

A photograph of a middle-aged woman with shoulder-length brown hair and bangs, smiling warmly. She is wearing a bright green V-neck top. The background is a soft, out-of-focus white.

Fatigue and arthritis

This booklet provides information
and answers to your questions
about fatigue and arthritis.

Arthritis Research UK produce
and print our booklets entirely
from charitable donations.

Daily activity and fatigue chart

This chart is designed to help you keep a track of activities that increase your fatigue and monitor times when you might need more rest periods. You can use it to plan your week so you don't do all your high-energy activities at once and make sure you leave time to do the things you enjoy.

What is fatigue?



It's common for people with arthritis to experience high levels of fatigue (extreme tiredness, exhaustion). In this booklet we'll explain what fatigue is, what causes it and how you can manage it. We'll also tell you where you can get more information.

At the back of this booklet you'll find a brief glossary of medical words – we've underlined these when they're first used.

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At a glance

Fatigue and arthritis

Fatigue is extreme physical and mental tiredness. It affects most people with arthritis at some point.

What is fatigue?

Fatigue is a feeling of weariness, but it's more extreme than simple tiredness. It can affect you physically, making your limbs seem heavy and causing you to feel exhausted, but it can also affect your concentration and motivation. People who experience fatigue may find they struggle to do even small tasks. It often comes on for no clear reason and without warning.

What causes it?

Many things may combine to cause fatigue, including the following:

- inflammation during the disease process, which releases chemicals that can cause fatigue and flu-like feelings
- anaemia, which is often found with inflammation
- other long-term conditions such as diabetes or thyroid disease
- some drugs used to treat arthritis, which may cause drowsiness or loss of concentration
- pain, especially if it's long-term
- weak muscles (caused, for example, by inactivity due to pain), which mean you have to use more energy to do everyday tasks

- overdoing things or carrying on with activities for too long
- sleep disturbance as a result of pain, late nights or sleeping too much in the day
- stress and anxiety
- low mood or depression
- poor diet or hunger.

How can I help myself?

Try the following tips to help reduce the impact that fatigue has on your life:

- Talk to your GP or rheumatology team about getting support or a review of your drug treatment.
- Use the four 'P's' – problem solving, planning, prioritising and pacing – to monitor what activities increase your fatigue so you can save some energy for things you enjoy. Set goals to achieve these.

- Talk to family, friends and colleagues so they understand what fatigue is and can help you when you need it.
- Learn to say no to invitations that are likely to cause fatigue or make your level of fatigue worse.
- Gradually increase the amount of physical activity or exercise you do to improve your general well-being, strength and energy levels.
- Deal with stress or anxiety by tackling problems and trying relaxation techniques.
- Get help with low mood.
- Join a self-help or support group to share experiences.
- Get a good night's sleep by improving your sleeping habits and patterns.
- Eat a healthy diet to improve your general well-being and reduce the chances of sudden episodes of fatigue caused by hunger.





What is fatigue?

Fatigue is a feeling of extreme physical or mental tiredness, or both. Most of us feel tired after a long day, but people with a long-term medical condition such as arthritis can experience a tiredness that's quite different in quality and intensity and which doesn't always improve after rest.

Fatigue can affect people with any type of arthritis, but it's more common if you have one of the following conditions:

- inflammatory arthritis (for example rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis)
- autoimmune diseases (for example lupus, Behçet's syndrome, scleroderma and Sjögren's syndrome)
- fibromyalgia.

i See Arthritis Research UK booklets

Ankylosing spondylitis; Behçet's syndrome; Fibromyalgia; Lupus (SLE); Psoriatic arthritis; Rheumatoid arthritis; Scleroderma; Sjögren's syndrome.

What are the features of fatigue?

Common features of fatigue include:

- your body and limbs feeling heavy and difficult to move
- flu-like feelings of exhaustion
- the feeling that your energy has drained away.

Many people also report mental fatigue, when they can't think straight and lose their concentration or motivation. Some patients refer to this as 'brain fog'. Some people report an emotional fatigue which makes them irritable, down or tearful. This fatigue isn't the same as chronic fatigue syndrome, it's a symptom related to arthritis (just like pain and joint stiffness), and you can learn to manage it successfully.

Attacks of fatigue may occur at any time of the day. You may experience it when you wake up, so you don't feel refreshed from sleep, or it may come on when you're physically busy or concentrating a lot. For many people, fatigue seems to have no clear cause and happens without warning. It may last anywhere from an hour to the whole day and could continue over several days or weeks at a time, although this is less common.

Fatigue can have a major impact on your life. It can force you to stop what you're doing and rest, or make you change your plans. This can have a big effect on your ability to run your life or do the things that we all take for granted. When fatigue is severe, it can lead to feelings of complete exhaustion, or 'wipe-out', when you have to sit or lie down to try to recover. This may be made worse by a lack of understanding from others about how much it affects you. This booklet will help you explain your experiences to friends and family, and will cover self-help methods to help you cope with and manage your fatigue.

What causes fatigue?

The following factors may contribute to fatigue in arthritis:

Active disease – Inflammation in the joints and other tissues can cause fatigue in people with inflammatory arthritis and autoimmune diseases. Chemicals called cytokines, which are found in inflamed tissues, are similar to chemicals released in viral illnesses such as colds and flu, and they can cause extreme fatigue. Anaemia sometimes occurs with inflammation, and this can also cause fatigue.

Long-term conditions – Diabetes and thyroid problems can cause fatigue.

Drug treatment – Some drugs used to treat arthritis-related pain may cause drowsiness, loss of concentration and light-headedness.

i See Arthritis Research UK individual drug leaflets

Many things can cause fatigue – see if you can identify a pattern and use self-help tips to help you conserve your energy.

Pain – Pain is a major symptom of most types of arthritis and it can wear you down, especially if it's constant.

i See Arthritis Research UK booklet *Pain and arthritis*.

Muscle weakness – Inactivity due to pain or joint problems can cause muscles to become weak, which may contribute to fatigue because more effort will be needed to make the joints work. When people are less physically active they become unfit, and this can also cause fatigue.

Overdoing it – Pain and difficulties with joints and muscles can make it more difficult for people with arthritis to do tasks they would previously have found easy. Often people will keep going even after they know they should stop (for example when doing a physically challenging activity such as gardening), which can cause exhaustion for hours or days afterwards. This is called 'boom and bust' behaviour.

Stress or anxiety – Your body's natural reaction to deal with stress is to release a hormone called adrenaline, which prepares the body to deal with a crisis (the muscles, heart and lungs work harder and the mind becomes very alert). This adrenaline release usually only lasts until the crisis passes, but if the stress continues (for example because of constant pain or anxiety about the future) and your body carries on releasing adrenaline, it can cause physical and mental exhaustion.

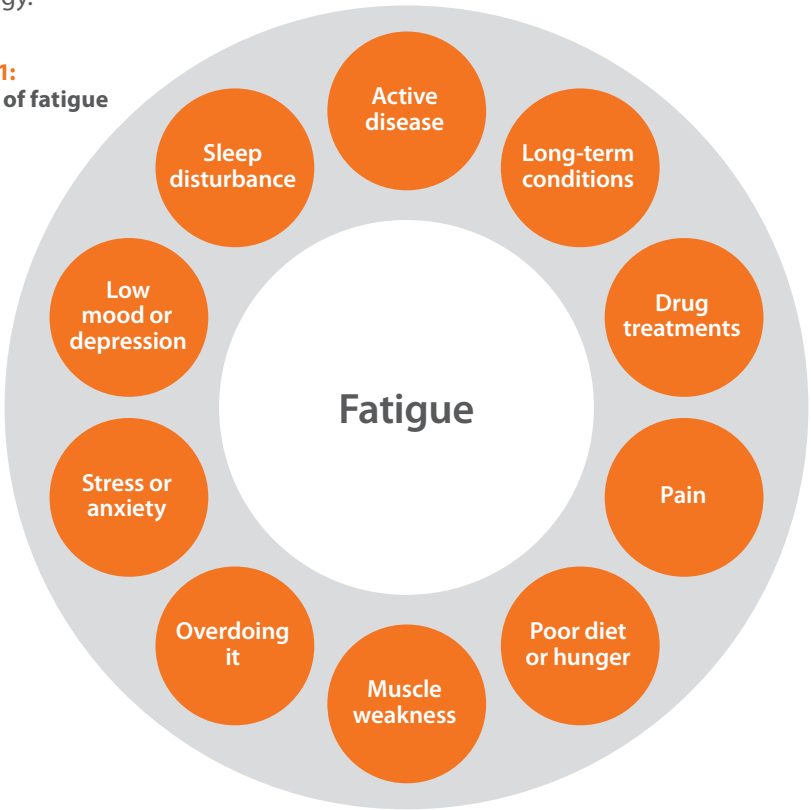
Sleep disturbance – If sleep is disturbed due to pain, anxiety or stress, it can cause fatigue. Too much sleep can also make you fatigued, particularly going back to sleep in the day.

Low mood or depression – Sometimes people with a long-term condition feel down and uncertain about the future. This can lead to low mood or perhaps depression, which reduce energy or cause the feeling of fatigue.

Poor diet or hunger – A poor diet or missing meals may result in a lack of energy.

It’s likely that no single factor causes fatigue but that several combine and interact with each other (see Figure 1). The combination may be different for everybody and vary each time. For example, one person’s fatigue might be driven by inflammation, which also causes pain and disturbed sleep, but at another time they might be fatigued largely because of stress from a family crisis, which means they overdo things as they deal with it and end up missing meals.

Figure 1:
Causes of fatigue



How is fatigue measured?

There's no direct way of measuring fatigue, but your rheumatology team or GP can assess how it's affecting your life. You may be given a questionnaire to report the extent and effects of fatigue, which can guide the rheumatology team to self-help strategies that you might be able to use. The questionnaire might ask you to assess:

- how severe the fatigue is
- the level of distress it causes you
- your physical and mental tiredness
- the impact on your daily life
- how much you feel able to cope.



How can I help myself?

There are many things you can do to reduce the impact of fatigue. Start by finding possible causes using Figure 1, then talk to your healthcare team so they can look at different ways to help you manage it. If you think your drug treatment may be causing your fatigue, talk with your doctor about reviewing your treatment in case certain drugs are causing drowsiness. They can also look for signs of other conditions that may be causing fatigue and check your inflammation or anaemia levels.

If you have signs of active inflammation, your doctor may alter your medication to improve your symptoms, which will help to ease fatigue. If you have certain types of inflammatory arthritis, you may be prescribed a biological therapy, which can greatly reduce fatigue in some people. However, it's unusual to make major changes to drug treatments to control fatigue unless there's a lot of evidence of inflammation as well.

No specific drugs can treat arthritis-related fatigue, but there are many ways that you can reduce the impact of fatigue on your life without medication. Try combining some of the following tips on self-management. Changing behaviours like this does work, but most of us need support to do it, so discuss this booklet with your GP or rheumatology team, who should be able to help you work through it (particularly your occupational therapist, rheumatology nurse specialist or physiotherapist).

Use the four 'P's' – problem solving, planning, prioritising and pacing

When people feel fatigued, they often spend their energy on work or chores and give up things that they enjoy. Use the four 'P's' to help you to conserve your energy, work out what's important to you and give you time for things you want to do:

Problem solving – Often it's not what you do, it's the way that you do it that makes a difference. Look at your daily routine. Start to notice if you spend all morning doing the same type of repetitive tasks or if your working position causes you pain or discomfort. Perhaps your body complains when you do certain tasks or you get very tired by the afternoon. If a task causes you a problem, ask yourself how you can do it differently.

Planning – Make a plan of the things you want to achieve during the day or over the week. Plan how and when you're going to do certain tasks, and spread them out wherever possible over a number of days. Make sure that demanding jobs are spaced out during each day or week.

Prioritising – If you list the tasks you need to do, you can put them in order of importance and decide what tasks you can remove, delay or hand over. Ask yourself the following:

- Does this need to be done today?
- Does it need to be done at all?
- Do I have to do it, or can someone else?
- Can I get someone to help me with parts of the task?

Using the four 'P's' will help you to organise your time and conserve your energy. See if you can do tasks differently so you're not using as much energy on them, and make sure your high-activity jobs are spread out over the week so you don't overdo it. Breaking tasks down into small parts and giving yourself regular breaks will help too.

The chart at the back of this booklet will help you to record your activities and fatigue so you can see where you can make changes.

Pacing – Break tasks down into achievable parts and spread them throughout the day or week, and take short, regular rest breaks. Change your position and activity regularly. Don't use exhaustion as a guide for when to stop; change your task or rest before you start to feel tired.

You may have found that fatigue has stopped you doing things you really want to, so it's worth spending some time thinking what you could achieve that would make you feel good (for example socialising with friends or getting back into a hobby). Setting yourself small, weekly goals can help you build up to what you really want to do as you start managing your fatigue. You're much more likely to meet small, specific goals than vague ones or ones that aim too high. Your occupational therapist or rheumatology nurse specialist may be able to help you set and review goals.

Emily, aged 35

'I've learnt that I can do more as long as I have proper rest breaks. I can actually fit more into a day. Before I just went headlong into something and then hit a brick wall.'

Monitor your energy output and fatigue

It can be difficult to assess how much energy you use on different tasks during the day, so it may be useful to monitor it and create a visual picture to help you see links with your fatigue. Create a chart to

record your activities, when you do them, how long they take and the energy levels you use.

- Mark the activity as red when it's a high-energy task. High energy is whatever you consider it to be – it could be physical (washing up, gardening), mental (office work) or emotional (family meetings).
- Colour the activity yellow if it's low energy. This is when you're doing something which isn't using a lot of energy.
- Use green for rest time, for example when you're reading or watching TV. During this time you'll have a chance for recovery and won't be using much energy.
- Use blue for sleep.
- When your fatigue is very noticeable (for example, you had to stop what you were doing, sit down or go to bed to rest), put a cross through the activity.

At the end of a week, look back at your diary and ask yourself these questions:

- Are there episodes when you were exhausted?
- Are these related to high-energy activities (boom and bust)?
- Are there long blocks of high-energy activity with no breaks?
- Is your sleep disturbed?
- Are you sleeping in the day?
- Is there enough time for enjoyment and recovery?

Use the information to give you a better idea of when you need to pace yourself and to help you to prioritise your time. Try planning the next few weeks and review your progress as you go. There's a sample activity chart at the back of this booklet for you to use. Your rheumatology nurse specialist or occupational therapist may be able to give you charts and work through the process with you.

Paul, aged 54

'The biggest eye-opener was completing the activity charts. You sit down and analyse it – "Well, what happened then? Why is that red, why is that yellow?" It brings a lot of things home. It allows you to make plans and changes, and encourages you to look at things differently.'

Talk to family and friends

For many people, fatigue is a major symptom of their arthritis – it's just as common and as troublesome as pain. But because it's an invisible symptom, many people with fatigue often don't talk about it because they think that others won't understand. This can cause anger or frustration over the impact fatigue has on their lives and the lack of help and understanding from others, which can make the fatigue worse.

Family and friends can help you manage your fatigue, but they won't know about it unless you tell them. Sharing the effects of fatigue with others helps

them understand why you don't always feel able to join in with activities or have to take more time to rest. You could give them this booklet to help them understand what fatigue is, how it can affect you and how seriously your healthcare team take it.

It can also be useful to explain fatigue to your work colleagues. This will help them to understand that you sometimes need to take more time over tasks. It might help with decisions on working patterns or adjustments to equipment to make fatigue more manageable. Speak to an occupational therapist if you need more information. Your local Jobcentre Plus can also put you in touch with Disability Employment Advisors, who can arrange work assessments. They can advise you on the way you work and on equipment that may help you to do your job more easily.

i See Arthritis Research UK booklets
Occupational therapy and arthritis;
Work and arthritis.

Brenda, aged 70

'I've learnt to accept that sometimes it's good to ask for help because I like to do everything myself, and sometimes I push my husband away. But it's good now to ask him.'

Learn to say no

It can be hard to say no when people invite you out or ask you to do something for them, even if you know that it'll leave

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you feeling exhausted. People with fatigue tend to keep agreeing to things because they feel they should or they think their own needs aren't important. Explain about your fatigue and what it would mean for you to say yes.

Saying no doesn't have to mean you don't take on any of the activity at all. Could you use the pacing strategies and only take on part of the request? For example, you could agree to go shopping but only for half a day. Discussing your own health needs isn't being aggressive, it's simply helping people understand your situation and being confident about how much

you can reasonably do. Learning to say no is an important step towards self-managing your fatigue and will help you in achieving daily goals. Most people will understand if you explain that you want to do something in a different way so you can save your energy for the good things in life.

Gail, aged 45

'Now I have the confidence to turn and say, "No, that's beyond what I'm prepared or able to do.'"



Join a self-help group

Aside from talking to friends and family, many people find that joining a self-help group is useful. You can talk about how you're getting on with your fatigue, and you can learn from other people's experiences. Hearing from someone who experiences the same situation as you can be really helpful in enabling you to become more confident in your decisions. There may be local self-help groups for your particular condition, so ask your rheumatology team.

Some organisations run self-management courses for people with long-term conditions such as arthritis, and some of these may address fatigue.

Increase your physical activity

Arthritis can reduce physical activity because of the impacts of joint pain, muscle weakness and fatigue. Although doing too much can increase fatigue, a lack of exercise reduces fitness levels and contributes to muscle weakness, and therefore it can be a cause as well as a result of fatigue.

The good news is that fitness can be improved with the right sort of exercise. Start slowly, perhaps just a 5–10 minute walk, then gradually increase the amount of exercise or activity. Generally, the best way to develop your fitness is little and often. As you get fitter you'll feel an increase in well-being, strength and energy. Your physiotherapist may be able to help with a fitness programme or advice on exercises, or refer you to a gym or a health walks programme run by local authorities. You can take painkillers before you exercise to help prevent discomfort and allow you to continue with your activity. You can also gradually increase your daily activities, for example housework and gardening. An occupational therapist can work with you to set specific goals and help you tailor a graded activity programme to reach these goals.

i See Arthritis Research UK booklets
Keep moving; Physiotherapy and arthritis.




Deal with stress or anxiety

At times, all of us have things going on in our lives that we find stressful. It can help to tackle stress as soon as possible. Think about the following:

- Are there practical things you can do to reduce stress? For example, if you have a big task that's bothering you, can you break it down and tackle a small bit each day? If it's something you've been worrying about, can you take a deep breath and find the energy to do it? Sometimes our fears make things seem worse than they really are.
- Reduce your physical reaction to stress through relaxation so that you feel more able to cope with things you find stressful. Take time for yourself – read a book or have a bath, for example.
- Using relaxation techniques may also help to ease stress. There are many relaxation, meditation or mindfulness tapes, CDs and MP3 downloads available, or your occupational therapist or rheumatology nurse specialist may be able to offer you some. The techniques vary and can last from 5–45 minutes. They can be very effective if you practise them regularly. Your occupational therapist may also be able to advise about other relaxation techniques.

Find support for low mood

You may find that your fatigue makes you feel low or even depressed. It often helps to talk about negative feelings and thoughts, so it could be useful to speak



Poor sleep can cause fatigue, so try to relax in the hour before you go to bed to improve your sleep.

to your GP or rheumatology team, or your friends and family. Support groups are also available – talk to your rheumatology team about organisations in your area.

There are several kinds of support for low mood, such as talking therapies (available as individual or group sessions, in person or over the internet) or a short course of drug treatment, some of which not only help with low mood but may also ease pain and improve sleep. The first step is finding out what help or self-help might suit you best, so talk with your GP.

Get a good night's sleep

Because poor sleep can cause fatigue, it's important that you get a good night's rest. Try the following tips to improve your sleep:

- Aim to wind down in the hour before you go to bed – a warm bath might help you relax and reduce discomfort from tired muscles.
- It's useful to make a note early in the evening of things you've achieved during the day and what you need to do

the following day. This can help prevent you worrying about things in the night. It may also be useful to keep a pen and notepad next to the bed so you can jot things down if you think you may not remember them in the morning.

- Reduce the amount of caffeine you drink (from tea, coffee or cola) and avoid alcohol after early evening.
- If you have pain, take a simple painkiller like paracetamol before you go to bed. Try to organise it so that you could take another dose if the pain wakes you in the night. Ask your doctor about steroid injections if a particular joint is causing discomfort, or speak to a hand therapist about wearing splints to support your joints in the night.
- Look at your sleep environment – is the room too hot, light or noisy? Are your mattress, pillow and duvet/blankets comfortable?
- Try to remove as many disturbances as possible (such as a ticking clock) to help you to settle down to sleep more easily. Removing clocks from the bedroom can also reduce the temptation of checking the time if you wake up during the night.

There's no recommended number of hours sleep – some people need eight to nine hours and others only five to six hours. Sleeping too much can also cause fatigue. Look at your activity charts to see if you have a regular sleep pattern. Late nights followed by late mornings,

or taking a nap in the day, can upset the body's natural day/night hormonal and sleep patterns. Try to develop a regular bedtime and waking time and avoid lie-ins. It may take several weeks to set up this routine, but it'll help as it restores the body's natural sleep cycle.

i See Arthritis Research UK booklets and drug leaflets *Everyday living and arthritis; Sleep and arthritis; Splints for arthritis of the wrist and hand; Painkillers (analgesics); Local steroid injections.*

Eat a healthy diet

Eating a well-balanced diet will help to provide all the nutrients you need for general well-being and energy. Try to eat regular meals to keep your energy levels up.

i See Arthritis Research UK booklet *Diet and arthritis.*

Research funded by Arthritis Research UK has shown that people with arthritis who learn to use these self-help strategies greatly reduce the effects of fatigue on their lives. You can get more advice on these techniques from your healthcare team. They may be able to offer you advice for managing your fatigue on a one-to-one basis, and some rheumatology departments run a self-management course for groups of patients.



Research and new developments

Most new drug treatments for inflammation in arthritis are now also tested to see if they reduce fatigue. Arthritis Research UK have funded research into talking therapies specifically for arthritis-related fatigue and shown that this can help reduce its impact. Researchers are currently testing if these can also be delivered by the rheumatology team rather than a psychologist.

Arthritis Research UK are also funding a review of the interventions that can be offered to help combat fatigue in people with rheumatoid arthritis.

Glossary

Anaemia – a shortage of haemoglobin (oxygen-carrying pigment) in the blood which makes it more difficult for the blood to carry oxygen around the body.

Ankylosing spondylitis – an inflammatory condition that affects the joints in your spine. Spondylitis means inflammation of the spine, and ankylosing means the bones may fuse together.

Autoimmune disease – where your immune system produces antibodies that attack your body's own tissues, causing inflammation.

Behçet's syndrome – a collection of symptoms that vary from person to person, but may include joint pain, mouth ulcers, genital ulcers and eye inflammation.

Biological therapies – drugs that reduce joint inflammation in people with rheumatoid arthritis and some other inflammatory diseases. They work by targeting specific molecules involved in the inflammatory process and include anti-TNF drugs (adalimumab, etanercept and infliximab) and rituximab.

Cytokines – small proteins secreted by cells involved in immune and inflammatory responses that have an effect on the interactions between cells.

Diabetes – a medical condition that affects the body's ability to use glucose (sugar) for energy. The body needs insulin, normally produced in the pancreas, in order to use glucose. In diabetes the body may produce no insulin or not enough insulin, or may become resistant to insulin. When the body is unable to use glucose obtained from foods the level of sugar in the blood increases. If untreated, raised blood sugar can cause a wide variety of symptoms.

Fibromyalgia – a long-term (chronic) form of widespread pain in the muscles and soft tissues surrounding the joints throughout the body.

Inflammation – a normal reaction to injury or infection of living tissues. The flow of blood increases, resulting in heat and redness in the affected tissues, and fluid and cells leak into the tissue, causing swelling.

Lupus (systemic lupus erythematosus or SLE) – an autoimmune disease in which the immune system attacks the body's own tissues. It can affect the

skin, the hair and joints and may also affect internal organs. It's often linked to a condition called antiphospholipid syndrome (APS).

Occupational therapist – a trained specialist who uses a range of strategies and specialist equipment to help people to reach their goals and maintain their independence by giving practical advice on equipment, adaptations or by changing the way you do things (such as learning to dress using one-handed methods following hand surgery).

Physiotherapist – a trained specialist who helps to keep your joints and muscles moving, helps ease pain and keeps you mobile.

Psoriatic arthritis – inflammation in and around the joints. It usually affects people who already have psoriasis, a skin condition that causes a red, scaly rash on your elbows, knees, back, buttocks and scalp. Some people develop the arthritis before the psoriasis, while others never develop psoriasis.

Rheumatoid arthritis – an autoimmune disease that causes inflammation in the lining of your joints. The main symptoms are joint pain and swelling, particularly in the small joints of the hands and feet.

Rheumatology nurse specialist – a trained nurse who has specialist experience in looking after your physical, emotional and social needs. Some rheumatology nurse specialists are able to diagnose, recommend treatments and prescribe medication.

Scleroderma – a medical condition characterised by hardening and tightening of the skin. It often affects other parts of the body as well – including the connective tissues that surround the joints, blood vessels and internal organs.

Sjögren's syndrome – an autoimmune disease that causes dry mouth and eyes, and a range of symptoms including joint pain and fatigue.

Talking therapies – a therapy to help people deal with negative feelings. Healthcare professionals guide people in exploring their thoughts and feelings and how these are affecting the things they do, and their mood. As people understand these links they start to make positive changes to the way they think and behave.

Thyroid disease – any disease or medical condition which affects the function of the thyroid gland. The thyroid gland produces thyroxine, a hormone in the body. Hyperthyroidism is when the thyroid produces too much thyroxine. Hypothyroidism is when too little thyroxine is produced.

Where can I find out more?

If you've found this information useful you might be interested in these other titles from our range:

Conditions

- *Ankylosing spondylitis*
- *Behçet's syndrome*
- *Fibromyalgia*
- *Lupus (SLE)*
- *Psoriatic arthritis*
- *Rheumatoid arthritis*
- *Scleroderma*
- *Sjögren's syndrome*

Therapies

- *Occupational therapy and arthritis*
- *Physiotherapy and arthritis*

Self-help and daily living

- *Diet and arthritis*
- *Everyday living and arthritis*
- *Keep moving*
- *Sleep and arthritis*
- *Splints for arthritis of the wrist and hand*
- *Work and arthritis*

Drug leaflets

- *Painkillers (analgesics)*
- *Local steroid injections*

You can download all of our booklets and leaflets from our website or order them by contacting:

Arthritis Research UK

Copeman House
St Mary's Court
St Mary's Gate, Chesterfield
Derbyshire S41 7TD
Phone: 0300 790 0400
www.arthritisresearchuk.org

Related organisations

The following organisations may be able to provide additional advice and information:

Arthritis Care

Challenging Arthritis Programme
Floor 4, Linen Court
10 East Road
London N1 6AD
Phone: 020 7380 6500
Helpline: 0808 800 4050
Email: info@arthritiscare.org.uk
www.arthritiscare.org.uk

Expert Patients Programme (EPP CIC)

Rutherford House
Warrington Road
Birchwood Park
Warrington WA3 6ZH
Phone: 0800 988 5550 or 01925 320 000
Email: get.info@eppcic.co.uk

Jobcentre Plus

To find your local office see the telephone directory under 'Jobcentre Plus' or visit www.gov.uk/contact-jobcentre-plus

**National Rheumatoid Arthritis
Society (NRAS)**

The Rheumatoid Arthritis Self-
Management Programme
Ground Floor
4 The Switchback
Gardner Road
Maidenhead SL6 7RJ
Helpline: 0800 298 7650
Email: helpline@nras.org.uk
www.nras.org.uk

Links to sites and resources provided by third parties are provided for your general information only. We have no control over the contents of those sites or resources and we give no warranty about their accuracy or suitability. You should always consult with your GP or other medical professional.

Please note: We've made every effort to make sure that this content is correct at time of publication. If you would like further information, or if you have any concerns about your treatment, you should discuss this with your doctor, rheumatology nurse or pharmacist.

Notes

Notes



We're here to help

Arthritis Research UK is the charity leading the fight against arthritis.

We're the UK's fourth largest medical research charity and fund scientific and medical research into all types of arthritis and musculoskeletal conditions.

We're working to take the pain away for sufferers with all forms of arthritis and helping people to remain active. We'll do this by funding high-quality research, providing information and campaigning.

Everything we do is underpinned by research.

We publish over 60 information booklets which help people affected by arthritis to understand more about the condition, its treatment, therapies and how to help themselves.

We also produce a range of separate leaflets on many of the drugs used for arthritis and related conditions. We recommend that you read the relevant leaflet for more detailed information about your medication.

Please also let us know if you'd like to receive our quarterly magazine, *Arthritis Today*, which keeps you up to date with current research and education

news, highlighting key projects that we're funding and giving insight into the latest treatment and self-help available.

We often feature case studies and have regular columns for questions and answers, as well as readers' hints and tips for managing arthritis.

Tell us what you think

Please send your views to:
feedback@arthritisresearchuk.org

or write to us at:
Arthritis Research UK, Copeman
House, St Mary's Court, St Mary's Gate,
Chesterfield, Derbyshire S41 7TD

A team of people contributed to this booklet. The original text was written by professor of rheumatology nursing Sarah Hewlett and psychologists Nick Ambler and Emma Dures, who have expertise in the subject. It was assessed at draft stage by specialist occupational therapist Kate Hackett, head occupational therapist Janet Harkess and rheumatology nurse specialist Alison Wilson. A non-medical editor revised the text to make it easy to understand and an **Arthritis Research UK** medical advisor, Sue Brown, is responsible for the content overall.

Get involved

You can help to take the pain away from millions of people in the UK by:

- volunteering
- supporting our campaigns
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To get more **actively involved**, please call us on **0300 790 0400**, email us at **enquiries@arthritisresearchuk.org** or go to **www.arthritisresearchuk.org**



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Registered Charity No 207711
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Published January 2014 2269/FATIG/14-1



Getting the most from your chart

If you need to discuss the information that you find when you've completed your chart, speak to your healthcare team. They can advise you on self-help strategies and help you use them in your daily life.

Daily activity and fatigue chart

This chart is designed to help you keep a track of activities that increase your fatigue and monitor times when you might need more rest periods. You can use it to plan your week so you don't do all your high-energy activities at once and make sure you leave time to do the things you enjoy.

Sample activity chart

Try planning the next few weeks and review your progress as you go.

Date	Midnight to midday (morning)												Midday to midnight (afternoon/evening)											
__/__/__	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
Monday																								
Tuesday																								
Wednesday																								
Thursday																								
Friday																								
Saturday																								
Sunday																								


Key:

 High-energy activity (physically, mentally or emotionally demanding tasks)

 Low-energy activity (something which doesn't use a lot of energy)

 Rest time

 Sleep

 Fatigue (when you've had to stop what you were doing, sit down or go to bed to rest)