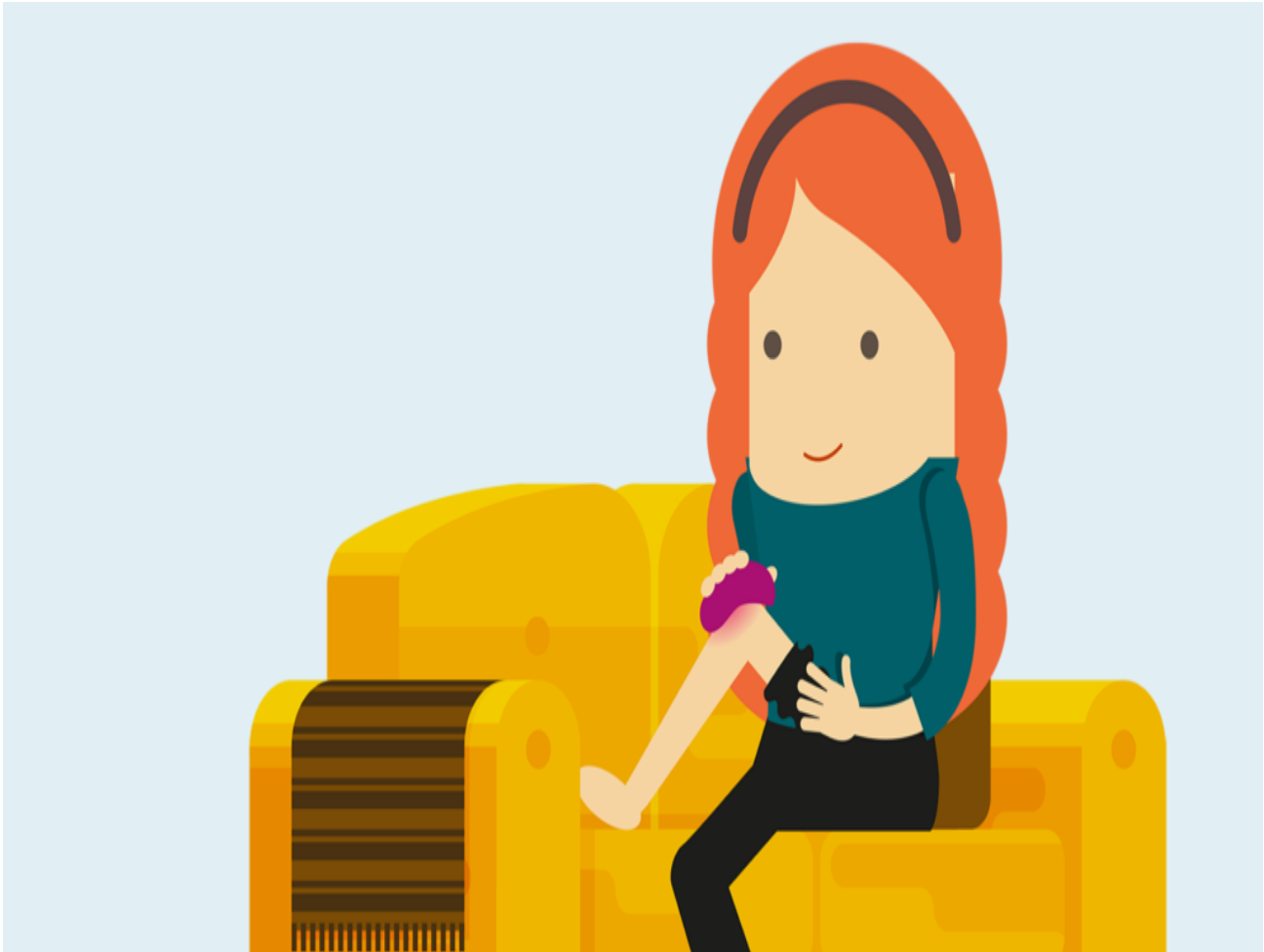


Resource

Managing flares

Whether it's short-lived or so severe you can hardly get out of bed, a flare can be frustrating, bewildering and painful and it is important to find strategies to help make each flare as manageable as possible.

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Flares

Whether it's relatively short-lived or so severe you can hardly get out of bed, a flare can be frustrating, bewildering and painful. Along with an increase in joint pain, swelling, fatigue and stiffness, you may

feel increasingly low in mood.

A flare can happen at any time, especially after an infection or a period of stress. You may get better at identifying early signs of a flare, and sometimes you can tell you're going to have one as symptoms worsen over a few days. Fatigue can also be a warning sign – hitting a 'dead stop' may mean your disease is becoming more active, and you need to respond to that. But you may get no early signs at all.

Sometimes, simple self-management techniques and a few days rest are enough, and you don't need additional treatment. But if your symptoms are gradually getting worse, you may need to see one of your healthcare team to discuss treatment options.

If you are having regular flares, it may be time to review your DMARDs. Your symptoms and blood tests will help the team to assess whether your disease is becoming less controlled or whether you're experiencing more pain for other reasons.

Some general strategies for coping with a flare include:

- Get rest and relaxation early on.
- Take your pain medication regularly and at the right dose.
- Use hot baths or showers to relieve early morning stiffness and pain.
- Use cool packs.
- Use aids, for example, a stick if your knee is a problem.
- Do gentle exercises, to help relieve the stiffness that makes the pain worse.
- Let people around you know, so they can understand why you're not coping as you usually do.
- Wear the right shoes.

The section below on pain management techniques gives more details on ways to reduce pain when experiencing a flare. Some flares may require help from your team, and it is possible to ask about getting a steroid injection, often referred to as a 'depo' (short for depomedrone) if the pain levels are not responding to increased pain medication that you are taking or other strategies listed above and below. Steroid injections given intramuscularly can help to reduce inflammation and pain, and the beneficial effects can last several weeks.

Pain-management techniques

Heat therapy

Either dry or moist heat can help if a muscle is painful or a joint is sore. Protect your skin from direct dry heat with a towel – you can use: a hot water bottle, electric heat pad or jelly pad. Moist heat can be a hot shower or bath, a basin or bowl of hot water, or a damp towel heated in a microwave.

Cold therapy

You can get relief from cooling an inflamed (red, hot, swollen) joint, using almost any clean, cold item. Try a bowl of cold water with ice cubes added for hands or feet; a bag of frozen broad beans as a mouldable ice pack (wrap it in a towel); a jelly pack; or a damp towel, kept in the fridge.

“I’ve found that different things help: those heat pads you put in the microwave, meditation, Tubigrip on the wrists...”

TENS

Some people find that a TENS machine (Transcutaneous Electrical Nerve Stimulators) is effective for pain relief. The NICE Guidelines on RA suggest that you ask your physiotherapist about TENS.

Relaxation

Relaxation is not just ‘taking it easy’. It means learning how to let go of physical muscle tension and emotional stress, relaxing both your body and mind. When you’re in pain over a long time, you can become tense without realising it. You can become mentally and emotionally tense, and it’s easy to be trapped in a ‘cycle of pain’. Relaxation can break this cycle and help to reduce pain. It takes practice, but once you’ve learned the technique, you can use it anywhere.

Different types of relaxation include deep breathing and guided imagery relaxation. No method has been shown to be more helpful than another, so find the one that feels comfortable for you that you can incorporate into your daily routine. You could start by borrowing a relaxation tape from your local library.

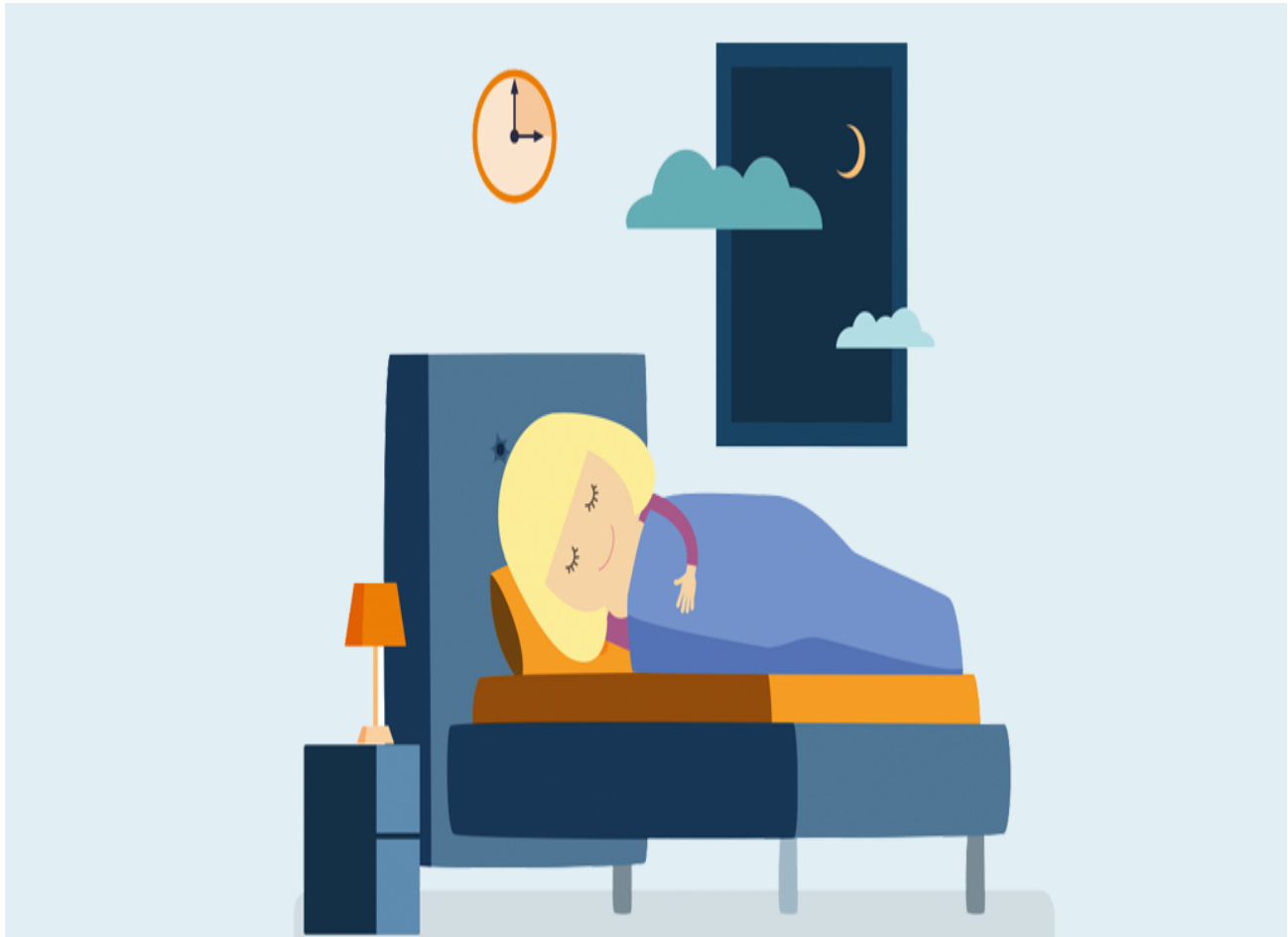
A good night’s sleep

If your sleep pattern is disturbed, this is likely to increase your pain, and leave you tired and lacking in motivation. Establishing good sleeping habits (sometimes called ‘sleep hygiene’) can help and includes:

- establishing fixed times for going to bed and waking up;
- creating a relaxing bedtime routine;
- only going to bed when you feel tired;

- maintaining a comfortable sleeping environment that’s not too hot, cold, noisy or bright;
- not napping during the day;
- avoiding caffeine, nicotine and alcohol late at night;
- avoiding eating a heavy meal late at night.

Talk to your GP or specialist nurse if you continue to have poor sleep as they will be able to help. See also the NRAS leaflet on? [Sleep Hygiene](#).



Think can, not can't

Some people find 'positive thinking' helps them to cope better. But it's an individual thing and may not suit everyone.

If you want to give it a go, try focusing on the things you can do, rather than those you can't. Try not to avoid doing things because of your pain so that it doesn't dominate your life.

Sometimes small changes to your way of thinking can help. For example, instead of lying awake in bed thinking, 'I'll never get to sleep', you could try telling yourself: 'At least I'm resting my body'.

Diversion and distraction

Divert yourself from your pain with an activity that interests you. Use distraction to get through tasks. It can reduce the pain you feel. For example, if going upstairs causes you difficulty, try naming a different country with each step.

Complementary therapies

There is no evidence that alternative or complementary therapies have any effect on the disease process in RA, but some people find them helpful. However, remember that 'natural' doesn't necessarily mean 'harmless': some alternative remedies have side effects and can interact in harmful

ways with medication.

It is not advisable to take complementary therapies instead of the treatments prescribed to you by your healthcare team.

If you are considering any complementary or alternative therapy, discuss it with your rheumatology team first to make sure that it can be taken alongside your normal medication.

“Take up something new – like Pilates or yoga.”

Living better with RA

This booklet will give you information relevant to someone with established disease, giving you the information you need to be able to best manage your condition.



Read more

[RA medication](#)

RA is a very variable condition so, doctors do not start all patients in exactly the same way on the same drug regimen.

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