

# Joint effort



**Joint pain and stiffness can be experienced by up to 50% of all menopausal women. So why is that and what can help?**

**A**rthralgia, or joint pain to you and I, is pain, swelling or stiffness in or around a joint. It can be relatively common for women approaching menopause and typical symptoms include stiffness, swelling and a warm feeling in the joints.

Joint aches commonly occur, often affecting neck, wrists and shoulders, but since other causes such as osteoarthritis are very common at this age, they may not be recognised as being associated with the menopause.

The causes of joint pain in postmenopausal women can be difficult to determine as the period of menopause coincides with rising incidence of chronic rheumatic conditions such as osteoarthritis or rheumatoid arthritis. Nevertheless, the prevalence of arthralgia does appear to increase in women with menopausal transition and is thought to result from reduction in estrogen levels. Similar syndrome occurs following sudden withdrawal of hormone replacement therapy or treatment with aromatase inhibitors.

obesity and lack of mobility but the more information women can give their GP around their overall health can save a lot of time for both patient and health professionals."

The prevalence of osteoarthritis is greater in post-menopausal women, which also suggests reduced estrogen has a significant effect on joint physiology.

Menopausal joint pain, sometimes referred to as menopausal arthritis, is commonly mistaken or perceived as an inevitable part of the 'ageing' process and whilst many women seek help for other symptoms, like hot flushes, they can often struggle on with aching and painful joints. For some that can result in a downward spiral of taking less exercise, gaining weight and further joint pain. →

“ Whilst more women are now seeking help for the menopause, joint health is often ignored resulting in a significant impact on quality of life. It is important that women consider treating all symptoms to maintain their overall wellbeing. Simple lifestyle changes such as low impact exercise, changes to diet and taking supplements may help, particularly in the early stages. ”

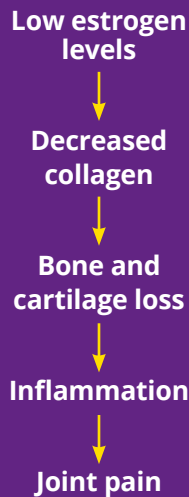
**Kathy Abernety, chair of the British Menopause Society**

“As women approach menopause hormone levels begin to fluctuate,” explained consultant rheumatologist, Dr Rod Hughes, St Peter’s Hospital, Chertsey. “I see a lot of problems affecting the soft tissues, tendons ligaments and bursae. I also see people with hip pain due not to joint problems but to inflammation between muscles in the ‘bursa’. Each large muscle around the hip runs across another muscle under some tension and inflammation can occur after overuse or injury. It is important to diagnose these conditions and reassure the patient that they do not need hip surgery or even hip MRI in many cases. This is common for women approaching the menopause and is often overlooked.

“Patients who are presenting with clear peri-menopausal symptoms who are experiencing stiffness or joint pains are often referred to me without a GP having taken into account that declining estrogen levels may have a bearing. Of course there are other factors associated with more frequent and severe joint symptoms including



*Impact of menopause on joints*



“Menopausal joint pain can start several years before other menopausal symptoms. This is due to estrogen levels starting to decline several years before the menopause, causing a reduction in collagen, loss of cartilage and an increase in inflammation leading to joint pain and stiffness.”

**Dr Rod Hughes, consultant rheumatologist**

drowsiness, headache and insomnia. There are no known drug interactions between glucosamine and medicines. It should be used with caution if you are allergic to shellfish since some glucosamine products may be derived from shellfish sources.

Dr Hughes, writing in *The Spectator Health*, reviewing various joint supplements said: “Roses and rosehip extracts have a long history of medicinal use but their potential for treating both types of arthritis [osteo and rheumatoid] has come to light recently. The most consistent and robust research used extracts from a specific species of rosehip called canina, which was found to contain a potent anti-inflammatory ingredient called galactolipid (Gopo for short). Several well-designed studies in Scandinavia and Germany found that Gopo can rapidly reduce joint pain, stiffness and swelling, improve joint mobility and reduce the need for standard painkillers.”

**What can help?**

Making sure you take care of our joint health includes remaining fit and active. Keeping yourself flexible can be done through exercises such as tai chi, yoga, pilates and swimming rather than a high impact regime.

Hormone replacement therapy (HRT) has been shown to have some benefit in alleviating arthralgia associated with menopausal transition.

Dr Heather Currie added: “Limited research has shown that osteoarthritis is more common after the menopause and that use of estrogen as Hormone Replacement Therapy after the menopause may reduce the numbers of women developing the disease.”

Glucosamine is a naturally occurring sugar that is used in the formation of components of joint cartilage. It can be found in some foods such as shellfish and is available in supplement form. Glucosamine is often used for pain relief in osteoarthritis and other joint disorders. It has been concluded that glucosamine 1500 mg daily is a reasonable choice for treatment of osteoarthritis of the knee, but further information is required on its effect at other sites.

It may take up to one month for benefits to be apparent. Side effects appear to be mild and infrequent, and include nausea, vomiting, constipation, diarrhoea, dyspepsia, rash,

**Joint approach tips**

**Drink plenty:** becoming dehydrated can exacerbate joint pain and other menopausal symptoms. A build up of uric acid can also contribute to inflammation.

**Exercise regularly:** exercise helps synovial fluid circulate in the joint and increases blood flow, which in turn increases oxygen and nutrient flow to your joints. Try non-weight bearing exercises such as swimming and yoga to relieve pressure on joints and helps keep them active.

**Eat well:** including food with anti-inflammatory properties such as nuts, leafy greens and olive oil in your diet will help.



Eating a healthy, balanced diet keeps weight at a healthy level too.

**Mitigate stress:** The hormone cortisol is an inflammatory agent and is released in response to stress. Regulating cortisol levels will help stop inflammation spreading. Exercise can certainly help.

**Protect joints:** avoid unnecessary repetitive strain where you can.

**Be aware:** joint pain can be a symptom of non-menopause causes such as general wear and tear, injury, nutrition, muscle loss, heredity disease or other more serious disorders such as tumours or cancer. If in doubt consult your GP and provide them with as much information as possible.