

BURY PHYSIO Osteoarthritis Information

What is osteoarthritis?

Osteoarthritis (OA) is the most common form of arthritis and a normal part of ageing. It commonly affects joints such as hips, knees, finger joints, thumb joints, and lower spine. By the age of 65, at least half of people have some OA in some joints but this does not mean that they will get serious pain or disability. OA is mild in 9 out of 10 cases. A common wrong belief is that OA is a progressive and serious disease that affects all joints.

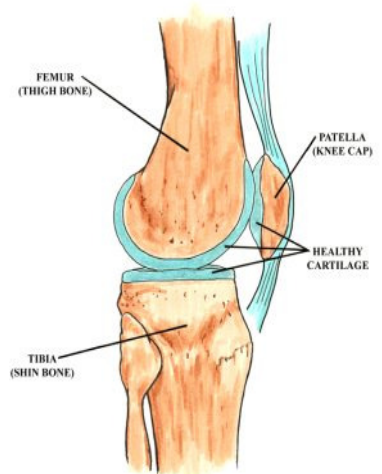
The severity of symptoms varies. In most older people, OA is mild, it does not become worse, and does not cause significant disability. However, in a few cases OA causes significant pain and disability and one or more joints may become affected. Symptoms frequently come and go and are often related to the weather with improvement in warmer months and increased discomfort and stiffness when it is cold and damp.

About joints

A joint is where two bones meet. Joints allow movement and flexibility of various parts of the body. The movement of the bones is caused by muscles which pull on tendons that are attached to bone.

Cartilage is a hard, smooth tissue that covers the end of bones. Between the cartilage of two bones which form a joint there is a small amount of thick fluid called synovial fluid. This fluid 'lubricates' the joint which allows smooth movement between the bones.

The synovial fluid is made by the synovium. This is the tissue that surrounds the joint. The outer part of the synovium is called the capsule. This is tough, gives the joint stability, and stops the bones from moving 'out of joint'. Surrounding ligaments and muscles are essential to support and stabilise the joints



What causes osteoarthritis?

In joints with OA, the cartilage becomes worn. OA is often called the 'wear and tear' arthritis. The exact reason why the cartilage of some joints becomes worn and others does not is not clear. Factors that may play a role include:

- **Age** OA becomes more common with increasing age. It may be that the state of the blood supply to the joint and the state of the natural mechanisms of repair become less efficient in some people as they become older.
- **Genetics** There may be some inherited tendency for OA to develop in some people.
- **Obesity** Knee and hip OA are more likely to develop, and be severe, in obese people.
- **Ethnic origin** Hip OA is more common in Europeans than in black people or Asians.
- **Secondary OA** develops in joints previously abnormal for a variety of reasons. For example, it may develop in injured or deformed joints. This can occur in younger people

What are the symptoms of osteoarthritis?

For many people there are no significant symptoms. X-ray changes that indicate some degree of OA are common over the age of 40 but often people have no, or only very mild, symptoms. The opposite can also be true. It is possible to have severe symptoms but with only minor changes seen on the X-ray. Common symptoms are

- Pain, stiffness, and limitation in full movement of the joint are typical. The stiffness tends to be worse first thing in the morning but tends to 'loosen up' after half an hour or so.
- Swelling and inflammation can sometimes occur. You should see your doctor if a joint suddenly swells up.
- An affected joint tends to look a little larger than normal but deformities of joints due to OA are uncommon, but sometimes develop.
- Poor mobility can occur if a knee or hip is badly affected.

Treatment and management of osteoarthritis

Exercise

Exercise regularly to keep fit, to strengthen the muscles around affected joints and to maintain a good range joint movement. This is one of the most important things to do for a joint with OA.

Weight control

Lose some weight if you are overweight as the extra burden placed on back, hips, and knees will make symptoms worse. Even a modest amount of weight loss makes a big difference

Walking aids

If you have OA of a hip or knee, try using a walking stick for longer distances. Hold it in the hand on the opposite side of the body to the affected joint. This takes some pressure off the affected joint and helps to ease symptoms in some cases.

Physiotherapy

A physiotherapist will carry out a detailed assessment and will advise you:

- Which exercises to do to get the joint moving
- Which exercises to do to strengthen the muscles around the affected joint
- How to keep active and fit.
- With regards to advice on shoes, walking aids and other things that may help you

Medicines

Paracetamol is the common medicine used to treat OA. It is best to take it regularly to keep pain away, rather than 'now and again' when pain flares up.

Anti-inflammatory painkillers These medicines are not used as often as paracetamol as there is a risk of side-effects with regular use. Some people take an anti-inflammatory painkiller for a week or two when symptoms flare-up. They then return to paracetamol when symptoms are not too bad. You should see your GP to discuss which medicines are best for you and to understand their side effects.

Surgery for osteoarthritis

Most people with OA do not have it badly enough to need surgery. Some joints can be replaced with artificial joints. Hip and knee replacement surgery has become a standard treatment for severe OA of these joints. Some other joints can also be replaced. Joint replacement surgery has a high success rate. However, like any operation, joint replacement surgery is not without risk and it is always best to have tried conservative management first.