stop to her on-the-go life.

“I’d been invited to the Miss Italy pageant,” the Newark, DE, resident recalls. “It was very hot and I had to model these gorgeous couture-wedding gowns.” On the ride back to the hotel with her mother, Vincenza felt intense pain in her hands: “They were so swollen, it was hard to squeeze them into a fist. It was like they were done. That was the red flag.”

Back home, Vincenza saw her doctor, but he didn’t find anything wrong. When the hand pain went away, she thought everything was okay. And while she still had extreme fatigue, “I thought it was just because of my busy lifestyle,” she says.

“Something’s not right!”

It wasn’t until she saw her gynecologist for her annual exam that Vincenza began to discover the real reason behind her symptoms. After her visit, she got a call from her doctor. “He said, ‘Vincenza, something’s not right. You’re healthy everywhere else, but something’s off with your blood work. I want you to see a rheumatologist.’”

The rheumatologist tested her blood and monitored her over several appointments. “She asked me to log my symptoms when I was feeling at my lowest because that’s when my symptoms would flare up,” Vincenza says. After ruling out other conditions, her rheumatologist identified the problem. “She said, ‘Okay, Vincenza, you have lupus.’ It was stressful—but also a relief—to finally get an answer.”

“Stop dancing? No way!”

While she accepted the diagnosis, she refused to accept any limitations. So when her rheumatologist told her to stop everything—dancing, competing in pageants, exercising—she balked.

“I was upset. I’d been a dancer since the age of three, and I was basically told to stop my life. Are you kidding? It was a lot to hear, so I did my research and found a top rheumatologist specializing in lupus,” says Vincenza, whose new doctor helped her find a treatment plan that fits with her active lifestyle.

“My doctor gets me!”

Every few months, Vincenza checks in with her rheumatologist,



“My doctor asks me to describe all my symptoms,” says Vincenza Carrieri-Russo. “It’s almost like an interview!”

who reviews her blood work and spends time really talking with her to make sure her current treatment plan is still working. “It’s almost like an interview,” says Vincenza. “She asks me to explain my symptoms, and we go through the list. She examines my body and checks my joints, too.”

In fact, if Vincenza can keep up with her passions, she says part of the credit goes to the close

relationship she has with her doctor. The rest? Surprisingly, she gives it to the disease itself: “You know when someone tells you that you can’t do it? That you’re not going to be able to do it?” Vincenza asks. “That’s basically what lupus has done for me—it’s driven me to want to achieve more. I have so many more goals, so many more things on my bucket list that I want to achieve. I’m so determined.”

Limited by lupus? NO WAY!

Vincenza Carrieri-Russo says these lifestyle strategies keep her on-the-go.

PRACTICE MODERATION. “Being 100% Italian, my family loves our pasta and bread and the late-night eating. But if I overindulge, I pay the price. I won’t be able to sleep and have pain in my body. So while it’s tough, I’ve learned to practice eating in moderation, and eating small portions and really savoring them.”

BUILD YOUR STRENGTH AND ENERGY. “I battle extreme fatigue by working out four to five times a week. I have a personal trainer who keeps me in check and understands my condition. We work together on building my endurance so if I know I’m going to have a busy day, at least my body will be strong enough. My trainer modifies my workout whenever a part of my body is in pain.”

TAKE A BREATH. “I developed a lot of fears soon after my diagnosis. I was afraid to go out, talk to people, eat, drink—I feared everything all the time,” Vincenza says. “I used to call my mom or sister and ask them to talk me through my panic attacks. But now I’ve learned to conquer them myself. When I feel anxious, I just close my eyes, do some breathing and take a moment to do some meditation. I let it run its course.”

SURROUND YOURSELF WITH POSITIVITY. “I made the difficult decision of changing my circle of friends. Stress is the number one cause of a lupus flare, no questions asked. I had to change my environment, and I noticed a positive change in me.”

Summer parties *made easy*

Setting up, grilling, time on your feet—it's enough to make you shy away from hosting a cookout altogether. But it doesn't have to be so exhausting! We asked certified hand therapist Debbie Amini, EdD, OTR/L, CHT, from the department of occupational therapy at East Carolina University in Greenville, NC, for tips to help your party go smoothly. Here's how to sidestep joint pain and fatigue while enjoying everything a barbecue has to offer—food, friends and fun!



FOOD

◆ **Think shortcuts.** “Buy preformed hamburgers and precut chicken parts to decrease the need to form loose meat or butcher chickens,” explains Dr. Amini. “Buy smaller or precut steaks to reduce the weight when grilling, premade salads to reduce chopping and condiments in smaller bottles for less weight and easier-to-hold packaging.”

◆ **Hold your plate like this.** Dr. Amini advises using both hands with your palms turned up, fingers straight under the plate, with thumbs securing the edges. “The wrong position could put undue stress on delicate hand joints.”

◆ **Save steps while grilling.** Conserve your energy by putting your tools, ingredients and tableware onto a rolling cart so you can avoid making trips back and forth to the kitchen. “But keep it manageable with consideration to where the cart needs to go,” cautions Dr. Amini. “If you have to move items over a door jamb or up or down steps, you may consider placing items in a box, a lightweight baking pan or a stiff shopping basket that can be carried.”

◆ **Get joint-friendly tools.** “Use strainers that can be secured in a sink so that two hands can be used to strain water from pasta if you're making pasta salad,” says Dr. Amini. If hand pain makes it hard to use a cutting knife, try a smaller, more manageable one like a 6-inch chef's knife with a light, plastic handle. You can make a thick, comfortable grip for any utensil by wrapping the handle with a dishcloth and rubber band.

◆ **Make cleanup a breeze.** “Select paper products that aren't flimsy and don't absorb liquid,” suggests Dr. Amini. “And if possible, choose plates that have a cup holder so that all items can be carried at the same time.” Or use a plastic tablecloth and just bundle up all the corners after guests leave to toss disposable dinnerware in one shot.



FRIENDS

◆ **Adjust your handshake.** Grab your guest's hand with both of yours. “A two-handed handshake is less stressful than a regular handshake, where there is potential for a well-meaning friend to move your hand too vigorously or squeeze too hard,” says Dr. Amini.

◆ **Try this phrase while mingling.** “Why don't we go sit down?” Most people will welcome the suggestion to take a load off. Then look for a comfortable, high seat—climbing out of a low-lying chair can strain your knees and hips!

◆ **Tap their cooking skills.** Don't be shy about asking guests to bring their signature dish, especially salads or side dishes that involve a lot of chopping (it'll save your hands and wrists!). They'll be flattered when you say, “I love your [cole slaw, potato salad, etc.]. Would you mind making it for the party?”

FUN

◆ **Play joint-friendly games.** “Have a variety of outdoor games that don't require a lot of stressful or repetitive movement—for example, croquet is much easier on the joints than badminton, volleyball or horseshoes,” explains Dr. Amini.

◆ **Break out the portable radio.** What's a barbecue without some good tunes? In a study done at the Cleveland Clinic that included folks with osteoarthritis, rheumatoid arthritis and disk problems, listening to music reduced pain by more than 20%. The best part? The type of music didn't matter—so you'll enjoy the benefits even if somebody changes the station!

◆ **Set an end time.** “That way, guests recognize when it's time to leave,” says Dr. Amini. “And that will ensure you don't overtax your energy reserves!” 🎧

Don't forget to wear...

• **Comfy shoes.** “Arthritis can create deformities in the feet, so they require attention and support,” says Dr. Amini. “Shoes should be supportive, lightweight and weather-appropriate as much as possible.” Avoid flimsy sandals or flip-flops. Instead, try a “sports” sandal with good arch support. And if it's raining or the grass is wet, wear slip-on sneakers.

• **Sunscreen.** This is especially important if you take medications that can cause photosensitivity (check with your doctor or pharmacist). “Methotrexate and hydroxychloroquine, for example, can cause severe skin reactions to the sun,” says rheumatologist Richard Blau, MD, who practices at the Arthritis Institute of Long Island in New York.

Back off, back pain!



IMPORTANT!

Inflammatory sacroiliitis is a common cause of chronic back pain—yet the average delay in diagnosis is about five to six years in men and more than eight years in women. If your back pain symptoms persist, schedule an appointment with your rheumatologist.

Yoga

Why it's worth a try: Studies at West Virginia University and elsewhere show yoga may be better at easing pain and the “bothersomeness” of chronic lower back pain than pain medications. What's more, it helps restore function and is safe for most people.

Maximize the benefit: Try Iyengar yoga, a form that uses props like blocks, blankets and belts to help people perform poses, or asanas, to the fullest extent possible. Asanas that target the lower back include the mountain pose, downward-facing dog, lying prone corpse pose and warrior pose II.

Bonus: Yoga helps relieve the depression that often accompanies chronic lower back pain.

Next time that familiar ache strikes, skip the ibuprofen and turn to these spa-like ways to soothe chronic back pain: Studies show they may be just as—if not more—effective than popping a pill. In fact, the latest guidelines from the American College of Physicians recommend giving these strategies a try before non-steroidal anti-inflammatories (NSAIDs) or muscle relaxants:

Acupuncture

Why it's worth a try: Acupuncture, a Chinese practice in which hair-fine needles are inserted at specific points of the body, has been shown in studies to ease lower back pain by as much as 50%! Scientists believe it brings relief by regulating neurotransmitters (brain messengers) and hormone levels and by triggering the release of the body's natural pain killers.

Maximize the benefit. Receive acupuncture only from a trained specialist—find a practitioner near you at the National Certification Commission for Acupuncture and Oriental Medicine (nccaom.org). Also: More and more insurance companies are paying for acupuncture, so check with your provider to find out if your sessions will be covered.

Bonus: Many people who undergo acupuncture for lower back pain not only report less pain but also say it's easier to carry out activities that had previously become difficult.



Tai chi

Why it's worth a try: Low-back pain sufferers reported a 25% improvement in symptoms after participating in an eight-week program of tai chi, an ancient Chinese mind/body art that combines slow gentle movements and meditation, according to a study in *Arthritis Care & Research*. Tai chi brings relief by strengthening muscles in the abdomen and pelvis, which helps support the back.

Maximize the benefit: Researchers think the pain relief lasts only as long as you keep practicing tai chi, so keep a symptom log to track how well it works for you. Look for instructors certified in tai chi for back pain at the Tai Chi for Health Institute (taichiforhealthinstitute.org).

Bonus: Tai chi increases posture and balance, and a study in the *Annals of Internal Medicine* found it helps relieve painful knee osteoarthritis as well as traditional physical therapy. 🧘

Note: Be sure to check with your healthcare provider before starting any new exercise program.

Is your “healthy” snack really good for you?

A nutritious diet goes hand-in-hand with managing conditions like arthritis. But some so-called nutritious foods can contain hidden ingredients that could derail your healthy eating plan. Read on to learn about the ones to avoid.

GRANOLA CEREAL

• **Why it's not so great:**

While granola contains some fiber, it's usually prepared with a lot of sugar and oil, which up the calorie and fat content. Beware especially of the honey and brown sugar varieties!

• **A better bet:** A bowl of whole-grain cereal. You'll get more fiber and protein in every serving, a combo that helps lower inflammation and keep hunger in check.



MILK ALTERNATIVES

• **Why it's not so great:**

Nondairy products such as almond, soy, coconut and rice milks may be lactose-free, but the flavored varieties are packed with chemicals and have so much sugar, they can pack double or triple the number of calories you'd get in a glass of skim milk.

• **A better bet:** Unsweetened varieties of these milks.

DRIED FRUIT

• **Why it's not so great:**

Dehydrating fruit pushes up its calorie count, and it's way too easy to overeat. For instance: A serving of raisins is only about one-third of a tiny raisin box!

• **A better bet:** A serving of fresh fruit, such as a half cup of grapes.



TIP! Pairing fruit with a protein—such as peanut butter or a piece of cheese—is study-proven to help keep you feeling full for longer!

FOODS “MADE WITH WHOLE GRAIN”

• **Why it's not so great:**

Foods stamped “whole grain” often contain refined grains.

• **A better bet:** 100% whole-grain foods. The first flour on the ingredient list should be a whole grain. If you see “bleached” or “unbleached enriched wheat flour,” you're not eating a 100% whole-grain food.



3 WAYS

to get the most from your doctor visits

1 BLURT THIS OUT FIRST!

We're talking about the stuff you're a little embarrassed about...Maybe your meds are interfering with your sex life. Or you've been feeling especially down lately. Whatever it is, don't wait until the end of the exam to raise the issue. Speaking up at the beginning of your exam will clue your doctor in to the symptoms he or she needs to look for.

Can't get the words out? Try practicing in front of a mirror, or ask if you can email your doctor before your appointment. You might find it easier to put the concern in writing rather than open up about it in person.

2 CRAFT YOUR CONCERN. Presenting your problem is your main contribution to the office visit—

and patients who master the skill help ensure they get the most effective diagnosis and treatment. **The key? Be specific.** Explain what you feel, when it began, its severity, any possible triggers, its duration and what—if anything—brings relief.

3 DON'T BE A ‘YES MAN.’ There's no point letting your doctor believe you'll follow a diet that contains no bananas if bananas are your all-time favorite food. So if your doctor starts prescribing something you know you won't be able to stick to, don't just nod and smile. Instead, be frank: “Doctor, I know that won't work for me because [insert your reason]. Is there another option that would work better with my [schedule, preferences, etc.]?”

30%
of Americans age 44 and older, with at least one chronic condition, often leave a doctor's office or hospital confused about what they should do!

JUST ASK!

Most patients ask an average of only two questions during a doctor visit. Don't be one of them! Here, basic questions to ask...

After describing your symptoms:

• “What are the five most likely reasons for my symptoms?”

If a test is recommended:

- “How should I prepare?”
- “Are there any risks involved?”
- “What will the results reveal?”
- “What happens if I don't have the test?”
- “What happens next?”

If a new drug is prescribed:

- “Why do I need it?”
- “Why do you think this is the best option for me?”
- “How does it work?”
- “How long will I need to be on it?” “Are there any special instructions for taking it?” “Can I stop taking it if I feel better?”
- “What are the side effects?”
- “What should I watch out for?”

Turn the page for questions to ask at today's exam. ▶

Questions for your arthritis care team

Whether you were just diagnosed or you've had arthritis for years, it can help to review the basics. Ask your healthcare provider the following at your next appointment to make sure your treatment plan is on track.



1. What type(s) of arthritis do I have? _____

2. What other health conditions does my arthritis put me at risk for? _____

3. Do I need to see any other specialists [for example, a cardiologist if you have rheumatoid arthritis, which increases the risk of heart disease]? _____

4. What are the goals of my treatment? How do we know when I've reached them? _____

5. Should I consider other treatments, such as a new medication or physical therapy? _____

6. Do I need to get any tests or special exams done? How often? _____

7. What is the best diet and exercise plan to help me manage my arthritis? _____

8. Where can I get follow-up information about my condition? Do you have any reading materials or videos I can watch? _____

9. When should I come back for a follow-up? _____



Snack up!

Cheesy poppers? Why, yes! This version, from **Today nutritionist Joy Bauer**, is baked, not fried—and spicy jalapeños are study-proven to help ease joint pain.

JALAPEÑO POPPERS

MAKES 12 SERVINGS

- 3 oz. (6 Tbsp) light or reduced-fat cream cheese
- ¼ cup shredded reduced-fat cheddar cheese
- 1 Tbsp chopped scallion (green onion)
- ⅓ cup corn, frozen and thawed or canned and drained well
- ⅛ tsp ground black pepper
- ⅛ tsp cayenne pepper (or paprika for less heat)
- 6 jalapeños, halved lengthwise, seeds and membranes removed (for extra heat, keep membranes in)
- 2 egg whites
- ⅓ cup whole-grain flour
- ⅔ cup seasoned whole-grain bread crumbs

- Preheat the oven to 350°F. Line a baking sheet with foil and set aside.
- Mix the cream cheese, cheddar, scallion, corn, black pepper and cayenne pepper in a bowl. Spread 1 heaping Tbsp of the mixture evenly into each pepper half. Mix the egg whites in a small bowl. Bread each pepper by rolling it first in flour, then egg whites, and finally bread crumbs.
- Place the peppers, cut side up, on a foil-lined baking sheet. Bake until golden, 25 to 30 minutes.

NUTRITION FACTS (per serving)

Calories 65, fat 2 g (sat. fat 1 g), cholesterol 5 mg, protein 4 g, carbohydrates 9 g, fiber 1 g, sodium 110 mg, sugars 1 g



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