

# Making your home a better place to live with arthritis

A common concern for people with arthritis is that loss of strength, grip and mobility, together with pain and fatigue, will make it increasingly difficult for them to live independently at home. But with the right support, some changes and adaptations to the home, plus use of equipment, most people with arthritis can and do enjoy living in their own homes for the rest of their lives.

Some people choose to move to a house, flat or bungalow which they find more manageable. If you are thinking about moving, it is important to weigh up the pros and cons of various housing and care options. Knowing about the different possibilities, and being clear about what features to look for, can help you make decisions that will best suit your changing circumstances.

In this brochure we briefly outline the main arthritis symptoms and then consider what you can do to your home to manage these changes better. We describe the range of alternative housing options and offer suggestions about where to find more detailed information, advice and help for your particular situation.

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## Arthritis symptoms

Arthritis means inflammation (usually painful) of the joints, such as knee and hip. There are over 200 types of rheumatic diseases so the ways in which the condition affects people can vary significantly.

Two of the most common forms of arthritis are:

### Osteoarthritis

Osteoarthritis is the most common form of arthritis. It usually develops gradually over time. Several different joints can be affected, but osteoarthritis is most frequent in the hands, knees, hips, feet and spine.

It develops when changes in the cartilage (soft tissue that protects the bone surface) take place which affect the way joints work.

Symptoms include:

- pain - especially when putting weight on joints, such as when walking
- short-lived stiffness in the morning -- this often improves in 30 minutes or less when you start moving; you may also find pain and stiffness increases if you have not moved for a while
- difficulty moving your affected joints or doing certain activities, and a limited range of movements
- weakness and muscle wasting (loss of muscle bulk)

### Rheumatoid arthritis

The symptoms of this inflammatory disease tend to develop gradually. The first symptoms are often felt in small joints, such as fingers and toes, although shoulders and knees may also be affected. Another noticeable early feature is muscle stiffness. These symptoms may come and go, and change over time, and you may get occasional "flare-ups", when the condition worsens and symptoms will be more severe.

Flare-ups can happen at any time, but symptoms are often more painful in the mornings when first waking up; generally these ease as you start to use your joints. Other symptoms include:

- pain, stiffness and loss of strength in the joints
- feeling generally tired and unwell
- inflammation around the joints and in other areas.

Arthritis Care has more detailed information about all the different types of arthritis as well as related advice - [www.arthritiscare.org.uk](http://www.arthritiscare.org.uk).

The National Rheumatoid Arthritis Society also provides information specifically on that disease - [www.nras.org.uk](http://www.nras.org.uk)

## **Making your home easier to live in when you have arthritis**

If you or someone you know has been diagnosed with arthritis, there are several things that can be done to improve the home environment. These ideas can be applied whether you stay in your current home or move to special or supported housing. They include considerations about:

- general design and layout
- lighting and heating
- safety and security
- going out and about
- gadgets and equipment

If you are looking at housing and care options such as supported or specialised housing (such as extra care or retirement housing), or residential care homes, then you may still find it useful to take these housing and design factors into account when making your choice.

## **Design and layout of your home**

One approach is to check your home room by room, starting at the front door, and listing features which are already making it more awkward and which you can imagine could become more difficult in the future.

Look for features that make it harder to either move around generally or to carry out day to day tasks, such as looking after yourself (washing, bathing, using the toilet), food and drink preparation, and also looking after the home.

With this list you can then start to think about possible changes.

### **\* Moving around the home**

If general mobility is becoming an issue, consider how you can create the space to move around safely, including using a walking stick, frame or wheelchair. This may be something as simple as moving furniture, or more substantial, such as converting rooms:

- Some people find it helpful to have sturdier furniture - perhaps a dining table, or chairs with higher backs and arms - placed in such a way that they have something to lean on if they need to steady themselves when moving around a room.
- Install handrails, particularly where there is any change of level or places where balance is required (steps, bathroom, toilet). Correct positioning of such adaptations is important. Occupational therapists are the main professionals who can advise on these as well as other adaptations; some home improvement agencies also offer specialist help (see "Foundations" listed at the end) including installation.
- To reduce the risk of falling, particularly if you are using a walking aid, try to keep the floors clear of clutter, especially the stair. In particular, remove loose mats and rugs.
- If you need to put in new flooring at any point it is best to choose something non-slip, especially in kitchens and bathrooms where wet floors can be particularly hazardous.

- If you use, or expect to need, a wheelchair, you may have to have some doorways widened and the layout of rooms changes.

Minimising changes of level around the home through ramping or alterations is particularly advisable.

Stairs are likely to become increasingly difficult to use with hip and knee problems. It is currently considered best to try to use stairs for as long as it is practical and made safe (eg. installing a second banister), as this contributes to maintaining mobility and muscle tone. However, there may come a point when this is no longer possible. Checking the viability of installation of a stairlift (not all stairs are suitable), or even a through-floor lift in some cases, prior to a crisis could help with planning ahead.

### **\* Bathroom**

Getting in and out of a bath can become increasingly difficult and risky if mobility and strength decline. Half of all requests to social services for help with home adaptations are for bathing. Installing a level access shower or wet room can make a significant difference to being able to look after yourself in the longer term.

Simple, low cost measures such as installing lever taps and spatula handles on toilets are beneficial if hands and wrists are particularly affected by arthritis.

Another low cost measure is to keep everything you need to use on a daily basis within easy reach and in accessible bottles eg. toiletries in pump action containers on waist height open storage racks and shelves, rather than screw top bottles put away in low cupboards.

### **\* Kitchen**

Look at the layout in the kitchen to see if this needs rearranging to work better if your strength and mobility reduce. For example, try to minimise carrying heavy items; install a level hob so you don't have to lift pans but can slide them across worktops, have an eye level oven next to work top space rather than using a low oven.

Storage which limits the need to climb on chairs or bend down will enable you to continue to use the kitchen safely for longer. For example, drawers which slide out, rather than cupboards with fixed shelves, are much easier to use, as are lever taps. When choosing both large and small kitchen appliances, think about how easy the controls are to use - many have small, awkward knobs and buttons which arthritic hands will struggle to use. There is also a range of specially designed kitchen items that are widely available to help with cooking - such as tilting kettles and electric can openers (see [www.asksara.org.uk](http://www.asksara.org.uk) in "Gadgets" below).

### \* **Bathroom**

With arthritis, morning stiffness and pain can be a particular problem. Think about how the bedroom furniture is positioned in relation to the doorway to the bathroom. Make enough space to enable use of walking aids. Minimise the distance you have to walk or objects you have to navigate.

A higher bed with a well positioned high seat chair nearby can be a useful transition to standing when you first get up in the morning. Such a chair placed where clothing can be easily reached also helps with dressing.

As with all other rooms, easy access storage is important. Glide action, sliding door wardrobes and cupboards help if hand strength is declining. Regularly used items placed at an easy to reach height reduce the need to stretch and bend.

There are more ideas and advice about equipment on the website [www.asksara.org.uk](http://www.asksara.org.uk) run by the Disabled Living Foundation.

### **QUICK CHECK - DESIGN AND LAYOUT**

Rearrange the layout of rooms to make it easier to move around, including making space to use walking aids.	
Install grab rails, particularly by steps, stairs and in bathrooms.	

Make the home as level as possible, eg. through ramping.	
Keep floors and stairs clear of clutter, put in non-slip flooring.	
Rearrange storage to enable access without bending or climbing.	
Put in lever taps and easy to use controls on appliances.	
Consider installing a level access shower or wet room.	
Change the layout of the bedroom to create a safe, short route to the bathroom, including space to use walking aids.	

### **Lighting and heating**

Being able to use lighting and heating controls is an important part of living independently at home. Think about the position of light switches, sockets and heating system control panels. If your home needs rewiring anyway, consider lowering light switches and raising sockets. The latter is especially useful as it avoids the need for stretching and bending down behind furniture.

A cheap alternative is to use extension cables leading from low sockets and placing these where they are easy to reach, though be careful to avoid trailing wires or overloading. Many ordinary DIY stores as well as shops selling disability aids, sell plug handles or pulls which can be attached to the back of electric plugs making them easier to use if you have a limited grip.

If you find switching on table or standard lamps increasingly awkward, try touch-sensitive lamps - these are activated by simply touching any part of the lamp base. They are particularly useful in the bedroom. There are also "motion-sensitive" lights which come on when you walk past them. Lights with movement sensors can be fitted to switch on when you get out of bed or if a person enters a room. Remote controlled lighting can also be useful.

If you find using the controls on electric or gas fires, or on your central heating system difficult, you can ask the manufacturers if they have alternative controls if that would be easier for you to use.

Another very important issue is to make sure your home is warm and dry, especially in colder weather. Many people with arthritis find that cold, damp conditions make their symptoms worse. At the time of producing this information government schemes for helping older and disabled people with heating, insulation and fuel bills were under review, but the organisations listed at the end of this brochure should be able to provide further information.

### **QUICK CHECK - LIGHTING AND HEATING**

Have sockets and switches positioned at an easy to reach height.	
Consider motion-sensitive and/or touch sensitive lights especially for use at night.	
Install easier-to-use heating controls.	
Fit plug handles or pulls to plugs on electric equipment.	
Keep your home as warm and dry as possible.	

### **Safety and Security**

As joints stiffen, the risk of falls and accidents can increase, so it is worth thinking about how you might make your home safer to live in.

It is worth noting that in many areas, "Home Safety and Security Check" services for older people are offered by voluntary organisations such as local AgeUK or home improvement agencies - see Contacts section at the end.

Arthritis Care and the website [www.asksara.org.uk](http://www.asksara.org.uk) have further practical ideas about safety when living with arthritis.

#### **\* Staying safe at home**

Whilst some aspects of heating and lighting related to safety were covered above, as a minimum install smoke alarms and carbon monoxide indicators. Testing and battery replacement can become an issue for people with arthritis, so low maintenance and mains connected options that do not require batteries are best.

Falls are a major hazard as you get older and joint stiffening from arthritis increases that risk. Simple measures, such as keeping rooms free of general clutter on the floors, removing loose rugs or frayed carpets and having good lighting can help reduce risk of falls.

Many falls happen on steps and stairs. As mentioned above, fitting a second handrail, putting up grab rails by steps and clearly marking the edges of steps and stairs are just some of the measures worth taking sooner rather than later.

Bathrooms are another major falls and accident risk area. Grab rails and a toilet seat riser can help with being unsteady when going from sitting to standing.

Occupational therapists (OTs) are the specialists who can advise about the equipment and adaptations that can help around the home, such as bath lifts and electronic bath seats, stairlifts, hoists and a range of other options. You may be able to get help and advice from an OT via your GP or Social Services, but this varies across the country.

There are also private OTs who can offer independent advice. You can find a properly trained and registered OT via the Independent Practice enquiry line on 0800 389 4873 or on [www.cotss-ip.org.uk/directory/index.htm](http://www.cotss-ip.org.uk/directory/index.htm).

### **\* Telecare**

There is also an increasing range of devices that use a variety of sensors fitted around the home to monitor activity by the occupant or changes in "normal" activity. The sensors are linked via a telephone line to a nominated person or a call centre. By monitoring the person's activities the system can detect potential problems and trigger an alarm to a relative, carer, neighbour or emergency services. This is broadly referred to as telecare.

Sensors can be used to detect factors such as:

- Normal daily activity eg. flushing the toilet, turning on taps, opening the fridge. If these actions don't take place at the "normal" time a response can be made.
- Getting out of bed at night - bed occupancy sensors or pressure-mat sensors placed by the bed can activate an alarm when the person gets up in the night, eg. to alert a carer.
- Floors - when sensors are fitted on skirting boards or floors in kitchens or bathrooms, if the taps are left running and cause a flood, the system will shut off the water and raise the alarm. Specially designed plugs can also be used to prevent floods from taps that have been left running.
- Extreme temperature - sensors send a warning signal if a room temperature is very low or very high, or if the temperature suddenly goes up. In the kitchen, for example, this could detect a pan that has boiled dry. It can also detect if the temperature in a room is so low there may be a risk of hypothermia.
- Gas - sensors detect if someone forgets to turn the gas off, and device will automatically shut this off and raise the alarm.
- Falls - sensors worn on the hip can detect the impact or a person falling.
- Unexpected absence from a bed or chair - if someone doesn't get up in the morning, a bed or chair occupancy system can raise an alarm.

There is also a growing range of equipment or Assistive Technology (AT) that can make independent day to day living easier eg. enabling washing, dressing, cooking and eating.

Controlling who can come into and out of your home can be especially useful. One of the most commonly used pieces of equipment is a "Keysafe". This is a small, secure box which is fitted outside the home to contain the front door key. It can be opened by people ie. relatives and carers, who know the secure number code set for that specific safe. Fitting a door entry system is another (but

more expensive) alternative, reducing the need to get up to answer the door if your mobility is limited.

Whilst making sure that doors and windows have good, secure locks, the reduced grip and dexterity that can result from arthritis means that you also need to make sure that you can still operate these. You can get key turners that fit onto ordinary keys and make these easier to turn; or, you could replace the lock with a push button lock which you open and close either by entering a code onto a keypad or by swiping a card (like those used in hotel rooms).

<b>QUICK CHECK - SAFETY AND SECURITY</b>	
Fit and maintain smoke alarms and carbon monoxide indicators.	
Fit a KeySafe, entry phone system and/or easy to manage locks.	
Keep floors clear of clutter and cables tidy.	
Find out about special equipment and adaptations.	
Consider the range of telecare options.	

### **Going out and about from your home**

For people whose arthritis particularly affects their mobility, going out and about can become a challenge. Yet not getting out of your home can limit your sense of independence and your ability to do tasks like shopping; getting to health appointments; or simply going out for pleasure.

In this brochure we do not cover the various transport and mobility schemes - see [www.arthritiscare.org.uk](http://www.arthritiscare.org.uk) for more information - but we look briefly at some of the housing considerations.

#### **\* Steps and ramps in and out of your home**

Even if you can move about well inside your home, a high proportion of properties have steps at the front and back doors which can be a major obstacle to getting out and about. You'll need to think about access in and out of the property for every day use, as well as in an emergency, such as a fire.

Ramping can be permanent or portable, dependent upon the location (eg. a front door straight out onto the street) and factors such as the gradient (normally this should not be less than 1 in 12). Surfaces need to be non-slip with grab rails and bars.

Occupational therapists and some home improvement agencies (noted above) can offer practical help and advice about ramping options and installation.

### **\* Electric Mobility Scooters**

Having somewhere to store a scooter with access to an electrical supply to recharge the battery can be a key consideration. Think ahead about how this might be organised and whether you need an external power point to be fitted.

if you are considering moving home and plan to use a scooter, storage facilities are worth thinking about, as is the space for scooters in the corridors of retirement or sheltered housing schemes.

Similarly, if you, or your partner or carer, mostly get about by car, the availability of car parking bays marked for disabled drivers may be an issue to consider.

### **Gadgets and Equipment**

There is an increasing range of gadgets and equipment to enable independence. The Disabled Living foundation's website [www.asksara.org.uk](http://www.asksara.org.uk) has a lot of information about products to use in daily life.

There are also around 40 Disabled Living Centres linked to AssistUK which have permanent exhibitions of equipment and offer professional advice about what may be of most use to you. To find your nearest centre see [www.assist-uk.org](http://www.assist-uk.org).

There are a number of "independent living centres" where some equipment is on display and can be tried out. You can find your nearest centre using a search on the National Centre for Independent Living (NCLI) website

<http://www.ncil.org.uk/categoryid21.html> NCIL are part of Disability Rights UK ([www.disabilityrightsuk.org](http://www.disabilityrightsuk.org)) and you can also call their Advice Line on 0845 026 4748.

Arthritis Care ([www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)) have further practical ideas about equipment specifically for people with arthritis.

#### Meeting the Cost of Home Adaptations and Equipment

If you are on a limited income you may be eligible for a Disabled Facilities Grant from the local council to help to pay for the home adaptations that you are assessed as needing now. They will not pay for something that you may need in the future. Some social landlords (the council or a housing association) help tenants who need adaptations. Your local Social Services and hospital are obliged to provide certain essential items of equipment.

To find out more about your possible entitlement to Disabled Facilities Grants see the factsheet from Disability Rights UK ([www.disabilityalliance.org/f49.htm](http://www.disabilityalliance.org/f49.htm)), or contact one of the helplines listed below.

## Thinking about moving home

You may decide that having thought about the suitability of your current home, moving might be a better option.

It is worth bearing in mind that many of the issues described above about living at home also apply to other housing options - such as the design and layout. Because a property has been built for older people does not automatically make it well suited for a person with arthritis.

Your main housing options if you decide to move home include:

- A more suitable and better located "ordinary" property (ie. not one which has been built specially for older people) such as a bungalow or a flat that you might buy or rent.
- Special housing built for older people, such as retirement or sheltered housing. In some, but not all, of these types of

accommodation, help may be at hand if you need it. Some will be designed to make them easier for people with limited mobility to manage, such as having wide doorways, space for adaptations and equipment and with no steps or stairs.

- Specialist housing with 24 hour on-site care, such as extra care housing, or an "Assisted Living" apartment. These may be available to buy or to rent.
- A care or nursing home.

Information about the pros, cons, costs and local availability of these housing options is available from the national, government backed, independent information and advice service *FirstStop Housing and Care Advice*.

Their website [www.firststopcareadvice.org.uk](http://www.firststopcareadvice.org.uk) lists in detail local specialist housing developments (both for sale and rent) as well as related services. They produce brochures about housing and care options and offer a free telephone helpline 0800 377 70 70.

Wherever you choose to live, you might need help with day to day living, such as washing, dressing, domestic cleaning and so on. FirstStop can also offer information about how to find and pay for the care your need, as do many of the specialist organisations listed below.

## **Sources of Related Advice and Information**

### **Arthritis**

#### **Arthritis Care**

Helpline: 0800 800 4050

[www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)

### **Carers**

#### **Carers UK**

Advice Line: 0808 808 7777

[www.carersuk.org](http://www.carersuk.org)

### **Older People**

#### **AgeUK**

Advice Line: 0800 169 6565

[www.ageuk.org.uk](http://www.ageuk.org.uk)

### **Housing & Care Information for Older People**

#### **FirstStop**

Advice Line: 0800 377 70 70

[www.firststopcareadvice.org.uk](http://www.firststopcareadvice.org.uk)

### **Home Repairs and Adaptations Services**

#### **Foundations (for home improvement agencies)**

Telephone 08458 645210