

Part Two: Managing and Treating Inflammation

Shelley Fritz 00:02

Welcome to the second part of our patient audio guide, "Fight Back Against Inflammation" produced by the nonprofit CreakyJoints and the Global Healthy Living Foundation and made possible with support from UCB. We are joined by Dr. Jeff Stark, rheumatologist and head of immunology medical at UCB. Dr. Stark will shed light on the pivotal role of inflammation in conditions like psoriatic arthritis and axial spondyloarthritis and why it's important to collaborate with your health care provider to identify and manage it for the sake of your overall well-being. Together, let's face inflammation head-on. In part two of this patient audio guide, we will focus on managing and treating inflammation. Dr. Jeff Stark will provide insights into available therapeutic options, the role of lifestyle changes, and proactive steps for working with your providers to improve your overall well-being. And that leads me to my first question. Why and how can individuals effectively initiate conversations about inflammation with their health care providers?

Dr. Jeff Stark 01:08

So Shelley, I'm so glad you asked this question, because I think that the relationship between the patient and the healthcare provider who is participating in their care is really important. And I think that the best outcomes always occur when there are good, frequent, effective conversations about the status of that person's disease, and the choices in care that are being made and what's informing those choices in care. And certainly, when it comes to diseases like psoriatic arthritis and axial spondyloarthritis, control of inflammation needs to be a frequent topic of conversation. When we think about what we're striving for by controlling inflammation, it's ultimately what reduces symptoms and prevents that underlying inflammatory disease from causing irreversible damage to the body. That's a pretty important topic. If you want to think of an analogy, probably some of your listeners have diabetes, a condition that's caused by abnormally elevated blood sugars. And there's a test called hemoglobin A1C, that tells a patient where their blood sugar is tracking on average, over the previous few months. Many diabetes patients know what their A1C is, they know what their A1C goal is, and they have this ability by knowing those things of how they are tracking relative to that goal, and whether they need to continue to make changes in order to achieve that goal. I think that for patients with inflammatory diseases, knowing the status of their inflammation is very similar. And so how can a patient do that? I think first and foremost, it's really important to monitor your symptoms, to note how they're changing how they may vary from day to day. Remember that your rheumatologist only sees you perhaps once every few months, or once every several months, and so a lot can happen, a lot can vary in between those appointments. And so knowing how things are changing in between can be really helpful so that your healthcare provider can take that into account in decision-making. Knowing those numbers, and again, we've talked you know about how they are imperfect, but certainly somebody who has a normal sedimentation rate, you know, over a few years and all of a sudden comes in with an abnormal one, that's something we pay attention to. So I think it's good for patients to know where their values are, to know what normal values are for things like sedimentation rate, and CRP, so that you can have those really

informed conversations with your health care provider on how you're making progress or perhaps whether changes to your treatment might be necessary.

Shelley Fritz 03:32

Absolutely. That just reinforces the whole point of tracking, listening to your body and paying attention to the changes that are happening in your body. Because I know, I've talked with other patients who, like me will forget, you know, those specific times when they felt so bad over the last couple of months. And then it's almost like I get this adrenaline rush when I go to the doctor, and I kind of forget, you know, about everything that's been happening. So that's why it's so important to track what's going on with your body.

Dr. Jeff Stark 03:59

Absolutely. And keeping a record can really help so that you can remember those things that may have happened several months ago, and still make them a topic of conversation when you're next in for a medical visit.

Shelley Fritz 04:09

Yes. So, let's talk about some therapeutic options. What are some available therapeutic options that we could use to manage inflammation and how do they work?

Dr. Jeff Stark 04:18

Yeah, that's a great question. I have to say, as someone who provides care to patients living with inflammatory diseases, I'm so thankful for the tools that we have, we've come a long way over the last, say fifty years. It's dramatically changed in terms of what we're able to do to control inflammation. And those have made a big difference for people not only in terms of controlling their symptoms, but also in terms of preventing that potential damage that we talked about that can happen from chronic untreated inflammation. So you know, probably many of your listeners will be familiar with some of the treatment options that are available to control inflammation. Some of those have been with us for a really long time. Some of those are simple medicines like a nonsteroidal anti-inflammatory drugs are what we sometimes call NSAIDs. Some of those are prescription medicines. But some of those are things that people buy and use over the counter like ibuprofen or naproxen, and those can be useful to reduce inflammation and to help control symptoms. We know that medicines that fall in the class of steroids can also be very potent suppressors or controllers of inflammation. Those include medicines like prednisone, for example. We know that those work; they definitely control inflammation, and they can do it very rapidly. But we also know that that's a group of medications that has significant potential side effects if used at too high of doses or for too long of a period of time, and so we tend to use those only temporarily and at the lowest doses possible. We've had other medicines that have been with us for a long time, that continue to be very important parts of inflammation-controlling regimens, things like methotrexate and sulfasalazine. For example, these are oral medicines that helped to reduce the abnormal elevation of the immune system and inflammatory diseases, and that have the ability also to prevent joint damage. And so those continue to be important parts of many people's treatment regimens. And then we get into newer therapies. And sometimes we call these targeted disease modifying agents. And they're targeted in the sense that they are designed based on very specific science that shows particular parts of the immune system that need to be targeted. And so these may

be medicines, for example, that target inflammatory molecules like tumor necrosis factor alpha, TNF alpha, there are other medications that target another inflammatory mediator called interleukin 17. These are all I think, the product of modern science that has really helped us to understand in a very specific way, what parts of the immune system are overly active in the setting of chronic inflammation, and target those very specifically. So there's not a one-size-fits-all, what works for one patient with one condition may not work for another. And so finding that exact right regimen that controls the inflammation in a way that is tolerable and acceptable to the patient is really I think, our goal as rheumatologists and what we seek to provide for all patients really living with inflammatory diseases.

Shelley Fritz 07:19

Are there any particular types of therapies outside of medications that you recommend for patients to help with inflammation?

Dr. Jeff Stark 07:26

Yeah, so Shelley, I'm glad you mentioned this to it, nothing leads to better outcomes than a patient that is really engaged in their own treatment plan, and is also taking action on their side in addition to you know, taking the treatment prescribed by their rheumatologist to control their condition. And so, there absolutely are things that people can do on their own to help in that process. I will say a couple things about these. These include things like diet and exercise, things like focusing on quality sleep and stress management. All of these are really important. They can't at this point in time take the place of medication to control inflammation, they are absolutely helpful. They're important parts of a treatment regimen, but we don't think that they suppress inflammation enough to prevent damage to things like the joints. So we think about these as really helpful measures that people can take alongside and in addition to the treatment prescribed by their rheumatologist. From a diet standpoint, I will say it's an area where we need so much more research, but there are some things that we know. We know that diets rich in antioxidants and omega three fatty acids can help to reduce inflammation. If you want to think about a label, the Mediterranean diet is a diet that's particularly rich in those kinds of foods, and so can be helpful for patients living with inflammatory disease. We know that eliminating things from the diet like simple carbohydrates, so thinking about sugars and white flour-based products can be helpful for patients as well. There are certainly some patients who find that they benefit from an elimination diet where they discover that a particular dietary trigger makes their symptoms worse. Some patients, for example, have found that eliminating gluten from their diet is helpful in controlling their disease. And so these are all great conversations to have with your rheumatologist as you think about making these changes that can be beneficial. Sleep super, super, super important, right? So I can't emphasize that enough. There are so many measures that people can take to improve their sleep quality, and we sometimes group those together under an umbrella label called sleep hygiene. But things like having the same time that you go to bed each night, getting up the same time each morning, avoiding digital devices late in the evening that stimulate the brain and may interfere with your sleep wake cycle---all of these are really helpful. We know that when people get appropriate sleep, and the quality of their sleep is good, that it reduces the levels of hormones like cortisol that can have effects on the immune system. And so there's a close relationship here, certainly something worth paying close attention to. And then I'll finally say a word about exercise. You know, this is another important area. We know that strong muscles give greater support to the joints, we know that exercise can help to reduce symptoms like stiffness, and that it can be really helpful in preserving the range of motion in your joints. In general, you

want to think about lower impact kinds of activity. So walking may be better than running, for example. Cycling, which involves a smooth motion, can be a good option for people. Aquatic exercise, getting in the water and doing your exercise there can be really, really helpful in that regard, as well, as with all of these measures that patients may be taking. We encourage folks talk to your rheumatologist, let them help you in choosing the right kind of exercise, the right dietary plan, et cetera. But I think that I love it when patients give attention to these things, because I know it can make a big difference in how they do with their disease.

Shelley Fritz 11:01

That is so helpful. And you're right about sleep, it is so important. And I know this information will be so helpful for patients and just thinking about their lifestyle changes when they need to make a change or not. Which brings me to a question about how important is it for patients to be honest about their lifestyle changes when they talk with their doctors?

Dr. Jeff Stark 11:21

Very honest. And I think many patients worry about that, right? I mean, as we all do, right? We don't like to confess when we've not been eating very well, or we've been neglecting going to the gym, right? But I think it's important to recognize that the end goal of interacting with your rheumatologist or other health care provider is for you together to work on you having the best possible outcome. And so, if there are things that you haven't been doing, we'll share that, it's okay. Right, no one will judge you. I think, you know, the goal is to help and encourage you as a patient to make those right choices. I think there are other reasons to be completely honest, when it comes to things like diet, we know, for example, that there are supplements that can have interactions, sometimes dangerous interactions with prescription medicines. And so unless your physician really knows about the things that you're doing on your own, he or she can't make the right decisions together with you that mesh with those things that you may be doing at home. And again, make sure that you have the right outcome and not the wrong outcome.

Shelley Fritz 12:24

Oh, yes, thank you so much. It's so important to be honest, so that the right decisions can be made. So in thinking about conversations with your doctor, could you talk a little bit about understanding and communicating your pain thresholds? And I'm saying this because a lot of patients equate inflammation with pain. We actually put a question out to our community, and the response was, I have pain when we asked about inflammation. So why is there such a direct connection there?

Dr. Jeff Stark 12:51

Yes, absolutely. What a great question, Shelley. I think that people are right to associate inflammation with pain in general. And if you remember, back to those four cardinal signs of inflammation, pain was one of those, right? So when a part of the body is inflamed, it typically becomes painful. I think, where the challenge ensues is when a patient may have a non-inflammatory reason for pain as well, and I gave an example earlier of osteoarthritis, for example. Another non-inflammatory cause of pain could be something like fibromyalgia, and those are equally valid reasons to be in pain. But treating those non-inflammatory conditions with medications targeted towards inflammation is not going to help them. So you know, I think this is where that conversation with the treating physician becomes really

important, using all of the tools available to us to measure and assess inflammation becomes important. And then choosing the right approach that targets both the inflammatory causes of pain and the non-inflammatory causes of pain is what's going to give that patient the best possible outcome in terms of controlling their symptoms.

Shelley Fritz 13:58

Ah, thank you, that is very, very helpful. So, are there any exciting developments or emerging treatments that are on the horizon for inflammation?

Dr. Jeff Stark 14:07

So you know, I mentioned about the progress that's been made in the area of treatment, and it is amazing what has happened and the difference that it has made for patients over the last few decades. I will say there are new treatments being developed all the time, we go to scientific congresses, and hear about the latest and greatest research, and it always gives me the greatest optimism about future tools that will be available for patients to manage and control their inflammation even better than we can today. A lot of that is really rooted, I will say, in research that is helping us to understand more about the immune system and what goes wrong when chronic inflammation occurs. We know so much now about the various parts of the immune system, the cells that make up the immune system, how they communicate with each other, and what those specific messengers are that communicate between inflammatory cells. Being able to know that level of information and to target those messengers very specifically, I think is giving us a lot of hope for the future. And so, new discoveries are being made all the time. If anything, we really want to accelerate that scientific process so that those discoveries, and what we learned about inflammation can translate into targeted treatments even faster than they do today.

Shelley Fritz 15:24

Well, that makes me really grateful for all of the people who participated in those clinical trials, and are part of the research process so that they could figure that out and new treatments can be made.

Dr. Jeff Stark 15:33

Oh, my goodness, yes, Shelley, you know, I think that we are so grateful for patients who make that decision. And it's a very individualized and personal decision about whether someone wants to participate in a clinical trial. But for me, that is an incredible gift that that person gives, that really helps that science to advance that helps the understanding of inflammation and treatments of inflammation to advance and ultimately, you know, stands to benefit so many more patients down the road from what we learned from those clinical trials.

Shelley Fritz 16:04

Absolutely. And quickly, Dr. Stark, let's talk about quality of life for a moment.

Dr. Jeff Stark 16:09

So the question of quality of life is actually a really important one. We think about symptoms and symptoms, such as pain, swelling, stiffness can be important, certainly, and we want to control those, but we want to control them not just for their own sake, but also because of the degree to which they

can impair someone's quality of life. I think there's a really close relationship to quality of life for PSA patients thinking about those different domains of disease, but the degree to which they may impact a patient's quality of life. If we think about, for example, a patient living with axial spondyloarthritis, it may not just be the impact of having the pain, it may be that they can't sit at their desk at work for as long as they need to. It may be that they can't get down on the floor and play with their children or grandchildren, right? These are the very specific ways that symptoms impair quality of life for individuals living with inflammatory disease. All of that, of course is driven by inflammation. Controlling inflammation can improve symptoms and therefore also improve quality of life. I think it's also really important for patients to voice when their quality of life is negatively impacted. I give another example of a patient with psoriatic arthritis who may have inflammation in their joints and inflammation in their skin. That patient may talk to their rheumatologist about both symptoms, their rheumatologist may be most concerned about their joints because that rheumatologist knows that joints can be damaged and that damage is irreversible. Yes, that is important. But for that patient, they may actually be more bothered by their skin disease. Their psoriasis may be in an area that they can't hide, or in a sensitive part of their body. And even though that's not readily apparent to the rheumatologist, that may be the way in which their quality of life is most negatively impacted. So you know, being comfortable to say when you're not okay, or when a part of your disease is really impairing your quality of life more than another, is so essential to that conversation that you have with your treating rheumatologist.

Shelley Fritz 18:11

I do have another follow up question if that's okay.

Dr. Jeff Stark 18:14

Absolutely.

Shelley Fritz 18:15

So I'm thinking of patients who have that chronic inflammation that they're trying to control, but it's affecting their ability to sit at their desk or stand or work for a long time. If they're say in a profession, like teaching or something that requires standing for long periods of time, and that can take a toll physically, but how does it also affect a patient's mental health?

Shelley Fritz 18:34

So it sounds like the key is keep talking with your doctor and be honest about how your disease is impacting all aspects of your life.

Dr. Jeff Stark 18:34

So this is a really important topic, Shelley. We know that patients with chronic inflammation have a higher risk, a higher incidence of depression. The connection between them is something that we are understanding more and more over time. We're beginning to understand that some of those inflammatory messengers that circulate through the bodies of people with inflammatory diseases are not only affecting their joints and their skin and their back, but also circulating through their brain and affecting their brain as well. And so, that may be an important contributor to depression. If you also think about people who are experiencing significant symptoms, and their quality of life is not good, that is also going to have an effect on your mood. When you think about those symptoms and how they may

impair people's ability to get a good night's sleep, that's yet another thing, right, that's going to have an effect on your mood and create a tendency towards depression. And so there's a close relationship, a lot of connectivity between inflammatory diseases and people who experience problems with their mood as well. I would just say this is yet another part of disease that is important to discuss with your rheumatologist. Certainly controlling the inflammation so that that has an improving downstream effect on things like depressed mood is important, but sometimes specific treatment may be needed as well. And so, that's really important to talk about so that folks can get the care that they need, whether that's a treatment of inflammation, or it's a specific treatment for depression that may go along with that inflammatory disease.

Dr. Jeff Stark 20:05

Absolutely. And if you're not sure, just go ahead and say it, right. I think the worst that can happen is that another cause or another, you know, plan needs to be made. But I think that it's always better to err on the side of oversharing than undersharing. I think, you know, my experience is that people can be tough sometimes and be stoic, and they keep things to themselves, and I think voicing them just creates an opportunity to address them in a much more positive and productive way.

Shelley Fritz 20:43

Absolutely. I think it'd be fitting to end with this last question. So how can individuals become more proactive in managing their inflammation and improving their overall well-being?

Dr. Jeff Stark 20:54

Yeah, I feel like this is a great opportunity to, to bring together some of what we've talked about over the course of our conversation today. I think that communication is key. Connecting with your rheumatologist is so important and keeping them aware of what's happening with you day to day. That may mean that you need to reach out in between appointments, if something changes, suddenly, that may mean that you are very disciplined about keeping a diary of your symptoms, so that fluctuations that happen in between visits can be captured and taken into account. But that close communication I think is really important. I would say to patients, don't be afraid to ask questions, right? If you are not feeling well, and you feel like your inflammation is active, and yet, maybe your laboratory studies aren't showing that, ask your rheumatologist about that. You know, I think discussing that disconnect and getting to the bottom of it is really important. And asking questions to help understand that better is another way that patients can really help foster the right kind of communication with their rheumatologist. I think there's so much that patients can be doing on their own to help control their inflammation. We talked about some of those great things like diet and exercise and focusing on sleep and managing stress. All of those are really important, I think very much alongside prescribed treatment, as part of a holistic way to address inflammation, bring it under control and ensure that you are going to have the best possible outcome.

Shelley Fritz 22:23

So it sounds like as a patient, you recommend that I am communicative with my doctor, I keep track of my symptoms, I listen to my body, pay attention to any changes, so that I can bring that in and share that with my doctor because if my lab results come back looking great, but I feel awful, then we need to dig a little bit deeper.

Dr. Jeff Stark 22:44

100% That's a perfect summary, Shelley.

Shelley Fritz 22:46

Thank you Doctor Stark. And thank you for joining us today on part two of "Fight Back Against Inflammation: A Patient's Guide." It's been a journey filled with insights and understanding. Throughout our conversation we've explored inflammation's significance, its impact on daily life and quality of life and the puzzling nature of inflammation, namely, when inflammation markers and symptoms don't quite align. We've shared valuable insights on how to have constructive conversations with your health care provider, as well as a range of therapies, lifestyle changes and exciting new developments that can help you manage inflammation more effectively. As we bring this journey to a close, remember that with knowledge, determination, and the support of your health care team, you have the tools to take charge of your health. Make sure to listen to part two of this audio guide, managing and treating inflammation. We'll discuss strategies for effective communication with your health care providers explore various therapeutic options and uncover the crucial role of lifestyle changes in controlling inflammation. So thank you for being here today. And please know that your well-being matters. Keep moving forward with the confidence that you can indeed fight back against inflammation and embrace a healthier, more vibrant life. This audio guide was made possible with support from UCB.

Narrator 24:06

Be inspired, supported and empowered. This is the global Healthy Living Foundation Podcast Network.