

Tales from the Joint Doctor

New pain management techniques for arthritis suffers

Dr. Nathan Wei had a world of options open to him in 1980. After finishing his residency at the University of Michigan Medical Center, the New York City native could have chosen any specialty in medicine that interested him. But something resonated in the young internist when he was offered a fellowship to study arthritis and related diseases at the National Institutes of Health in Bethesda.

Identified as the diagnosis and treatment of arthritis and other diseases of the joints, muscles and bones, rheumatology was an emerging sub-specialty of internal medicine. Still unsure if rheumatology was what he wanted, Wei decided to give it two years. At the end of the fellowship, the complex array of arthritis-related diseases had captured his interest and imagination. Wei had found his life's work.

"Rheumatologists treat over 100 types of diseases," explains Wei. "Diseases like arthritis, certain autoimmune diseases, musculoskeletal pain disorders and osteoporosis. Among these general categories are rheumatoid arthritis, osteoarthritis, gout, lupus, back pain, osteoporosis, fibromyalgia and tendonitis."

"It's a little hard to imagine," he continues, "but currently over 70 percent of all people in the United States suffer from some type of arthritis. This is a staggering number that is on the rise. In fact, every year more than 750,000 new people experience the pain and frustration that comes with arthritis. It's difficult for primary care physicians to keep up with all the new treatments and options for the disease. Some arthritis sufferers medicate themselves with over-the-counter drugs that may mask the pain for a period of time, but never treat the underlying disease. That's where rheumatologists come in."



Some of the diseases rheumatologists treat can be difficult to diagnose, admits Wei. One such group is called the spondyloarthropathies, chronic inflammation diseases of the spine that can affect joints and organs such as the eyes, heart, lungs and kidneys. Two to three times as common in males as in females, the spondyloarthropathies affect all age groups, including children.

When Wei's 10-year-old son was carried off the soccer field several years ago with extreme joint pain, another parent might have dismissed it as either a typical athletic child's growing pains, or a stress injury that would heal on its own, Wei, however, took his son to a pediatric rheumatologist immediately. The diagnosis? Spondyloarthropathy, a type of arthritis which, if left unchecked, can cause spinal fusion and blindness.

Responding well to an aggressive regimen of carefully chosen medications, Wei's son, now 14, is one of the many testimonies to the benefits of early intervention in the treatment of arthritis-related diseases. But he is not the only one in the family to have benefited. Wei's sister, a nurse practitioner in New York, is another. Ironically, the doctor has seen an unusual amount of the disease in his own family since he began practicing 23 years ago. "When I first started my

practice," he says, "I could offer patients three things: emotional support, limited physical therapy, and anti-inflammatory drugs to ease the pain, but might also cause serious side effects like ulcers or impaired kidney or liver function. "Today, it's a brand new day in diagnosis and treatment. We have 10 times as many medicines at our disposal [as] we did 20 years ago. We know how to encourage lifestyle changes that will make a difference in the progression of the disease, and offer possible alternative therapies like glucosamine and chondroitin when appropriate."

Arthroscopy—a special, sophisticated way of looking inside a joint by putting a highly refined, small camera into the joint to remove arthritic tissue that is causing pain—has also given relief to hundreds of thousands of sufferers, says Wei. Done under local anesthesia at the Arthritis and Osteoporosis Center of Maryland since 1990, the procedure lasts 15-45 minutes, and is especially helpful to patients for whom other types of treatments have either failed or been deemed too risky.

Interestingly, Wei houses all the services his patients will need under one roof at the Arthritis and Osteoporosis Center, including a laboratory, imaging services and infusion therapy and other treatments. There is also a research section that tests the safety and effectiveness of new

arthritis medications on site. Although participation is completely voluntary, the center's patients have the opportunity to test - new treatments before they are available to the general public. Currently there are about a dozen clinical trials going on at the Center, according to Research Director Sheila Delauter, RN, including several that are studying rheumatoid arthritis, chronic shoulder pain and osteoarthritis.

As clinical director and the Center's sole physician, Wei has helped provide relief for more than 8,000 patients since 1981. Despite his busy schedule, he makes absolutely certain that he attends as many of his four children's activities as possible. Athletes and musicians, the two boys and two girls provide Wei and his wife of 20 years with no shortage of games, events and plays to attend.

"They grow up so quickly," he muses. "Being able to be a part of what they do is one of the true blessings of my life."

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By Joanne McCoy ~ Photo by John Keith

Between balancing his busy practice and active family, Wei also takes care to practice what he preaches to his patients. A fitness enthusiast, he is disciplined in his workout regimen, which includes resistance and cardio-conditioning. Author of over 50 publications, he also travels widely to deliver more than 120 lectures worldwide. He also enjoys teaching advanced courses in rheumatology when his schedule allows. .

The most rewarding thing about his practice?

"Being able to offer hope to arthritis patients who are fearful about their futures," says Wei. "Many come in to the office in a great deal of pain with very limited mobility. They fear a loss of independence and being in constant pain, because they remember vividly the suffering of an older friend or relative from their arthritis."

"I am able to tell them in good faith," he concludes, "that this will not happen to them. I can tell them that we can improve their lives tremendously now."

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Check the Center's website for more information on Dr. Wei and the Center, get answers to frequently asked questions (FAQs), check upcoming events, and find out how you may be able to participate in clinical trials.