



Osteoarthritis

Fast Facts

- OA is the most common form of joint disease in humans and is a leading cause of disability among the elderly.
- It typically occurs in the hand joints, spine, hips and knees.
- It is caused by cartilage breakdown and subsequent bony changes of the joints.
- Although the joint changes are irreversible, only a small number of patients will progress to the point that requires joint replacement surgery.
- OA symptoms can vary greatly among patients. Your rheumatologist can make the diagnosis and prescribe appropriate treatment recommendations for you.

What is osteoarthritis?

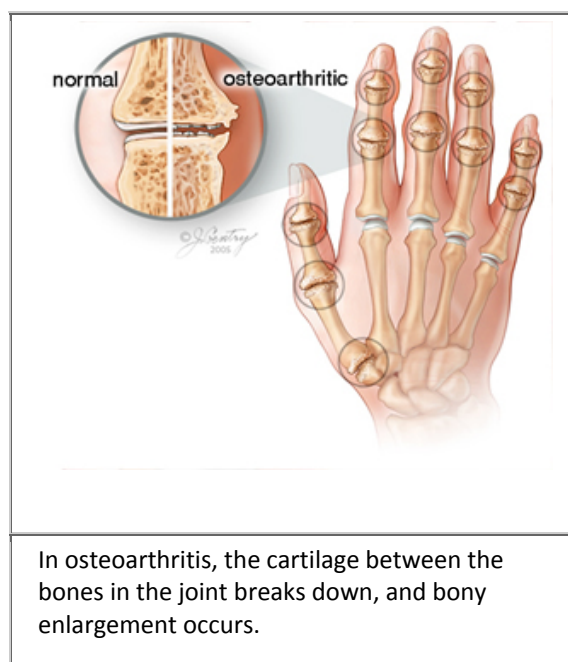
Osteoarthritis (OA) is a slowly progressive joint disease typically seen in middle-age to elderly people. It occurs when the joint cartilage breaks down, causing the underlying bone to fail. OA symptoms include joint pain, stiffness, knobby swelling, cracking noises with joint movements and decreased function. It typically affects the joints of the hands and spine and weight-bearing joints such as the hips and knees.

Who gets osteoarthritis?

OA typically occurs in patients age 40 and above. However, some risk factors might cause it to occur sooner (see below). It affects people of all races and gender.

What are the risk factors for osteoarthritis?

- Older age
- Family members with OA

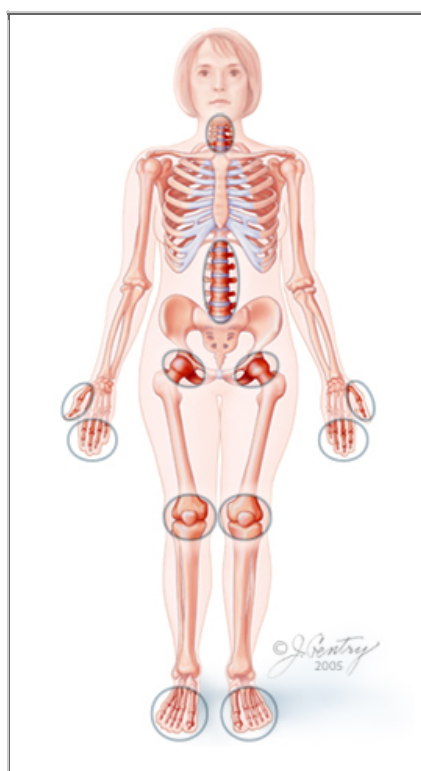




- Obesity
- Joint trauma or repetitive use of joints

How is osteoarthritis diagnosed?

OA usually is diagnosed by having typical symptoms and physical examination as described above. In some cases, imaging studies may be useful to tell the extent of disease or to help rule out other joint problems.



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

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 are useful in OA. 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 and oral agents. Topical drugs, which include capsaicin cream, lidocaine, and diclofenac gel, can be applied directly on the skin overlying the affected joints. Oral pain relievers such as acetaminophen, and nonsteroidal anti-inflammatory drugs (NSAIDs) are commonly used as first-line treatment. 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 over-the-counter nutritional supplements have been used for treatment of OA, but most lack good research data to support their effectiveness and safety. Among the most widely used are glucosamine/chondroitin sulfate, calcium and vitamin D, and omega-3 fatty acids. 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 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 great 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 decrease knee pain and reduce subsequent disability associated with osteoarthritis. Working with a physical or occupational therapist can help you learn the best exercises and choose appropriate assistive devices for your joints.

Weight loss in obese people can reduce pain and progression of OA. Achieving and keeping an ideal weight will make a difference in your overall comfort levels.

Points to remember

- OA is the most common form of arthritis and can occur together with other types of arthritis.
- Evaluation by your doctor will help confirm the diagnosis and develop an appropriate treatment plan for your condition.
- The goal of treatment in OA is to reduce pain and improve 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](#).

Learn more about [rheumatologists](#) and [rheumatology health professionals](#).

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 August 2009

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.

© 2010 American College of Rheumatology