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## Top Non-Pharmacologic Interventions for Rheumatoid Arthritis

Announcer:

You're listening to Conference Coverage on ReachMD, captured on location at the Congress of Clinical Rheumatology's Annual Meeting in Destin, Florida. Your host is Dr. Madelaine Feldman, Clinical Associate Professor of Medicine at Tulane University Medical School and Vice President of the Coalition of State Rheumatology Organizations.

Dr. Feldman:

I'm Dr. Madelaine Feldman, and I'm here at Congress of Clinical Rheumatology , and I'm here with Dr. Theresa Lawrence-Ford.

Let's find out what she's learned at this meeting and what she maybe would like to see in future meetings.

Dr. Lawrence-Ford:

Well, I have just been very impressed with our Congress. The meeting explores so many areas that we deal with every day with our patients. We want to involve ourselves in all of the benchmark and most up-to-date therapeutic intervention so that we can improve our patients' symptoms and maintain their functionality with their day-to-day activities and to limit disability, but I think it's very important to

educate our patients to the point that they know that nonpharmacological intervention first is very, very important. Musculoskeletal health I think is something that we need to put first and foremost. We need to educate our patients not only about their therapeutic interventions pharmacologically, the efficacy and safety, but also the importance of their body and the health and their wellness all together.

Dr. Feldman:

What are some of the nonpharmacologic interventions that you have in your practice?

Dr. Lawrence-Ford:

First of all, we instruct our patients on how important it is to rest their bodies. Often times on evaluation we are told that our patients are very, very sleepy and that they don't get enough rest, that they can't sleep for various reasons, also that they are very, very fatigued, and often times that's because of not sleeping enough hours, or even dehydration, so that they need to schedule their day-to-day activities just as they schedule their medication intake. So they need to go to bed the same time, they need to have a certain number of hours, at least 7 to 8 at night in bed, and upon awakening, they need to have a plan to begin hydrating right away. That's one of the most difficult things that we have to instruct our patients on. They have to take medication. They have to maintain their activity, and dehydration is one of the major reasons for fatigue, and then nutrition.

So often our patients are asking us about particular diets or the latest book that they read, and frequently, I start off with, "You know more about dieting and nutrition than you even realize."

Dr. Feldman:

So, are there things people should leave out, or what kind of diet do you usually recommend?

Dr. Lawrence-Ford:

Well, I recommend a basic, good nutritional profile, like a formula, similar to what we fed our babies. They need to have good protein, good carbohydrates, good fats and fiber, and hydration is very, very important, and to do this in a balance.

Dr. Feldman:

So rheumatologic patients tend to have a lot of aches and pains and often say they can't exercise, so what do you recommend for those patients?

Dr. Lawrence-Ford:

So, frequently, if a patient tells me they can't exercise, I ask them what mode of transportation they took to get into my office, and if they say they walked up from the parking lot, I say, "Voila, so you've done some exercises." But really, frequently, when we ask patients if they exercise, they say, "Yes, I walk." And that's one form of exercise, but in order to balance that, what we're looking at is aerobic or

cardiovascular exercise. As we age we need to maintain muscle because we're going to undergo a process called sarcopenia, and they lose muscle as time goes on, so isometric strengthening is going to allow them to have the good foundation in order to get up from a chair independently. And then, guess what? If blood can't get to where it needs to go, then we're going to deal with ischemia, and maybe ischemia throughout the body, so good stretching on a daily basis, isotonic exercises, so basically, balancing not only aerobic exercise but good once or twice a day isotonic, isometric strengthening for the muscles and stretching every single day.

Dr. Feldman:

Well, it sounds like you've got a good plan for your patients' balance in their sleep, balance in their diet, balance in their exercise. That seems like a theme with you.

Dr. Lawrence-Ford:

Absolutely. I feel that we have such good therapeutic interventions pharmacologically. We want to have a good vessel, a good body into which we put these medications so that we can best watch the safety and evaluate the efficacy to the best that we can.

Dr. Feldman:

Thank you so much, Dr. Lawrence-Ford, for talking with me today.

Dr. Lawrence-Ford:

Thank you, Dr. Feldman. It's been my pleasure.

Announcer:

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