

Osteoarthritis

This sheet has been written for people affected by osteoarthritis. It provides general information to help you understand how osteoarthritis affects you and what you can do to manage it. It also tells you where to find further information and advice.

What is osteoarthritis (OA)?

Osteoarthritis (OA) is a condition that affects the whole joint including bone, cartilage, ligaments and muscles. Although often described as 'wear and tear', OA is now thought to be the result of a joint working extra hard to repair itself.

Osteoarthritis may include:

- inflammation of the tissue around a joint
- damage to joint cartilage - this is the protective cushion on the ends of your bones which allows a joint to move smoothly
- bony spurs growing around the edge of a joint
- deterioration of ligaments (the tough bands that hold your joint together) and tendons (cords that attach muscles to bones).

Osteoarthritis can affect any joint but occurs most often in the knees, hips, finger joints and big toe.

Osteoarthritis can develop at any age but tends to be more common in people aged over 40 years or those who have had joint injuries.

Osteoarthritis is different to osteoporosis. Osteoporosis is a condition where the bones become fragile and brittle, causing them to break more easily.

What are the symptoms?

The symptoms of OA vary from person to person. Your symptoms will also depend on which joints are affected. OA tends to come on slowly, over months or even years. The most common symptoms are pain and stiffness of the joints. These sensations are usually worse with activity initially but can be more constant in later disease. These symptoms may affect your ability to do normal daily activities, such as walking, climbing stairs and opening jars. Other symptoms may include clicking noises, grating sensations, or a loss of flexibility in a joint.

What causes it?

Research shows there are some things that may put you at more risk of developing OA in certain joints, such as:

- **knees:** being overweight; having a previous knee injury; jobs involving kneeling; climbing and squatting
- **hips:** being overweight; having a previous hip injury; jobs involving lifting heavy loads (including farming); a family history of OA
- **hands:** a family history of OA; repetitive use or previous injuries to the hands; being overweight.

How is it diagnosed?

Your doctor will diagnose OA from your symptoms and a physical examination. An x-ray may show the narrowing and changes in the shape of your joint. However x-rays do not diagnose how much trouble you will have. An x-ray that shows joint damage does not always mean you will have a lot of pain or problems. On the other hand your joint may be very painful despite x-rays being normal. Blood tests are only helpful to rule out other types of arthritis.

What will happen to me?

The impact of OA on your normal activities and lifestyle depends on which joints are affected. However the outlook for most people with OA is very positive. For many people OA will be mild and not cause major problems. OA of the hip and knee can sometimes cause severe disability and surgery to replace joints may be necessary. Joint surgery is usually only an option if less invasive treatments, such as weight loss, exercise, and medicines, have failed to control your symptoms.

Is there a cure for OA?

Currently there is no cure for OA. While there are treatments that can effectively control symptoms, you should be wary of products or therapies that claim to cure OA.

What treatments are there for OA?

Treatments for OA vary depending on which joints are affected and the severity of your condition. There is no way of predicting exactly which treatment will work best for you. Each treatment has its own benefits and risks. Your doctor may need to trial several different treatments before finding the one that is right for you.

In general terms, treatment usually includes:

- a weight loss program, if you are overweight
- an exercise program tailored to your condition and ability
- pain management, using medicines such as pain relievers or non-steroidal anti-inflammatory drugs (NSAIDs), as well as learning to change the way you think about, and react to, pain
- devices such as braces, walking sticks, and shoe insoles
- joint replacement surgery, if your symptoms are no longer controlled with other therapies. Arthroscopy (keyhole surgery) is not recommended as a treatment for pain in knee osteoarthritis.

Your local Arthritis Office has information sheets on physical activity, healthy eating, medicines and surgery.

What can I do?

See your doctor for treatment and advice. Your doctor will help you get the right treatment to manage your symptoms. See the *Working with your healthcare team* information sheet.

Learn about OA and play an active role in your treatment. Not all information you read or hear about is trustworthy

Learn about OA and your treatment options.

There are many things you can do to live well with OA.

For more information:

Websites: www.MyJointPain.org.au is an interactive website to help people with osteoarthritis better manage their symptoms. It provides information and advice from experts as well as links to healthcare providers in your local area who can assist with care. This site has been created by Arthritis Australia in partnership with the Bupa Health Foundation.

Books: Nigel K Arden, Elizabeth Arden and David Hunter, *Osteoarthritis*, Oxford University Press, Oxford, 2008

Lorig, Kate Fries, James 2006, *The arthritis helpbook: A tested self-management program for coping with arthritis and fibromyalgia*, Da Capo Lifelong, Cambridge, MA.

so always talk to your doctor or healthcare team about treatments you are thinking about trying. Reliable sources of further information are also listed in the section below. Self management courses aim to help you develop skills to be actively involved in your healthcare. Contact your local Arthritis Office for details of these courses.

Learn ways to manage pain. See the *Dealing with pain* information sheet.

Stay active. Exercise is strongly recommended for people with OA. It keeps your joints and muscles healthy and flexible and prevents other health problems. You may find it useful to see a physiotherapist or exercise physiologist for advice. See the *Physical activity* and *Working with your healthcare team* information sheets.

Have a healthy diet. There is no diet that will cure OA, but a diet aimed at maintaining an ideal body weight is recommended. See the *Healthy eating* information sheet.

Balance your life. Learn about equipment that make daily tasks easier and how to balance rest and activity. See the *Fatigue and arthritis* information sheet.

Acknowledge your feelings and seek support. As there is currently no cure for OA, it is natural to feel scared, frustrated, sad and sometimes angry. Be aware of these feelings and get help if they start affecting your daily life. See the Arthritis and emotions information sheet.

CONTACT YOUR LOCAL ARTHRITIS OFFICE FOR MORE INFORMATION SHEETS ON ARTHRITIS.