

Osteoarthritis Manageable, Not Curable

Osteoarthritis, also known as degenerative joint disease, is the most common form of the many different kinds of arthritis. So common, in fact, that about 85 percent of people over age 65 have some signs of the disease on X-ray studies. Only one-half, however, experience symptoms. Currently, almost 16 million Americans over the age of 60 are affected with this disease.

Osteoarthritis occurs when the cartilage on the ends of your bones gradually deteriorates. This cartilage normally provides the smooth gliding surface that allows our joints to work well. With years of use, the surface of the normally smooth cartilage becomes rough and pitted, and cartilage loses much of its water content. The result is that cartilage loses its cushioning effect, which changes the way a joint handles the stresses put upon it. The changes in stresses across the joint result in the formation of new bony deposits around the joint called spurs, or osteophytes, that can be seen on X-ray images of the joints. All these changes can create pain whenever the joint is moved.

Unlike other types of arthritis, such as rheumatoid arthritis, osteoarthritis is not systemic that is, it does not spread to other organs, but, instead, concentrates in one of several joints where deterioration occurs. The internal organs are not affected. Often called the “wear-and-tear” type of arthritis, osteoarthritis most commonly strikes joints of the feet, knees, hips, spine, and fingers (the base of the thumb is a common site), although any joint in the body can be affected. Symptoms begin gradually with aching pain in one or more joints, stiffness, especially after periods of rest or inactivity, and loss of mobility. Inflammation and swelling may or may not be present.

As you have experienced, pain can ebb and flow, with bad spells followed by periods of relative relief. It often worsens after extensive use of the joint.

As the disease advances, some people develop constant pain, even when the joint is at rest.

Researchers now think osteoarthritis is linked to several factors including heredity and overuse or injury to certain joints. Evidence continues to mount that being overweight also contributes to the development of osteoarthritis and that losing weight can help. Carrying excess weight for years can damage the weight-bearing joints, such as the knees and hips, and those in the lower spine. Athletes are more prone to developing osteoarthritis in joints that have been damaged by trauma, such as a football knee injury.

Osteoarthritis itself is not life threatening, but the disease can be quite painful and disabling. Over-the-counter pain relief medication, such as aspirin, ibuprofen, or acetaminophen usually helps control the pain and stiffness. Sometimes when the pain is severe, corticosteroid can be injected into the affected joint. Steroid shots, however are useful only when the pain is accompanied by inflammation, as in your case. Since steroids mask pain and do not reduce cartilage deterioration, you must be careful not to over-use the affected joints. Joint replacement or fusion may significantly improve comfort and function in the finger, thumb, wrist, knee, hip, or ankle joints.

In addition to medication, your doctor can refer you to a physical therapist for instructions about exercises to increase muscle strength, relieve pressure on your joint, and help preserve as much flexibility and range of motion in affected joints as possible. In the hand, splinting can reduce wear and tear and increase comfort.

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