Osteoarthritis

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Definition

A chronic syndrome characterized by nonspecific, usually bilateral, inflammation of joints sometimes progressing to severe joint destruction.

Introduction

Up to 85 % of people over 65 show some evidence of osteoarthritis on X-ray, but only 35-50 % experience symptoms. Osteoarthritis is seen in people of all nationalities but risk for its appearance in specific joints varies among ethnic groups. Caucasians have a higher risk than Asians. Osteoarthritis in the hips is very common in the U.S. but the risk is lower in Asia or some Middle East countries. Asians appear to have a higher incidence of osteoarthritis in the knee than Caucasians do and an equal risk for osteoarthritis in the spine.

Before age 45, osteoarthritis occurs more frequently in males. After age 55 it develops more often in females. The hip is affected more often in men; hands, fingers, and knees are more problematic in women. In fact, arthritis of the knee is twice as common in women as in men, and women are more likely to have both knees affected.

Obesity, which is defined as being 20 % over one’s healthy weight, places people at increased risk for osteoarthritis, most likely because of increased weight on the joints.

Diagnosis

The pain of osteoarthritis almost always begins gradually, progressing slowly over many years. People under 40 may have the condition with no symptoms at all. Osteoarthritis is commonly identified by aching pain in one or more joints, stiffness, and loss of mobility. Swelling or redness may or may not be present. The pain may behave like a roller coaster, with bad spells followed by periods of relative relief. It often worsens after extensive use of the joint and is more likely to occur at night than in the morning. Stiffness tends to follow periods of inactivity, such as sleep or sitting, and can be eased by stretching and exercise. Pain seems to increase in humid weather. As the disease advances, the pain may occur even when the joint is at rest and can keep a sufferer awake at night.

In people who can communicate verbally, the diagnosis can often be made just on a description of pain as above. In those people who are nonverbal, or for diagnostic confirmation, X-rays can be helpful. Cartilage loss is indicated if the normal space between the bones in a joint is narrowed, if there is an abnormal increase in bone density, or if bony projections or erosions are evident. X-rays can also reveal any cysts that might develop in osteoarthritic joints.

If a person has a swollen, red or warm joint then laboratory tests or aspiration may be needed to help make the diagnosis. Examples would be gout (where crystals cause pain in the joint), Lyme disease (from the bacteria obtained from a tick bite), rheumatoid arthritis, systemic lupus erythematosus or other diseases.

Prevention and Treatment

There is no sure way to prevent osteoarthritis or slow its progression but some lifestyle changes can reduce or delay symptoms. The first is weight loss; one interesting study showed that if women who were overweight lost 11 pounds or more they cut their risk for developing osteoarthritis in half. Another is regular exercise. For women who are postmenopausal taking estrogen may help promote healthy joints. There are some studies that indicate that a diet
which is rich in fresh fruits, vegetables and which contains food with calcium and Vitamin D (fortified milk, sardines, herring, salmon, tuna, liver, dairy products and egg yolks) may also be helpful.

There are several medications, which may help with pain relief, and these should be discussed with your doctor.

**Monitoring Treatment**

For people who can communicate verbally it is important to maximize pain relief and maintain regular activities of daily living. It is more difficult to assess arthritis in people who are non-verbal and therefore regularly evaluating a person’s mood, preferences, interests and behaviors is important. Changes in how they walk, use of their arms, or other joints of the body may also be a sign of pain or discomfort in these areas.

**References**

Arthritis Foundation - Albuquerque (505) 265-1545


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