



Osteoarthritis

Fast Facts

- Though some of the joint changes are irreversible, most patients will not need joint replacement surgery.
 - OA symptoms (what you feel) can vary greatly among patients.
 - A rheumatologist can detect arthritis and prescribe the proper treatment. The goal of treatment in OA is to reduce pain and improve function.
 - Exercise is an important part of OA treatment, because it can decrease joint pain and improve function.
 - At present, there is no treatment that can reverse the damage of OA in the joints. Researchers are trying to find ways to slow or reverse this joint damage.
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Osteoarthritis (also known as OA) is a common joint disease that most often affects middle-age to elderly people. It is commonly referred to as "wear and tear" of the joints, but we now know that OA is a disease of the entire joint, involving the cartilage, joint lining, ligaments, and bone. Although it is more common in older people, it is characterized by breakdown of the cartilage (the tissue that cushions the ends of the bones between joints), bony changes, and degrees of inflammation of the joint lining (called the synovium).

This arthritis tends to occur in the hand joints, spine, hips, knees, and great toes. The lifetime risk of developing OA is 25%, according to the Johnston County Osteoarthritis Project, a long-term study from the University of North Carolina (called the CDC) and the National Institutes of Health.

OA is a top cause of disability in older people. The goal of osteoarthritis treatment is to reduce pain and improve function and slow disease progression.

What is osteoarthritis?

OA is a frequently slowly progressive joint disease typically seen in middle-aged to elderly people. In osteoarthritis, the affected bones tend to slowly get bigger. The joint cartilage often breaks down because of mechanical stress. OA can occur together with other types of arthritis, such as gout or rheumatoid arthritis.

OA tends to affect commonly used joints such as the hands and spine, and the weight-bearing joints such as the hips and knees.

- Joint pain and stiffness
- Knobby swelling at the joint
- Cracking or grinding noise with joint movement
- Decreased function of the joint

Who gets osteoarthritis?

OA affects people of all races and both sexes. Most often, it occurs in patients age 40 and above. However, it can occur in younger people (usually those with a history of getting OA). Risk factors include:

- Older age
- Having family members with OA
- Obesity
- Previous traumatic joint injury or repetitive use (overuse) of joints
- Joint deformity such as unequal leg length, bowlegs or knocked knees

How is osteoarthritis diagnosed?

Rheumatologists are doctors who are experts in diagnosing and treating arthritis and other diseases of the joints. Other health care providers, for instance, physical or occupational therapists and orthopedic doctors, may also be involved in the diagnosis. Most often, doctors detect OA through a physical exam. In some cases, X-rays or other imaging tests may be useful to tell the extent of disease or to help with treatment.

How do you treat osteoarthritis?

There is no proven treatment yet that can reverse joint damage from OA. The goal of osteoarthritis treatment is to reduce pain and improve function. This is possible with a mixture of physical measures and drug therapy and, sometimes, surgery.

Physical measures: Weight loss and exercise are useful in OA. Excess weight puts stress on your knee joints. In fact, if you lose weight over a 10-year period, you can reduce the chance of developing knee OA by up to 50 percent. Exercise can improve your muscle strength and reduce your disability due to OA. Also helpful are support (“assistive”) devices, such as orthotics or a walking cane, that help reduce your symptoms for a short time.

Certain alternative treatments such as spa (hot tub), massage, and chiropractic manipulation can help relieve joint pain. Also, the long-term benefits of these alternative (sometimes called complementary or integrative) treatments.

Drug therapy: Forms of drug therapy include topical, oral (by mouth) and injections (shots). You apply topical capsaicin cream, lidocaine and diclofenac gel. Oral pain relievers such as acetaminophen are common first treatments which decrease swelling and pain.

In 2010, the government (FDA) approved the use of duloxetine (Cymbalta) for chronic (long-term) musculoskeletal pain. Other health concerns, such as mood disorders, nerve pain and fibromyalgia.

Patients with more serious pain may need stronger medications, such as prescription narcotics.

Joint injections with corticosteroids (sometimes called cortisone shots) or with a form of lubricant called hyaluronic acid into the knee, and these shots may help delay the need for a knee replacement by a few years in some patients.

Surgery: Surgical treatment becomes an option for severe cases. This includes when the joint has serious damage or loss of function. Surgery may involve arthroscopy, repair of the joint done through small incisions (cuts). If the joint is severely damaged, a total joint replacement may be necessary.

Supplements: Many over-the-counter nutrition supplements have been used for osteoarthritis treatment. Most of the most widely used are calcium, vitamin D and omega-3 fatty acids. To ensure safety and avoid drug interactions, talk to your doctor about any supplements. This is especially true when you are combining these supplements with prescribed drugs.

Living with osteoarthritis

There is no cure for OA, but you can manage how it affects your lifestyle. Some tips include:

- Properly position and support your neck and back while sitting or sleeping.
- Adjust furniture, such as raising a chair or toilet seat.
- Avoid repeated motions of the joint, especially frequent bending.
- Lose weight if you are overweight or obese, which can reduce pain and slow progression of OA.
- Exercise each day.
- Use adaptive devices that will help you do daily activities.

You might want to work with a physical therapist or occupational therapist to learn the best exercises and to correct posture.

For additional information on osteoarthritis, you may want to visit the Arthritis Foundation's website: www.arthritis.org

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