

OSTEOARTHRITIS

About Your Diagnosis

Osteoarthritis (OA) is also called "wear and tear" arthritis or degenerative joint disease. Osteoarthritis commonly affects the weight-bearing joints of the body such as the hips, knees, and spine, but it may also affect the hands. In OA, the cushion on the end of the bone, the cartilage, begins to wear down resulting in pain.

Although the exact cause of OA is unknown, a variety of factors may increase an individual's risk of developing OA. In the past, it was believed that OA developed as an individual got older because the joints "just wore out." However, age is just one cause of OA. Obesity, repetitive movements, and a prior severe injury to a joint can lead to OA. Osteoarthritis of the fingers develops more frequently in women than in men. Osteoarthritis occurs more frequently in some families.

Osteoarthritis is not an infectious illness. In other words, you cannot "catch" OA from another individual. A physician can diagnose OA by obtaining a medical history, performing an examination of the joints, and ordering x-rays. An x-ray will show that the joint space (where the cartilage separates the two bones) is narrowed or absent. The x-ray may also show bone spurs that can be responsible for some of the pain. Blood tests are usually normal in osteoarthritis.

Living With Your Diagnosis

Most individuals begin to notice OA as gradual joint pain and stiffness, most commonly in the hands, knees, hips, and back. Pain and stiffness usually worsen with activity and toward the end of the day. Osteoarthritis may also affect the neck and feet. Pain and stiffness may make it more difficult to perform some daily activities such as bending at the waist, grasping or reaching for objects, turning the neck, and walking or climbing stairs. There is no cure for OA; however, medications, exercises, and assistive devices can decrease the pain and improve one's quality of life.

Treatment

The best management of OA is a combination of different treatments. Acetaminophen or nonsteroidal anti-inflammatory drugs (NSAIDs) are used to decrease the pain and stiffness. Potential side effects of NSAIDs include stomach upset, ulcers, constipation, diarrhea, headaches, dizziness, difficulty hearing, and a rash. The NSAIDs should be taken with food. A physical therapist can provide exercises to strengthen muscles that provide stability to the joints, which may help decrease pain. Water exercise programs may be particularly beneficial because the water decreases the stress on the joints. An occupational therapist provides hand exercises and may discuss ways to do certain activities differently or

Edwin R. Alexander, M.D.
Internal Medicine

1140 W. LaVeta Avenue, Suite 540
Orange, CA 92868-4227
714-550-7575

DrA@ERAlexanderMD.com
<http://www.ERAlexanderMD.com>

suggest an assistive device to avoid pain. Joint surgery such as a hip or knee replacement may be recommended if the pain is particularly severe and if an x-ray shows there is no space between the two bones of a joint.

The DOs

- * Take your medication as prescribed.
- * Ask your doctor what over-the-counter pain medications you may take with your prescription medications.
- * Eat a well-balanced diet and lose those extra pounds if you are overweight.
- * Perform a physician-prescribed exercise program, because exercise can decrease the pain of osteoarthritis.

The DON'Ts

- * Wait to see whether a side effect from the medication will go away.
- * Overeat and assume a gain of 2 or 3 pounds a year will not affect the pain of OA.
- * Continue an exercise program that causes pain. If pain after exercise continues, it usually means the exercise needs to be modified specifically for you.

When to Call Your Doctor

- * You experience any medication side effects.
- * The medication and other treatments are not decreasing the pain.
- * You believe you may need a referral to a physical therapist or an occupational therapist.

For More Information

Contact the Arthritis Foundation in your area. If you do not know the location of the Arthritis Foundation, you may call the national office at 1-800-283-7800 or access information on the Internet at www.arthritis.org.

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