

OSTEOARTHRITIS

27 million Americans age 25 and over are living with osteoarthritis today. The condition itself can vary dramatically between patients. The good news is osteoarthritis typically is not a crippling form of arthritis and most individuals find a regular regimen of activity, medication and weight control beneficial. However, since damage caused by osteoarthritis is not reversible, the time to seek help is now.

Fast facts

- Osteoarthritis is caused by cartilage breakdown in one or more joints in the fingers, hips, knees, feet, and the spine in the neck and lower back.
- Being overweight, age, injury and/or stress to the joints, and family history can predispose you to osteoarthritis.
- Your rheumatologist can make medical and physical treatment recommendations that will increase your comfort level.

What is osteoarthritis?

Osteoarthritis (OA) is the most common joint disease affecting middle-age and older people. It is characterized by progressive damage to the joint cartilage—the slippery material at the end of long bones—and causes changes in the structures around the joint. These changes can include fluid accumulation, bony overgrowth, and loosening and weakness of muscles and tendons, all of which may limit movement and cause pain and swelling. Most commonly affected are the weight-bearing joints—the knees, hips and spine. Osteoarthritis in the knee and hip areas can generate chronic pain or discomfort during standing or walking. Deterioration of disks between spine vertebrae can cause back and neck stiffness and pain.

OA also can affect the fingers and any joints with previous injury from trauma, infection or inflammation. Some patients may develop bony knobs or “nodes” that enlarge finger joints, causing pain, stiffness or numbness and later restrict use of the fingers. Most of those individuals with OA do experience joint pain during activity which can be relieved by rest. Those with later stage OA may suffer more severe pain and unstable joints, causing a sensation in the knees of “giving way” or “locking.” Some OA patients also experience overall stiffness in the morning or after prolonged inactivity, such as riding in a car. This stiffness typically lasts no more than half an hour.

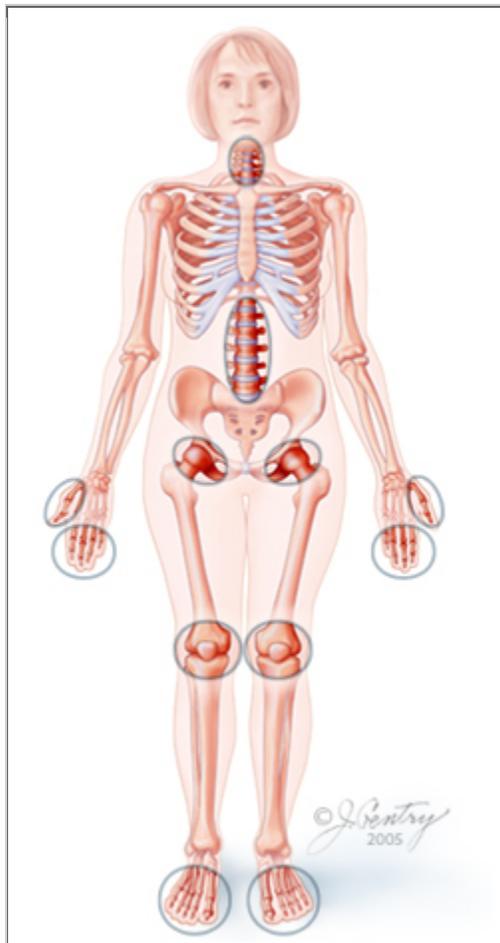
What causes osteoarthritis?

OA arises from problems with the cartilage that cushions the ends of bones. This slippery material serves as the body's "shock absorber," reducing friction in the joints as the body moves. When the cartilage is damaged or begins wearing away, tendons and ligaments can stretch painfully or, worse, bones can come into contact.

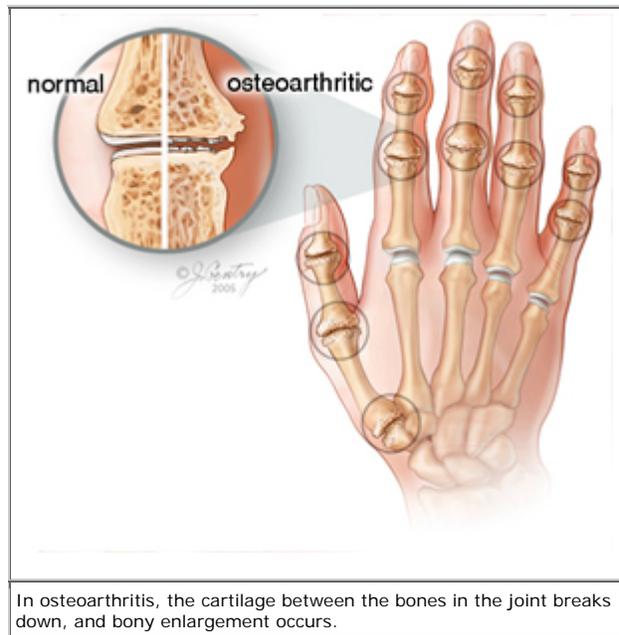
While no one factor appears to cause cartilage damage, researchers point to excess weight that adds to joint stress; sports- and work-related activities and injuries; and a family history of joint and cartilage weakness as contributing to OA. Age, in and of itself, is not a definitive cause of OA, but can worsen the deterioration process.

Who gets osteoarthritis?

OA strikes people of all ages, but is more common in older populations. In fact, 70% of people over the age of 70 have X-ray evidence of the disease. However, only half ever develop symptoms. Women are affected more often than men, especially with OA of the fingers and the knees.



The circles on this figure indicate joints that are commonly affected by osteoarthritis.



In osteoarthritis, the cartilage between the bones in the joint breaks down, and bony enlargement occurs.

How is osteoarthritis treated?

The goal of treatment is to reduce pain and improve function of the affected joints. This can be achieved with a combination of physical measures, drug therapy and, sometimes, surgery.

Physical measures – Exercise, support devices and thermal therapy usually are effective. Some forms of unproven alternative treatment such as spa, massage, acupuncture and chiropractic manipulation can help relieve pain for a

short duration, but usually are costly and require repeated treatments.

Drug Therapy – Available forms of drug therapy include topical agents such as capsaicin cream, oral pain relievers such as acetaminophen, and nonsteroidal anti-inflammatory drugs (NSAIDs) for swelling and inflammation. For more serious pain, stronger medications such as narcotics may be required. Joint injections with corticosteroids or a form of lubricant called hyaluronic acid (HA) derivatives have proven effective for some patients.

Surgery – Arthroscopy and/or joint replacement is considered when the joint is seriously damaged, or the patient is in intractable pain and experiencing significant loss of function.

Supplements – Many nutritional supplements have been used for treatment of OA, but most lack good research data to support their effectiveness and safety. Recent study from the National Institute of Health showed that patients with moderate to severe pain from knee OA might benefit from chondroitin/glucosamine sulfate supplementation. However, to ensure safety and avoid drug interaction, consult your doctor or pharmacist before using any of these agents, especially in combination with prescribed drugs.

Living with osteoarthritis

There is no cure for OA, but you can help manage how it impacts your lifestyle. For instance, giving proper positioning and support to the neck and back during sitting or sleeping; adjusting furniture such as raising a chair or toilet seat; and avoiding trauma and repetitive motions of the joint, especially frequent bending, are excellent starts.

Adding regular exercise to your daily activities will improve muscle strength. Exercises that increase strength of the quadriceps muscles (the front thigh muscles) also can help prevent knee OA. Working with a physical or occupational therapist can help you learn the best exercises and assistive devices (e.g., cane, raised toilet seat) for your joints.

Because weight loss in obese people can reduce pain and progression of OA, achieving and keeping an ideal weight will make a substantial difference in comfort levels.

Points to remember

- OA, the most common arthritis, affects 27 million Americans age 25 and over and is a leading cause of disability.
- Because it is so common, OA can also occur together with other types of arthritis.
- Evaluation is needed by your doctor to confirm the diagnosis and develop an appropriate treatment plan to help relieve the pain and restore function.
- At present, there is no available therapy that can reverse the damage of OA in the joint, but many studies are underway.

To find a rheumatologist

- For more information about rheumatologists, [click here](#).
- For a listing of rheumatologists in your area, [click here](#).

For more information

The American College of Rheumatology has compiled this list to give you a starting point for your own additional research. The ACR does not endorse or maintain these Web sites, and is not responsible for any information or claims provided on them. It is always best to talk with your rheumatologist for more information and before making any decisions about your care.

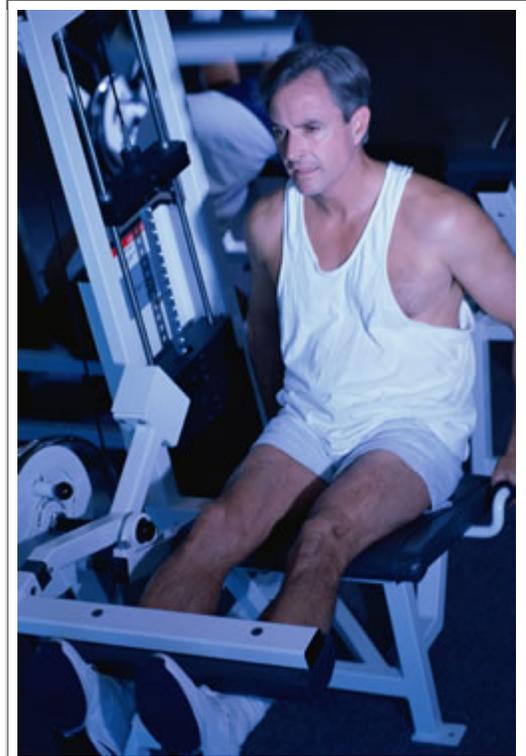
Arthritis Foundation
www.arthritis.org

Updated June 2006

Written by Thitinan Srikulmontree, MD, and reviewed by the American College of Rheumatology Patient Education Task Force.

This patient fact sheet is provided for general education only. Individuals should consult a qualified health care provider for professional medical advice, diagnoses and treatment of a medical or health condition.

© 2008 American College of Rheumatology



Those exercises that increase strength of the quadriceps muscles (the front thigh muscles) may also help prevent knee OA.