

Osteoarthritis

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ARTHRITIS 
NEW ZEALAND

ENABLING A BETTER QUALITY OF LIFE

KAIPONAPONA AOTEAROA

Te whakapiki i te kounga ora

Did you know?

- There are over **140 different types** of arthritis.
- The **most common** is osteoarthritis (OA).
- Arthritis **affects one in six** New Zealanders over the age of 15 years.
- Osteoarthritis **can occur at any age**, but usually starts after the age of 40.
- Sports injuries and certain occupations (farmers) may increase risk of developing osteoarthritis.
- There is **no cure** for osteoarthritis, but there are **many ways to control** the symptoms of the disease.

By working with your doctor, specialist, pharmacist and Arthritis New Zealand, you can find ways to cope with osteoarthritis.

This booklet will help you get started. In here you will find answers to the following:

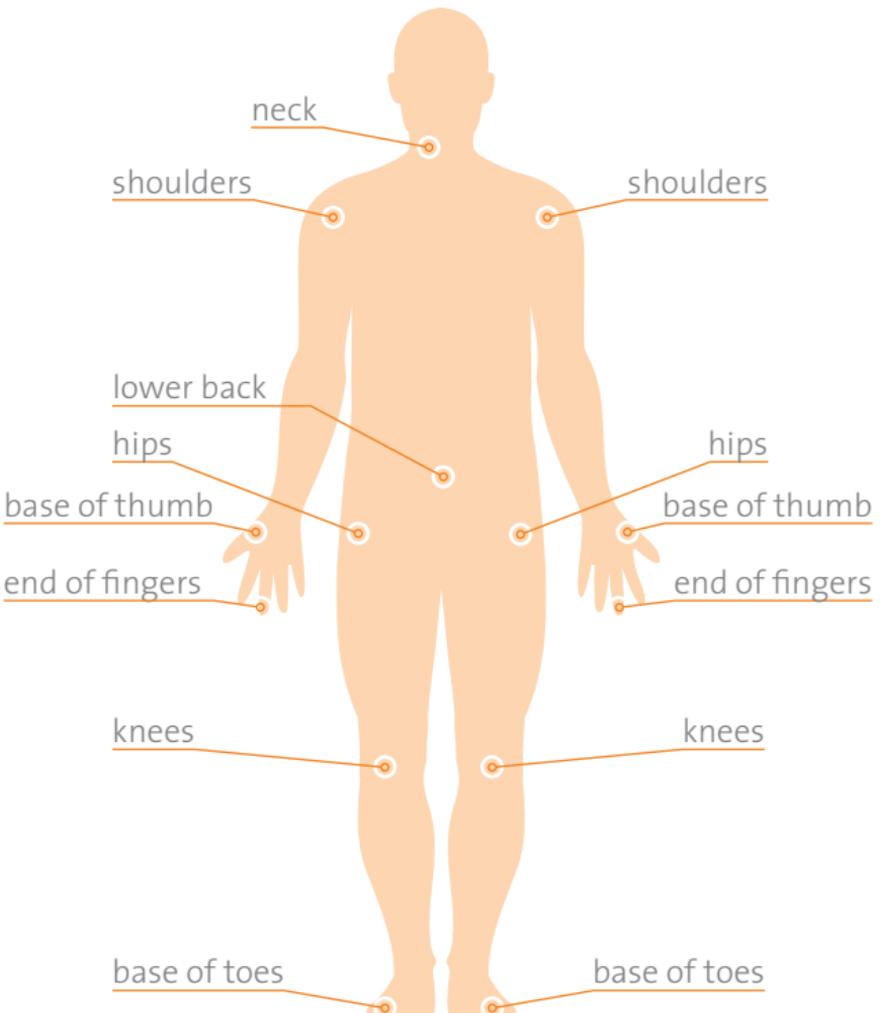
Contents	Page
▪ <i>What are the warning signs of osteoarthritis?</i>	3
▪ <i>What is osteoarthritis?</i>	4
▪ <i>What causes osteoarthritis?</i>	6
▪ <i>How is osteoarthritis diagnosed?</i>	7
▪ <i>How can I manage my osteoarthritis?</i>	8
▪ <i>Key Messages</i>	11

What are the warning signs of osteoarthritis?

If you have the following signs for more than two weeks see your doctor:

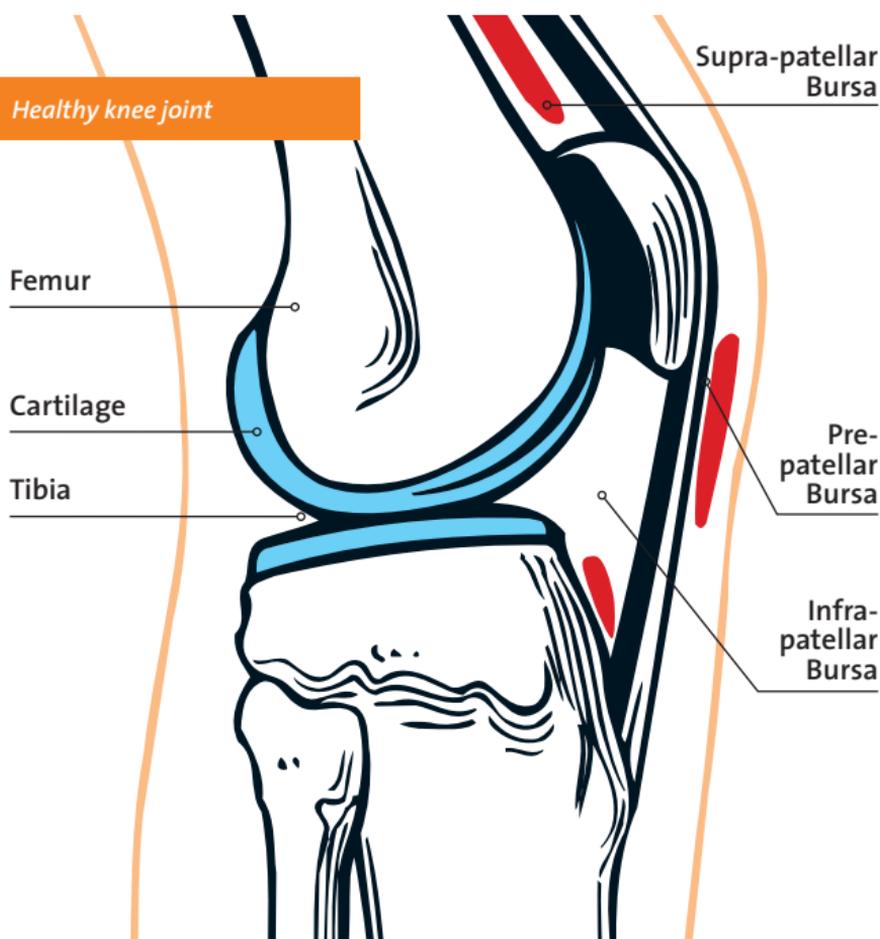
- **Stiffness of the joint** after getting out of bed or sitting for a long time,
- **Pain in or near the joints** when moving or at rest,
- **Swelling in or near the joint,**
- **Muscle weakness**, the joint may feel unstable, as if it is about to give way,
- **Creaking or cracking sensation** with joint movement.

Common Joints affected by osteoarthritis



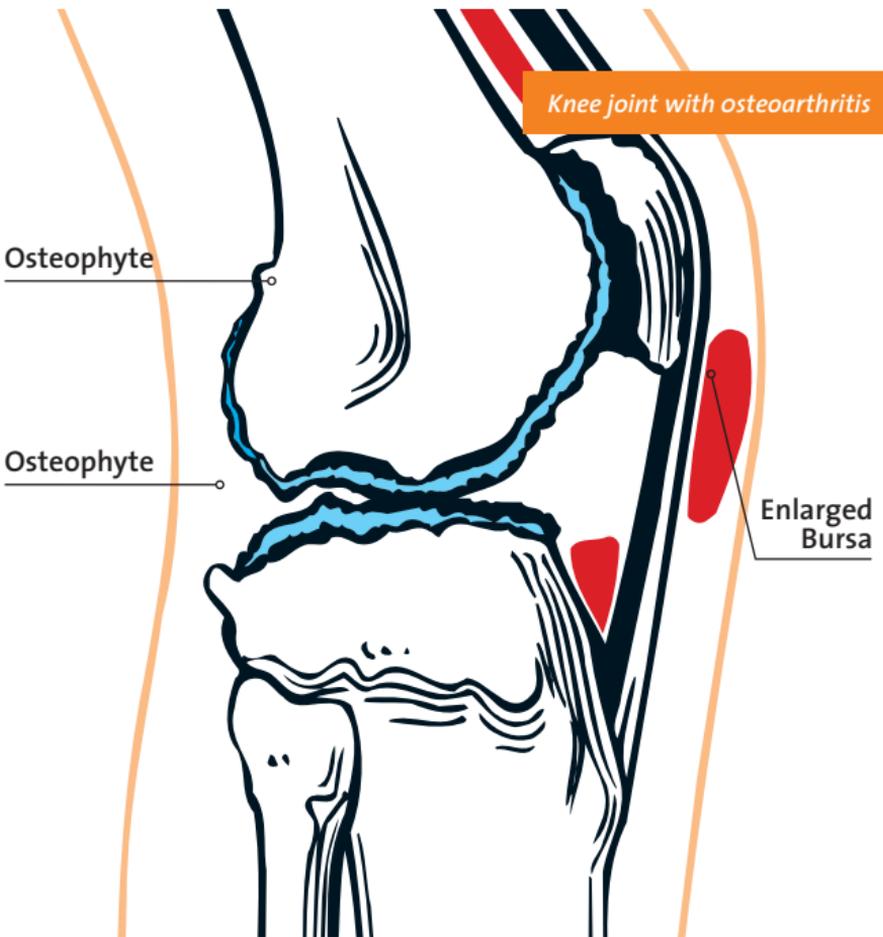
What is osteoarthritis?

Osteoarthritis has been called “wear and tear”, a ‘heart attack’ of the joint or “degenerative” arthritis. It is classified as non-inflammatory arthritis, however recent research has shown that as the disease progresses there can be inflammation, which can contribute to the breakdown of the cartilage. Osteoarthritis can occur in any joint in the body but most commonly occurs in the hands and weight-bearing joints such as hips, knees, feet and spine.



In healthy joints, cartilage – a shiny gristly material – acts as a shock absorber and provides a smooth surface between the bones to allow easy movement. When a joint develops osteoarthritis the cartilage thins and becomes rough. In some cases the cartilage breaks down, leaving the bones unprotected.

As a result the joint loses its ability to move smoothly. The bones lose shape and thicken at the end, producing bony spurs. Pieces of cartilage may break off and float around in the joint. This can disturb other soft tissue in the joint, causing pain and swelling.



Osteoarthritis progresses slowly and develops over many years. In most cases there are only small changes that affect parts of the joint. However sometimes osteoarthritis can be more severe and extensive.

What causes osteoarthritis?

There are many factors that we know of that can increase the risk of getting osteoarthritis including:

- **Age:** Osteoarthritis usually starts in the late 40's or later and is uncommon in those under 40. It may be due to several factors that accompany growing older – muscles become weaker, weight may increase, and the body is less able to heal itself.
- **Excessive weight:** This is one of the most significant risk factors in causing osteoarthritis, especially of the weight-bearing joints such as the hips and knees. Being overweight also increases the chances of osteoarthritis worsening once it has developed.
- **Gender:** Osteoarthritis is more common and severe in women, particularly in the knee and hand joints.
- **Heredity:** Osteoarthritis of the fingers and hands often runs in families, particularly in women. However in osteoarthritis of the hips and knees heredity plays a smaller, yet still significant role.
- **Joint injury:** Hard repetitive physical activity may injure joints leading to osteoarthritis in later life. This explains why osteoarthritis is more common in people in some physically demanding jobs, such as farmers (osteoarthritis of the hip and knee), and professional rugby and netball players (osteoarthritis of the knee).
- **Other joint diseases:** Sometimes osteoarthritis can be caused by injury and damage from other types of joint disease that may have occurred years before, such as rheumatoid arthritis, septic arthritis, gout.



How is osteoarthritis diagnosed?

It is usually diagnosed by symptoms and a physical examination. Therefore it is very important for you to be able to describe the pain in detail including where the pain occurs and when. When your joints are examined, your doctor will be able to feel the bony swelling and creaking of the joint and see any restricted movement. There is no blood test for osteoarthritis, although blood tests are sometimes done to help rule out other types of arthritis. An x-ray and MRI scan can be useful tests to confirm osteoarthritis, but not always, as research has clearly shown that there is no correlation between what is shown on an xray and the amount of pain or disability that someone is experiencing.

How can I manage my osteoarthritis?

Although there is no cure for osteoarthritis, there are many ways in which you can relieve your symptoms and limit the impact of osteoarthritis on your life. Your health team is there to guide you, but it is important that you get to know about osteoarthritis and its treatment so that you can take the lead in looking after yourself and your osteoarthritis.

Medication

Painkillers are often recommended by your doctor or pharmacist to reduce pain and stiffness. However they do not treat the arthritis itself. Paracetamol is the simplest and safest painkiller and is usually recommended as the medication to try first. Never take more than the recommended or prescribed dose.

If you require something stronger than Paracetamol your doctor or specialist may prescribe the following:

- **Combined painkillers** – Paracetamol together with a codeine-like drug.
- **Non-steroidal anti-inflammatory drugs** (NSAIDs) such as ibuprofen or creams and gels that can be rubbed into the skin. These reduce pain and swelling.
- **Steroid injections into the joint** – this is usually reserved for extremely painful osteoarthritis. It is important for you to discuss the benefits and potential side effects of steroids and other medications with your doctor or specialist.

You can find more information in our brochure *Managing your pain*, or visit our website www.arthritis.org.nz



Exercise

A properly designed exercise programme will not cause more damage to your joints but will reduce your pain, increase your flexibility and overall fitness. Doing **stretching, strengthening and aerobic exercises** is essential to:

- Maintain and restore normal joint movement
- Reduce pain and stiffness
- Improve muscle strength
- Protect your joints
- Weight management
- Increase energy and sense of well-being.

In many communities there are excellent programmes for people with arthritis including:

- Tai Chi
- Walking
- Swimming
- Gentle exercise class
- Hydrotherapy – gentle exercise in a heated pool.

Heat and Cold

Heat promotes blood circulation and may reduce pain and stiffness in an arthritic area. Having a hot shower in the morning may help you get ready for the day ahead.

Do not apply heat to an inflamed joint. If your joint is inflamed the application of a cold pack can help reduce pain by constricting the blood flow in that area.

Surgery

If damage to a joint is extensive, surgery to replace or repair the joint may be used. Artificial joints can last 10–20 years before they need to be replaced. This is why joint replacement surgery is delayed until it is clearly necessary.

Complementary Therapies

Research demonstrates that some complementary products and therapies can be helpful in managing symptoms of OA. Acupuncture was found to decrease pain and improve function in OA of the knee. However, the trials didn't consistently demonstrate that these effects continued in the longer term.

Topical application of Capsaicin containing creams can reduce pain in OA, a herb Indian frankincense (*Boswellia serrata*) and S-adenosylmethionine (SAME) have been shown to relieve pain and stiffness and improve function in OA.

The role of glucosamine in the treatment of OA has been subject to many trials with mixed results. It is best to check with a registered complementary therapist, your doctor or specialist before starting any complementary product or therapy.

Other resources

- Health Navigator – www.healthnavigator.org.nz
- Arthritis Research UK – www.arthritisresearchuk.org
- Australian Rheumatology Association – www.rheumatology.org.au

For more information please talk to one of our arthritis educators on 0800 663 463 or visit our website: www.arthritis.org.nz

Key Messages:

- **Exercise regularly** – regular exercises including stretching, strengthening and aerobic exercises over several months can help to relieve pain and improve movements.
- **Maintain a healthy weight** – losing weight will reduce the stress on your hips, knees and feet. Combining regular exercise with a diet is a better way than dieting alone.
- **Take medications** if needed. Never take more than the recommended or prescribed dose.
- **Pace your activities through the day.** Spread physically hard jobs (such as housework, mowing the lawn) at intervals through the day, rather than tackling them all at once.
- **Wear shoes with thick soft soles** that act as shock absorbers for your feet, knees, hips and back. For women it is also important to have flat heels as high heels put additional strain on these joints.
- **Protect your joints** – you can modify your home or workplace to avoid unnecessary activities that put a lot of strain on your joints. Consult an occupational therapist on ways to protect your joints.
- **Use a walking stick** to reduce the weight and stress on a painful hip or knee. A physiotherapist or your doctor can advise on the correct length of the stick and how to use it properly.
- **Complementary products** – discuss with your health professional whether products such as glucosamine sulfate may be useful for your condition.
- **Relax** – Learning how to relax your muscles and get the tension out of your body may help, especially when you are in pain.

Where can I learn more?

www.arthritis.org.nz

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