

Preventing & Treating Osteoarthritis: The Most Common Form of Arthritis

Filters

Select Category

Preventing & Treating Osteoarthritis: The Most Common Form of Arthritis

Diana Khoury

Comments (0)



There are many different types of arthritis – such as gout, psoriatic arthritis, and rheumatoid arthritis – but the most common form is called osteoarthritis, and it affects 32.5 million – around 12% – of adults in the United States.

WWMG Rheumatologist Richard Jimenez, MD, explains that unlike other forms of arthritis, osteoarthritis “doesn’t have autoimmune characteristics. It’s not the immune system attacking the body.” Osteoarthritis is the inflammation that results from cartilage

degeneration. It is a painful condition that can limit mobility and eventually require joint replacement surgery.

“If you live long enough, you’re going to have osteoarthritis somewhere,” said Jimenez. Everyone gets wear and tear on joints as they age. And while the timing, onset, and degree of inflammation and pain can vary widely among individuals, every person will eventually have some symptoms of osteoarthritis.

Since most of us will experience osteoarthritis at some point in our lifetimes, it’s a good idea to have a basic understanding of the condition and the treatments available.

What is Osteoarthritis?

“Osteoarthritis is a chronic, low-level inflammatory arthritis that everyone gets. It’s often conceptualized as a ‘wear and tear’ phenomenon, and there is some basis for that. It’s not just a mechanical problem but it is in part mechanical stresses over time that lead to cartilage breakdown,” said Jimenez.

As anyone who has ever cut up a whole chicken can tell you, cartilage is a tough yet flexible type of tissue located where bones meet to form a joint. This material acts like a shock absorber protecting bones. And like the shock absorbers on your car, cartilage can eventually wear out.

“Cartilage is a weave of collagen holding water molecules. When this weave starts breaking down, little fibrils of cartilage stick out into the joint. Some people don’t react to that process much at all, other people have a lot of inflammation with swelling and redness.”

Where does Osteoarthritis show up in the body?

Osteoarthritis can and does appear anywhere there is cartilage. But some joints are more likely to develop arthritis than others.

Because the human head is heavy, osteoarthritis commonly appears in the neck. Further down the spine, the lumbar (low back) region takes a lot of stress that can develop into arthritis over time.

Other common sites for osteoarthritis include the knees or hips as well as the base of the thumb or the big toe joint. The condition is less common in the elbows and wrists.

At what age does Osteoarthritis start?

Although the process of cartilage degeneration begins even before adolescents stop growing, arthritis rarely appears in younger patients unless there is a structural problem with an individual's muscles, bones, or connective tissue.

"Anything that puts abnormal stress on, or damages a joint, predisposes that cartilage to wear out faster," said Jimenez. Sports injuries and mechanical issues like scoliosis, bowlegs, or loose joints can cause arthritis to appear in younger adults.

Many adults in their 40s have early stages of osteoarthritis in their joints, and for patients over 50, joint pain commonly begins to appear. By their 60s, most people will exhibit some symptoms related to osteoarthritis, such as a cranky knee.

Symptoms and Diagnosis

"Usually with osteoarthritis, the primary symptom is activity-related pain. With early and even moderate osteoarthritis there may be no symptoms. It's not until you get more severe that you start seeing limitation of motion, more pain with use, and more swelling," said Jimenez.

In the peripheral joints like the fingers, osteoarthritis can result in visible changes such as gnarled hands due to bone remodeling. In the feet, bone spurs may develop. In such cases, osteoarthritis can often be diagnosed with a simple physical exam.

However, "Sometimes it's hard to tell how much cartilage is gone. You don't see bone remodeling in a hip," said Jimenez. X-rays can identify cartilage degeneration in most cases, but an MRI may be required to identify conditions such as meniscus wear and spinal disc problems.

Osteoarthritis is usually not diagnosed until it becomes painful. Patients should visit their primary care provider for assessment, who may refer them to a Rheumatologist for additional evaluation and treatment.

Causes and Prevention

Due to wear and tear of joints over time and as we age, it's expected that all people will experience osteoarthritis eventually. Some other factors may affect where and how soon osteoarthritis appears.

“It’s not just use but there’s a genetic predisposition. You see osteoarthritis running in families,” said Jimenez. “What can you do to slow down the process? First, medicines haven’t been very successful.”

What is more successful is early screening for malalignments and fixing them through orthotics and exercise.

“Orthotics can slow the rate of degeneration because you’ve improved the mechanics” of the foot, said Jimenez. “The best protection for joints is the muscle.” Stronger muscles help to stabilize joints. However, uneven muscle development and tightness can also imbalance joints, and sports injuries can speed arthritis’ development.

“From a cardiac standpoint, any exercise is good exercise. From a musculoskeletal standpoint, the type of exercise can make a difference,” said Jimenez. Low impact exercise like yoga and Pilates give improved range of motion and develop core strength that protects the back and neck. Weightlifting is great for muscle strength but requires guidance to ensure good form and avoid joint injury, which can even occur with weight machines, where using the full range of motion can overstrain joints.

“The time to start thinking about this is in your 20s. We know that people who do exercise tend to have less progression of osteoarthritis in the typical joints than those who don’t,” said Jimenez. But it’s never too late to start an exercise regimen.

Osteoarthritis Treatments

- **NSAID Creams**

When osteoarthritis pain begins, over the counter anti-inflammatory creams such as Aspercreme and Voltarin gel can penetrate peripheral arm and leg joints to provide relief. However, these topical treatments cannot penetrate the hip and back.

- **Medications**

“There are a lot of recommendations online for using Tylenol, but Tylenol is not an anti-inflammatory and for the majority of people it doesn’t help,” said Jimenez.

Low-dose ibuprofen and naproxen are appropriate for short term relief, but when arthritis results in chronic daily pain (rather than activity-related pain), prescription medications are recommended.

- **Supplements**

Some natural supplements that are commonly taken for joint health can help. Patients should talk with their health care provider about which supplements may be most beneficial for their condition.

- **Physical Therapy**

Physical therapists can develop an exercise program to stabilize and strengthen affected joints. When osteoarthritis appears in multiple places, a physiatrist can develop an overall treatment plan.

“I’m a big fan of physiatrists,” said Jimenez. Rheumatologists usually only treat osteoarthritis after other approaches have failed or when it is compounded by other forms of arthritis.

- **Joint Surgery**

When osteoarthritis has progressed to a point where symptoms can no longer be effectively treated, patients are referred to an Orthopedist. Degenerative arthritis is one of the most common reasons for joint replacement surgery.

The idea of joint replacement is not an encouraging prospect for those just beginning to live with arthritis pain. But in the meantime, Jimenez says, “There is hope. A lot of pharmaceutical companies are trying to find medications that will prevent cartilage degeneration.”

If you’re experiencing pain with regular activity, limited range of motion, swelling, loss of flexibility, or joint stiffness, request an appointment with WWMG’s primary care team today. They can assess your condition and refer you to a Rheumatologist if further evaluation is needed. We look forward to supporting you in good health.

[Previous Post](#)