Need relief from arthritis? There's a growing focus on food.

By TARA PARKER-POPE September 26, 2005

Arthritis sufferers looking for pain relief usually go to the medicine cabinet. But now, some doctors think the kitchen might be a better place to start.

That's because there's growing evidence of a link between the foods we eat, inflammation and joint pain. And at a time of mounting concern about the side effects of prescription and over-the-counter pain relievers, more doctors and patients are interested in finding ways to reduce pain without pills.

Osteoarthritis, the most common form of arthritis, afflicts more than 21 million Americans. Rheumatoid arthritis plagues about two million more. With the population getting older, arthritis is expected to afflict nearly 60 million Americans in the next 15 years.

Diet changes may make a difference for many patients. While losing weight has long been part of arthritis treatment, the focus is now on foods and supplements that can reduce painful inflammation. Another strategy is to identify and avoid foods that might cause arthritis to flare up. And scientific evidence is beginning to support the use of certain supplements that can relieve pain without many of the side effects of prescription drugs.

Long-Term Gains

The problem is that there's little research on which diet changes can have the biggest impact, if any. Skeptics say patients who benefit from diet changes may simply be experiencing a placebo effect. But other doctors say many patients experience long-term improvement in symptoms and pain after making diet changes -- suggesting that the benefits are more real than imagined.

"Doctors often don't talk about diet changes to patients," says Vijay Vad, sports-medicine specialist and arthritis researcher at Weill Medical College of Cornell University in New York. "We're a pill-happy society, so diet changes can be a hard sell."

No one knows exactly how or why foods might affect arthritis symptoms. But the key appears to be a link between diet and inflammation. It's long been known that rheumatoid arthritis is an inflammatory disease. And new research shows that inflammation also plays a role in osteoarthritis, which is a breakdown of the cartilage that cushions joints. Researchers already know that diet changes can make a big difference in the development and progression of heart disease, which is also linked with inflammation, so it's not a big leap to suggest that diet may play a role in other inflammatory conditions.

One theory about the role of diet in arthritis is that certain food byproducts may slip through the intestines into the bloodstream and settle into joints, causing an immune-

system attack that starts the inflammatory process. Complicating matters is the fact that years of using pain relievers to lessen arthritis pain damages the intestinal lining, possibly making arthritis sufferers more vulnerable to the process.

Trial and Error

Unfortunately, there's no single arthritis diet that works for everyone, says Dr. Vad, whose book "Arthritis Rx" devotes an entire section to nutrition. Patients need to experiment and find the foods that make them feel better while cutting out the foods that exacerbate symptoms. Following the basic heart-healthy diet limiting fats and consuming lots of fresh fruits and vegetables is a good start. Here's a look at how to develop your own arthritis diet:

- * IDENTIFY PROBLEM FOODS. Some patients discover that certain foods exacerbate their symptoms. To find out if a food may be triggering your pain, start keeping a health diary, tracking the foods you eat, activities, stress and pain flare-ups. Look for patterns that might suggest a link between a food and a pain flare-up. In a 1997 study of rheumatoid-arthritis patients, cereal foods like corn and wheat were considered a problem by more than half of the participants. Other problem foods were bacon and pork, oranges, milk and cheese, beef, tomatoes, peanuts, sugar, butter, soy, alcohol and even coffee. This doesn't mean you have to give up all these foods, but tracking what you eat might flag one or two common foods that cause your symptoms to flare up. Some patients may discover they are particularly sensitive to foods in the nightshade family -- which includes tomatoes, white potatoes, eggplant, bell and other peppers, tobacco and belladonna. Nightshades contain a chemical called solanine that may be hard for some people to process and may be linked with arthritis.
- * EAT FISH AND OTHER OMEGA-3S. Some early research suggests that foods high in omega-3 fatty acids can reduce inflammation and risk for arthritis pain. A study at the University of Washington and Fred Hutchinson Cancer Research Center in Seattle compared the diets of 324 women who later developed rheumatoid arthritis with 1,245 who never got the disease. Women who ate one to two servings of baked or broiled fish a week were 22% less likely to develop the disease than those who had less than one serving a week. Consuming more than two servings a week decreased the risk by 43%. Although the study focused on rheumatoid arthritis, doctors believe omega-3s can reduce inflammation in osteoarthritis as well. Although cold-water fish such as salmon, tuna and sardines are the best sources, omega-3 fatty acids are also found in walnuts, flaxseed and dark green vegetables like spinach.
- * CURB YOUR CALORIES. In the University of Washington fish study, another trend emerged. Patients who ate more than 2,146 calories a day had a 62% higher risk for developing rheumatoid arthritis. And excess weight increases wear and tear on joints. A study by researchers at Boston University found that an obese woman can lower her risk for knee arthritis just by losing 11 pounds. In addition, fat cells produce proteins that can encourage inflammation.
- * **TRY GINGER**. In a 2001 study of 260 patients with knee arthritis, University of Miami researchers compared ginger to a placebo and found that two-thirds of ginger

users felt better after six weeks, compared with about half of placebo takers. The study participants took 255 milligrams of ginger twice a day. Other small studies have shown similar results, but the data are far from conclusive.

Nonetheless, some doctors recommend trying ginger to see if it helps. Patients can take ginger supplements or add diced or powdered ginger or ginger juice to meals. A caution: You should consult your doctor before trying ginger. For instance, it has a blood-thinning effect, so it might not be suited to patients taking anticoagulants.

* TAKE GLUCOSAMINE AND CHONDROITIN. Glucosamine is extracted from the shells of shellfish, while chondroitin is derived from cow cartilage. Increasingly, scientific studies support the idea that these supplements may have some anti-inflammatory effect, resulting in pain relief. In addition, they may bolster or even repair cartilage. A March 2004 study in the journal Menopause followed 414 women with knee arthritis, giving half of them 1,500 milligrams of glucosamine sulfate daily, while the other women took a placebo. After three years, those taking glucosamine had experienced no further loss of cartilage as measured by knee X-rays, while the placebo group continued to experience cartilage destruction. Other studies also support the use of the both supplements. The best information is expected later this year when a major study funded by the National Institutes of Health is finished.

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