Osteoarthritis (OA)

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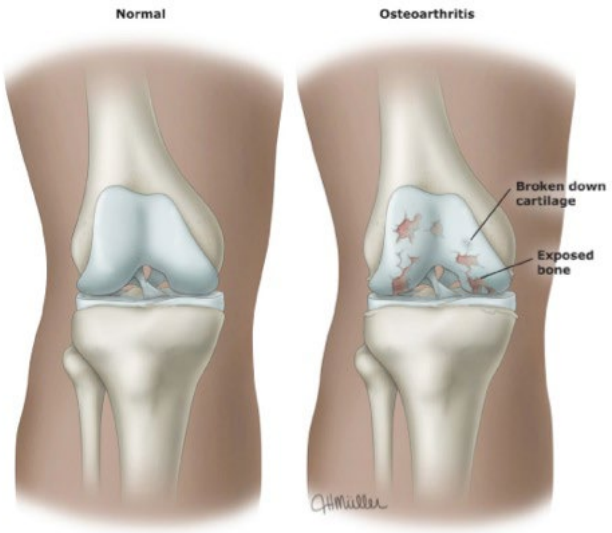
What is it?

Arthritis means joint inflammation. There are two main groups of arthritis;
1) Inflammatory arthritis such as rheumatoid arthritis and psoriatic arthritis and
2) osteoarthritis also known as joint wear and tear. Osteoarthritis (OA) is a common type of arthritis in which there is a gradual loss of cartilage from the joints.



What are the symptoms?

Common osteoarthritis symptoms include pain, stiffness, loss of joint motion and changes in the shape of affected joints. Although OA can affect almost any joint, it most often affects the hands, knees, hips and spine. The symptoms of OA usually begin after age 40 and can vary considerably from one person to another. The main symptom of OA is joint pain that is worse with activity and is relieved by rest. In some cases, the pain may also occur at rest or at night. The pain usually occurs near the affected joint however in some cases, the pain may be referred to other areas. For example, the pain of OA of the hip may actually be felt in the knee. Joints affected by OA may be tender to the touch. The level of pain is typically constant over time. Morning stiffness is common with osteoarthritis. This stiffness usually resolves within 30 minutes of rising, but it may recur throughout the day during periods of inactivity. Some people note a change in symptoms related to the weather. Osteoarthritis may cause a type of joint swelling called an effusion which results from the accumulation of excess fluid in the joint. Movement of a joint affected by osteoarthritis may cause a crackling or grating sensation called crepitus. The most likely cause of this sensation occurs due to the roughening of the normally smooth surfaces inside the joint.

What should I do?

Osteoarthritis is a chronic condition that gradually becomes worse over time. There are however several measures that may slow its progression and control symptoms. The diagnosis of OA is the first step in ensuring the appropriate treatment of osteoarthritis.

How is a diagnosis made?

There is no single sign, symptom, or test that can diagnose OA. Instead, the diagnosis is based on consideration of several factors including the characteristic symptoms of osteoarthritis and the results of laboratory tests and x-rays.

How did I get it?

A number of factors can increase the risk of developing osteoarthritis. Age is one of the strongest risk factors for OA. The condition rarely occurs in people younger than age 40, but at least 80 percent of people over age 55 have some x-ray evidence of the disorder. Not all of these people with X-Ray evidenced arthritis suffer joint pain or other joint problems. For unknown reasons, women are between 2 -3 times more likely than men to develop OA. People who are obese are at higher risk of developing OA so weight is a risk factor for this disease. OA of the knee has been linked to certain occupations that require frequent squatting and kneeling while OA of the hip has been linked to farm work, construction work, and other activities that require heavy lifting, prolonged standing, or walking long distances each day. The risk of OA is increased in those who participate in certain sports, including wrestling, boxing, pitching in baseball, cycling, parachuting, cricket, gymnastics, ballet dancing, soccer, and football. In contrast, running does not appear to increase the risk of OA.

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Osteoarthritis management

Medical management of osteoarthritis has various stages depending on the severity of your symptoms and condition. Initially it may be managed with Panadol but may eventually require joint replacement.

7 stage medical management of osteoarthritis

1. **Panadol as required**: can be used for mild early disease.
2. **Panadol Osteo regularly**: 3 times per day. Its use can be quite effective in the early stages.
3. **Anti-inflammatory as required**: anti-inflammatories tend to have slightly stronger pain relief than Panadol but also have side effects.
4. **Anti-inflammatory regularly**: strong once daily anti-inflammatories are often very useful if they are tolerated and not compromising or impacting other medications being taken.
5. **Injections:** Cortisone can be useful for delaying surgery in someone with severe disease or for settling down a "flare up" in someone who has jarred the joint due to activity or trauma. A Synvisc injection can be used to delay the progression of arthritis. PRP injections have poor evidence in treating arthritis but is still used by some. Stem cells are very expensive (~$10,000) and there is very little evidence to support their use at present.
6. **Arthroscopic (keyhole surgery)**: This is used to clean out the joint and usually is not very effective for osteoarthritis. It can be useful in patients with significant catching and locking symptoms due to a meniscus tear or someone who has floating bone fragment.
7. **Joint Replacement**: If it is required it is extremely effective option which can restore freedom of movement and allow pain free exercise.

RESCUE TREATMENT: anti-inflammatories and injections are sometimes used as rescue medications. If you are normally in stage 1 but have a significant flare of symptoms sometimes anti-inflammatories or injections can be used to treat the flare and return you back to your previous stage.

Lifestyle modification in arthritis is critically important. In contrast to medical management which is a stepwise approach, lifestyle approaches can and should be implemented concurrently

Activity Modification: Adopting an exercise which is lower impact will protect the joints in the long term. Swimming and cycling tend to be quite low impact on the hip and knees.

Weight control: Weight management is important in osteoarthritis especially with the lower body. As an example the average person takes 8000 steps per day. Gaining 10kgs equates to an extra (10kg x 8000steps x 365days) 29200000kgs through your joints per year.

Diet: Sufficient good fats such as fish and avocado will have a mild anti-inflammatory effect.

Exercise: Strong muscles with good endurance protect the joints. Joint pain causes the muscles to fire inappropriately. It is important to try to continue to exercise to reverse this abnormal muscle function and help protect the joints.

Physiotherapy: This is an important component of osteoarthritis management. Guided exercise therapy will help protect the joints and relieve pain in the long term. The use of a variety of battery powered machines and ultra sound devices may not produce the desired benefits expected.

Podiatry: If you have severe arthritis on the inside or outside of the knee, an orthotic will sometimes help unload the sore arthritic area and preferentially load the healthy part of the knee. There is some controversy over how this effect works but many patients find orthotics very helpful.

Supplementation: There is quite a lot of controversy and conflicting data regarding the role of supplementation in arthritis. Fish oils and glucosamine are the best researched but there is still no clear evidence that they are effective. Some patients seem to respond quite well while others do not. If you trial a supplement, you should commit to it for 3 months and then re-evaluate its effect. If you have not responded it may be worth reviewing whether to continue its use. There is no convincing evidence that they slow disease progression.

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