

ARTHRITIS | *advisor*

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

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When Your Shoulder Is Out of Joint

Older adults who dislocate a shoulder can damage the rotator cuff.

If you fall onto your shoulder or your arm gets yanked too hard, you can dislocate a shoulder. It's usually painful, and you may notice that your arm is out of place. How a shoulder dislocation is treated and how urgently you need to seek treatment will depend on what happens when the ball pops out of the socket.

People of any age can dislocate their shoulder, but the effect can differ. "The structures we worry about in younger people are the labrum and the capsule, which keep the ball in place," says Cleveland Clinic orthopaedic surgeon Jason Ho, MD. "Older adults have a higher risk for a rotator cuff tear with a dislocation."

Dr. Ho notes that the distinction between younger and older age is subjective. People in their 50s and 60s can injure the labrum and capsule just like a 20-year-old. To better understand what happens, it's helpful to know about the anatomy.

Shoulder Anatomy

The shoulder is a ball and socket joint, which provides the widest range of motion of any joint in the body. A ball at the top of the upper arm bone (humerus) fits into a shallow socket in the shoulder blade (scapula). Imagine a golf ball on a tee. A band of rubbery cartilage around the rim of the socket, called the labrum, makes the socket deeper and keeps the ball from coming out.

Surrounding structures also help to keep the ball securely in place. These include a group of muscles and tendons called the rotator cuff as well as ligaments. A capsule around the joint contains a lubricating substance called synovial fluid, which assists with making smooth movements.



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When a shoulder joint has dislocated, an examination is needed to determine the type and extent of any injuries.

Dislocation

A shoulder dislocation occurs when the ball slides off the socket as a result of a trauma from a fall or blow to the shoulder. "In order to slide off, it has to damage some structure, such as tearing ligaments or tendons or breaking the bone," says Dr. Ho.

The damage doesn't necessarily have to be repaired with surgery, but sometimes it does. Most people who injure just the labrum and capsule, as is common in younger people, don't need surgery.

"Even some cases of fractures of the socket or ball don't need surgery," says Dr. Ho. It depends on the location and pattern of the fracture and what symptoms you may be experiencing.

Older adults are more prone to tearing the rotator cuff. This is because the rotator cuff can suffer wear and tear over time and weaken. "They may have had a relatively normal rotator cuff and then the dislocation causes it to become completely torn,"

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IN THE NEWS



Physical Activity Lowers Fracture Risk for Postmenopausal Women

Middle- and older-age women who engage in even a moderate amount of physical activity can lower their chances of suffering a hip fracture, according to the findings of a study published in *JAMA Network Open* (October 2019). The study included over 77,000 women ages 50 to 79 when the study began in the 1990s. The women reported the amount of time they spent being physically active and the amount of time being sedentary. Over a period of about 14 years, 25,516 of the women suffered a bone fracture. Women who exercised at any intensity, which included walking, mild physical activity, moderate-to-vigorous exercise and yard work, lowered their risk for a hip fracture. Those who exercised at moderate to vigorous intensity had a 12% lower risk of hip fracture than less active women. On the downside, more vigorous activity raised the chances for a wrist or forearm fracture.



Osteoarthritis May Raise Risk for Social Isolation

Being socially isolated can have damaging consequences for older adults. It can lead to poor physical and mental health, and some studies suggest a link between isolation and more severe musculoskeletal pain. A study published in the *Journal of the American Geriatrics Society* (September 2019) examined whether there is a connection between osteoarthritis and social isolation. The study included 1,967 adults between the ages of 65 and 85. The researchers assessed the number and frequency of social contacts and measured social engagement. They also looked for the presence of osteoarthritis in the hip, knee and hand. Four factors were found to be associated with social isolation. These were osteoarthritis, impaired cognitive function, depression and slower walking times. Compared to people without osteoarthritis, those with arthritis in the hip or knee had close to one and a half times the risk for social isolation.




Uncontrolled Gout May Increase Mortality Risk

Gout, a common type of arthritis that causes intermittent pain and swelling in joints, is caused by excess uric acid in the bloodstream. Urate-lowering drugs, such as allopurinol (Zyloprim®), can lower uric acid levels. The goal is to stay consistently below 6 milligrams (mg)/deciliter (dL) to prevent flare-ups. A study published in the journal *RMD Open: Rheumatic & Musculoskeletal Diseases* (October 2019) found that this may also improve survival. The study included 1,193 people with gout. The average age was 60. Close to 90% of participants took urate-lowering drugs, but they did not all achieve the target level. After four years, the researchers found that those who had uric acid levels of 6 mg/dL or higher had twice the risk of dying from heart disease and slightly more than twice the risk of dying from any cause.



Physical Activity Protects Cognitive Function in Rheumatoid Arthritis

Several studies have found that adults with rheumatoid arthritis have an increased risk for poor memory and impairments in other cognitive functions. A study published in *ACR Open Rheumatology* (October 2019) found that exercise may protect against this. The researchers collected data on 1,219 adults with rheumatoid arthritis. Participants answered questions about their health, physical activity level and cognitive function every year for 10 years. Specifically, they were asked whether they had poor memory, difficulty concentrating or word-finding problems. Close to 13% of participants met the physical activity guidelines of 75 minutes of vigorous activity or 150 minutes of moderate-intensity activity a week. After 10 years, about 11% of participants reported they experienced at least one of the cognitive difficulties often. Those who met the physical activity guidelines were least likely to report such difficulties. 

Curcumin for Arthritis Pain

Research shows that curcumin may help ease the pain of arthritis.

If you have osteoarthritis and you are looking for an alternative to nonsteroidal anti-inflammatory drugs (NSAIDs) for pain relief, consider curcumin.

Curcumin, which is the active component of the spice turmeric, gives food a distinctive color and flavor. It also has anti-inflammatory properties. The exact mechanism for this is not entirely known. However, studies indicate that curcumin may block an enzyme called cyclooxygenase-2 (COX-2).

Anti-Inflammatory Effect

COX-2 is part of a cascade of compounds called prostaglandins, which contribute to inflammation in the body. Inflammation is a factor in the pain of osteoarthritis and many other diseases. Inhibition of COX-2 is also the mechanism of action for some NSAIDs, most of which also block COX-1. COX-1 is responsible for some of the potential side effects, such as stomach problems, that can occur with NSAIDs.

The NSAID celecoxib (Celebrex®) blocks only COX-2, but it still can have side effects to the stomach, heart and kidneys. With all of the NSAIDs, there is a slightly increased risk of heart attack and stroke.

“Curcumin is a way to get COX-2 inhibition without having to worry about any of that,” says Roxanne B. Sukol, MD, MS, from the Department of Executive Health in Cleveland Clinic Community Care. Curcumin may inhibit other inflammatory chemicals as well.

Evidence

Curcumin has been used for thousands of years for medicinal

purposes. In more recent years, it has been subjected to scientific studies. A study published in the journal *Nutrients* (May 2019) reviewed the evidence about the effect of curcumin supplements on various diseases, including osteoarthritis.

Out of 16 studies in osteoarthritis, 14 of them found that taking curcumin resulted in significant improvements in pain relief and measures of physical function, such as the distance a person can walk. The researchers concluded that curcumin supplementation is an effective therapy with minimal side effects.

Some studies have compared curcumin supplements to NSAIDs. A study published in the journal *Trials* (April 2019) compared curcumin at a dose of 500 mg three times a day with the NSAID diclofenac for people with knee osteoarthritis. Both groups had similar improvements in pain and function, and there were far fewer adverse effects in the curcumin group. “This is a compelling observation,” says Dr. Sukol, who notes that more research is needed.

How to Take It

You can get curcumin in your diet by spicing your food with turmeric. But you may not want to eat curry or mustard every day. Dr. Sukol recommends taking pharmaceutical-grade curcumin supplements.

One drawback of curcumin is that it is not well absorbed by the body. “Two things will enhance the absorption,” says Dr. Sukol. “One is black pepper and the other is olive oil.” The major component of black pepper is a compound called piperine, which increases the ability of the body to use curcumin.



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What You Need to Know

- Curcumin is the main ingredient in the spice turmeric, which belongs to the ginger family.
- Curcumin has been shown to have anti-inflammatory properties.
- Studies of curcumin supplements for people with osteoarthritis have shown pain-relieving benefits with few side effects.
- Because curcumin is not easily absorbed by the body, it should be taken with piperine (black pepper) and olive oil to increase bioavailability.

Dr. Sukol recommends taking two curcumin capsules at lunch with a salad that has olive oil and black pepper, or with a small cup of tomato juice with some olive oil and black pepper. You can also get curcumin supplements that contain piperine, and then you don't need to add the black pepper.

Safe Alternative

“Most of my patients notice a difference within a few days to a week of taking curcumin supplements,” says Dr. Sukol. It may not work for everyone. But even if it doesn't help, it's worth trying. “It's a powerful anti-inflammatory, it's widely available, and it's quite safe,” she says.

Like with pain-relieving medications, curcumin should be an addition to a comprehensive treatment program that includes exercise, physical therapy, weight management and other measures. [Ar](#)

You Can Keep Skiing

Ski safely at any age—even with arthritis—with a few precautions.

Skiing may be largely a younger person's sport, but up to 18% of skiers are over age 55. And the number of older skiers is growing. If you are a mature skier, but aches and pains of arthritis are getting in the way, you don't have to abandon the slopes. And if you have had hip or knee replacement surgery, you should be able to return to skiing, but with some cautions.

A concern for anyone who skis, and especially those with any kind of functional limitation, is how to minimize injuries. The most common injuries with traditional skis (not snowboards) are in the knee, followed by the shoulder and then the thumb.

Cleveland Clinic rheumatologist Scott Burg, DO, has some advice on how to ski safely. A longtime skier himself, Dr. Burg speaks from experience. "I've had knee, shoulder and thumb injuries," he says.

Be Prepared

Dr. Burg emphasizes the importance of starting an exercise and balance program a few months before ski season. He recommends working with a physical therapist or trainer. Focus on strengthening the quadriceps muscles in your thighs to help prevent knee injuries.

Being able to maintain balance is important for anyone, but it is especially critical for people with arthritis. Therefore, you also need to do balance exercises as often as possible.

"The most important thing that people with arthritis need to know is how to fall," says Dr. Burg. You probably learned this when you first took skiing lessons, but it may be time for a refresher. (See the box.)



Ski on groomed intermediate trails.

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Equip Yourself

Newer skis are shorter and wider than in the past, which is an advantage for people with arthritis or any other musculoskeletal conditions. Dr. Burg recommends buying your own boots to get the best fit, but then renting the other equipment, which often is virtually new every year. Everyone should always wear a helmet when skiing.

Knee braces can be beneficial for people with knee osteoarthritis or other knee problems. There are several types of braces, and Dr. Burg recommends getting fitted by a physical therapist to get the right one for you.

What you wear also matters. "More people get injured when they are cold," says Dr. Burg. Therefore, dress warmly in layers that don't restrict your movements.

Choose the Right Run

Once people feel comfortable on skis and are at a more advanced level, they often want to do more challenging runs, including bumps. Injuries to the knee and low back

How to Fall While Skiing

- If you sense you are about to fall, stay calm. Tense muscles, ligaments and tendons injure more easily.
- Try to aim your feet down the slope.
- Don't stretch your arms out to break the fall. This may result in a shoulder injury.
- Try to roll into the fall to disperse the impact.
- Let go of your poles to avoid a thumb injury.
- Ask your doctor or physical therapist about any modifications.


are more common from skiing over bumps.

"It's not a good idea to ski over bumps if you have arthritis," says Dr. Burg. People who have had hip or knee replacement should also avoid the bumps. Some people are attracted to the thrill of skiing on powder snow. "If you have arthritis, it's best to stay away from powder and the back country," says Dr. Burg. He advises staying on groomed blue trails, which can be great runs.

After recovering from joint replacement surgery, start out by skiing with an instructor, who will make sure you ski safely, Dr. Burg suggests.

Day of Rest

"When you are at high altitude, you don't appreciate how fatigued and dehydrated you can become," says Dr. Burg. Both can make you more prone to injuries. Therefore, he suggests a day of rest after a day of skiing.

If you want to do something more active, try snowshoeing. "It's a fantastic workout, and it minimizes your risk of injuries," says Dr. Burg. 

Sign of Heart Failure May Be in Your Wrist

Carpal tunnel syndrome may be an early warning sign of a condition that leads to heart failure.

Can pain and numbness in your wrist and hand from carpal tunnel syndrome (CTS) be a sign that you could develop heart failure? Research suggests that it may. This is because in some cases, CTS and heart failure share an underlying cause, and it tends to show up earlier in the wrist than in the heart.

The underlying cause is called amyloidosis. This is a condition in which proteins abnormally misfold and form clumps called amyloid that deposit into organs, causing dysfunction.

“There are over 30 proteins that can cause various amyloid diseases, and two of the main ones affect the heart, leading to heart failure,” says Cleveland Clinic cardiologist Mazen Hanna, MD. These same types of amyloid can also show up in the carpal tunnel, and they can cause CTS.

CTS and Heart Failure

The carpal tunnel is a passageway in the wrist containing tendons and a main nerve that extends to the hand. CTS occurs when inflammation compresses the nerve, causing tingling and numbness in the wrist and hand. The cause often is not known, but amyloidosis is one possibility.

“In these cases, CTS tends to occur five to 10 years before enough amyloid has accumulated in the heart to cause heart failure,” says Dr. Hanna.

Heart failure does not mean that the heart stops working altogether. But it does become impaired. The



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A protein abnormality that causes heart failure can show up in the carpal tunnel of the wrist years earlier.

heart failure that is caused by amyloidosis occurs because the amyloid stiffens the heart tissue, making it harder to fill. Electrical signals that move through the heart may be affected, causing abnormal heartbeats (arrhythmias).

Warning Sign

Given the connection between CTS and heart failure, Dr. Hanna and his colleagues set out to test whether they could identify an early warning sign of heart failure in people with CTS.

They conducted a study of men over age 50 and women over age 60 undergoing routine carpal tunnel surgery. For the study, which was published in the *Journal of the American College of Cardiology* (October 2018), a small amount of tissue in the carpal tunnel was removed during surgery and analyzed.

The tissue of about 10% of the 98 participants tested positive for the type of amyloid that causes heart failure. “We diagnosed this in these people, and they had no idea

What You Need to Know

- Carpal tunnel syndrome (CTS) and heart failure can share a common cause, a condition called amyloidosis.
- Amyloidosis appears in the wrist of people with CTS before it shows up in the heart.
- A recent study found that 10% of people undergoing surgery for CTS had amyloidosis in the carpal tunnel tissue that could eventually affect the heart.
- This is important because amyloid in the heart that causes heart failure is more effectively treated when caught early.

they had it,” says Dr. Hanna. Two of them also had amyloid in their heart, which showed that they were already being affected at an earlier stage, and they did not know it. These people were started on medications to treat the amyloidosis.

Importance

The findings of this study are important because amyloid in the heart is more effectively treated when it is caught early. It can't be cured, but medications can stabilize the condition if they are started early on.

“By doing a simple, inexpensive screening test at the time of carpal tunnel surgery, you may be able to identify people at an early stage of heart disease before the heart is too severely damaged,” says Dr. Hanna. “Then you can intervene earlier.”

Testing people undergoing surgery for CTS for signs they may be on the way to developing heart failure is not yet routine practice. But it appears that CTS in older adults may be a red flag warning that doctors should follow these people closely for signs of heart failure in the future. [Aa](#)

Advances in Hip Implants

Newer materials for the bearing surfaces of hip implants have made them more durable.

When pain from severe hip osteoarthritis can no longer be adequately controlled and you aren't able to function normally, it may make sense to opt for hip replacement surgery. When this time comes, you will probably have many questions. For example, what exactly will the new hip be made of, and how long will it last?

Modern hip replacement surgery has evolved dramatically since it was first performed over 50 years ago. Major advancements in surgical technique, anesthesia and the design of the implants have made the surgery even safer and longer lasting.

"The materials used for the components of the implants have changed over time as we've seen benefits and drawbacks," says Cleveland Clinic orthopaedic surgeon John McLaughlin, DO. Today, most hip replacement implants are made

of titanium that is pressed tightly into bone. The bearing surfaces (the pieces that touch) are a ceramic ball and a liner made of a type of plastic called highly cross-linked polyethylene (HXLPE).

The Hip Joint

A hip implant mimics the anatomy of the natural hip, which is a ball and socket joint. A bony ball on the top of the thigh bone fits into a cup-shaped socket in the pelvis. The surfaces of the bones where they meet are covered in cartilage, which provides a smooth gliding surface.

With osteoarthritis, the cartilage wears down, causing pain, swelling and stiffness. The purpose of hip replacement is to remove the damaged parts and replace them with an artificial implant that restores smooth, pain-free movement.

The implant has two parts. A ball on a stem is inserted into the thigh bone to replace the natural ball, and the socket in the pelvis is replaced with an artificial one. The first modern hip implants consisted of a metal ball and a socket made of polyethylene plastic. This worked well. However, over time problems could develop that shortened the life of the implant.

The Socket Surface

"The older polyethylene used in these implants could wear too quickly and shed particles, which

What You Need to Know

- A majority of today's implants for total hip replacement consist of a ceramic ball and a socket liner made of highly cross-linked polyethylene.
- This combination prolongs the life of the implant and reduces complications.
- Implants made of other materials may be appropriate depending on a person's age, anatomy and lifestyle.
- Any implant can wear out or break, but the rate of failure is low.

the body's immune system interpreted as a foreign substance and would attempt to remove," says Dr. McLaughlin. This could cause damage to surrounding tissues and bone.

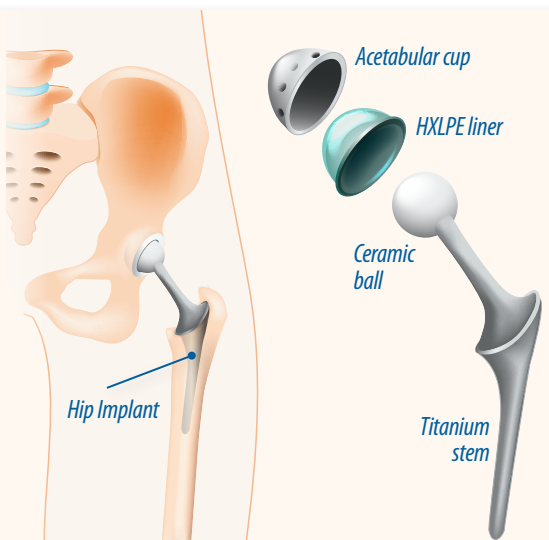
About 10 years ago, the lining of the socket part of the implant was changed to the newer HXLPE. "With this material we have better wear characteristics, longer duration of the implant and less adverse reaction to the surrounding bone and tissue," says Dr. McLaughlin.

The Ball Surface

Use of metal for the bearing surface of the ball part of the implant is used less often now due to potential problems. For example, as the metal (which is commonly cobalt chromium) moves against the plastic lining of the socket, it can create metal debris from the stem. "This is a different type of problem than people may have heard about with metal-on-metal implants," says Dr. McLaughlin. But it is still a concern.

To reduce friction and avoid metal debris, the ball part of the implant is now usually made of ceramic. Use of ceramic is not entirely new.

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With most modern hip implants, the bearing surfaces (the ones that touch) are a ball made of ceramic and a socket liner made of highly cross-linked polyethylene.

Shoulder dislocation ... from page 1

says Dr. Ho. “These we treat more aggressively.”

Seek Help

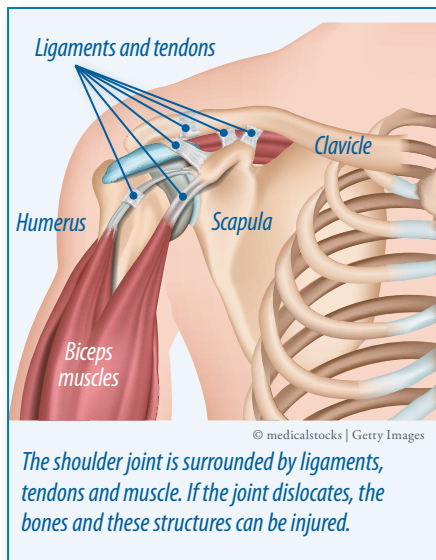
How quickly you need to be seen for a shoulder dislocation depends on whether the ball came out and then popped back into place or it came out and stayed out. If you feel like the ball is out of place, and you have a hard time lifting your arm or moving it, go to an emergency department right away.

If the ball went back in, and you can move your shoulder, even if it’s painful, you can usually

wait a few days to see a doctor to be evaluated. Dr. Ho advises not waiting more than a week.

The initial evaluation will include an X-ray, which will show whether there are any bone fractures. If the doctor suspects there may be damage to the soft tissues, meaning the rotator cuff, tendons, ligaments or the labrum, you may be sent to a specialist for further evaluation. Magnetic resonance imaging (MRI) will show rotator cuff tears or other soft tissue damage.

“I routinely see men and women in their 50s and 60s who have fallen and the X-rays look okay, but they are noticeably weaker with certain maneuvers,” says Dr. Ho. “That’s when my suspicion is high for a possible rotator cuff tear.”



Treatment

If there’s no tear, surgery is often not needed for a dislocated shoulder. You may need to wear a splint or sling for a week or so to promote healing and minimize pain. Once the shoulder has begun to heal, physical therapy will help to restore range of motion and strength.

Once a shoulder has dislocated, it is more likely to dislocate again in the future. Therefore, treatment is also aimed at prevention.

What You Can Do

If you think you have dislocated your shoulder:

- If the joint is visibly out of place and you can’t move your arm, go immediately to an emergency room.
- If the ball seems to have popped back into place and you can move your arm, see a doctor within a few days.
- Until you see a doctor, don’t move the arm, and keep it close to your body.
- Don’t try to force it back into place.
- Apply ice to ease swelling and reduce pain.

A torn rotator cuff that is not repaired could make a repeat dislocation more likely and also lead to long-term dysfunction. If there is a tear, surgery is often performed. “Doing this will restore anatomy and function and reduce the risk for future dislocations,” says Dr. Ho.

Just having a shoulder injury, such as a dislocation, can increase the risk for developing osteoarthritis. “We don’t yet know whether fixing it surgically will lower the risk for arthritis,” says Dr. Ho.

Hip implants ... from page 6

Ceramic-on-plastic and ceramic-on-ceramic implants have been used for many years.

A downside of the older ceramic was the possibility for chipping or cracking, which could cause the implant to break suddenly. “The quality of ceramics has improved to the point where we don’t see much breaking of the implant anymore,” says Dr. McLaughlin.

“These advancements in the bearing surfaces of implants can prolong the life of the implant, and reduce the chances for complications,” he says. “In the past, we thought a hip replacement without complications would last 20 to 25 years, and now they may last 25 years or more.”

Other Types of Implants

While ceramic-on-HXLPE implants have become more of the standard, there are situations where

other types of implants, such as metal-on-HXLPE or ceramic-on-ceramic may be used. “A patient’s anatomy, lifestyle and age can dictate implants made of different materials,” says Dr. McLaughlin.

Metal-on-metal implants, which had higher failure rates and possible health problems, are no longer used for total hip replacement. However, they are used for hip resurfacing, which is a different procedure.



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ASK THE DOCTORS

Drug holidays.....Topical capsaicin.....Spondylolisthesis

Q I've been taking alendronate (Fosamax®) for osteoporosis for four years. Do I need to stop? If so, for how long?

A The drug you are taking is a type of drug called a bisphosphonate. There are three other drugs in this class, which are all used for the bone-thinning disease osteoporosis. They are risedronate (Actonel®), ibandronate (Boniva®) and zoledronic acid (Reclast®). Bone undergoes a constant cycle of being broken down and building back up. As we age, more bone is lost than is formed. If the body loses too much bone, it can become weak and prone to fracture. The bisphosphonate drugs work by preventing bone from breaking down. Another drug, denosumab (Prolia®), also prevents bone from breaking down, but it works differently.

These drugs have been shown to lower risk for spine fractures by about 50% and hip fractures by about 40%. Because of the possibility for rare side effects with long-term use, a drug holiday may be appropriate. The concerns are for a sudden thigh bone fracture and even less common jawbone problems (osteonecrosis).

A drug holiday simply means stopping the drug for a period of time and then restarting it. Whether you should take a drug holiday, and for how long, depends on several factors, including your risk for future fractures. Drug holidays are considered only with bisphosphonates, which continue to work in the body for a time after you stop taking them. A drug holiday is not recommended for people taking Prolia because bone loss increases once it is stopped.

People with mild to moderate osteoporosis should be assessed for a possible drug holiday after three to five years of bisphosphonate use. People with severe osteoporosis should be assessed after five to 10 years.

Q I've heard about using capsaicin cream for arthritis. Should I try it?

A Capsaicin is the substance that makes chili peppers hot. It also appears to have pain-relieving qualities. When rubbed on the skin, capsaicin causes a brief burning sensation followed by a longer-lasting desensitization of nerves that transmit pain messages to the brain. The effect is temporary, so you have to apply it three to four times a day to maintain the effect of blocking pain signals. The burning should be mild. If it is painful, wash the skin and stop using capsaicin. It can take several days and up to two weeks of regular use to really feel the pain-relieving effects.

You can get capsaicin in a cream, gel or patch (Capsin®, Capzasin®, Zostrix®, and others), which are all available without a prescription. It comes in various strengths. Because of the burning sensation, don't use it near your eyes or nose or on sensitive skin. The American College of Rheumatology recommends topical capsaicin for hand and knee osteoarthritis.

Q My doctor says I have spondylolisthesis. What is this?

A The small bones (vertebrae) of the spine are aligned on top of one another. When a vertebra moves forward out of its proper position, this is called spondylolisthesis. With age, normal wear and tear on the bones and cartilage in the spine can cause this to happen.

The degree of slippage can vary, and it may or may not cause pain. If it does cause symptoms, it usually can be treated with nonsurgical measures, such as physical therapy and pain medications. A severe slippage that causes pain can be treated with surgery. ^{AA}

IN COMING ISSUES

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