

## PATIENT FACT SHEET

## **Osteoarthritis**



Osteoarthritis (OA) is a common joint disease. It's often called "wear and tear" arthritis. In OA, cartilage that cushions joints as they move breaks down. Bones can rub against each other, causing pain. Bones may change shape as OA worsens. It can be painful and difficult to move the joint.

Common joints affected by OA include knees, hips, back, neck, hands, toes and fingers. OA may damage not just

cartilage, but the synovium (joint lining), ligaments and bones.

Both women and men can get OA. It often occurs in middle age or later. OA is a leading cause of disability, but treatments like medications, exercise and joint replacement surgery can ease pain and restore mobility.



**SYMPTOMS** 

**Joint pain is the most common sign of OA.** Your joints may feel stiff and painful after a lot of activity, such as at the end of the day. Usually, OA does not cause morning joint stiffness.

OA signs and symptoms may also include:

- · Joints that crack or grind
- · Swollen knobs at affected joints
- · Difficulty moving the joint
- · Loss of function or disability over time

Other diseases that cause joint pain may be mistaken for OA. It is important to get the correct diagnosis without unnecessary testing. A rheumatologist can diagnose OA and prescribe a treatment plan that is best for you.



COMMON TREATMENTS **Diagnosing OA requires a physical exam and imaging scans like X-rays, MRI or ultrasound.** Treatments aim to reduce pain and improve function. There is no proven treatment to reverse OA joint damage at this time.

The first medicine used to treat OA pain include acetaminophen (Tylenol) and nonsteroidal anti-inflammatory medicine (NSAIDs), like ibuprofen (Advil, Motrin) or naproxen sodium (Aleve). Topical medicine are rubbed on the skin over the sore joint. Injections of corticosteroid (cortisone shots) or hyaluronic acid

into a joint may ease short-term pain and swelling. For stronger pain, prescription medicine, like duloxetine [Cymbalta], or narcotics may be needed.

Losing weight eases stress on joints like the knees, lower back and hips. Regular exercise can build muscle strength, ease joint pain and stiffness, and lower disability risk. If medicine don't relieve pain and improve function, people with severe OA may need surgery to repair or replace damaged joints.



CARE/ MANAGEMENT TIPS People with OA can do a lot to manage OA symptoms and have a good quality of life. Some helpful tips include:

- Adjust how you sit or sleep to support your neck and back.
- · Use a raised chair or toilet seat.
- Avoid repeat joint motions, especially frequent bending.
- Lose weight if you are overweight or obese. This can reduce pain and slow the worsening of OA.
- Exercise daily. Stretching, walking and water aerobics are good activities for OA.
- Use devices like canes or grabbers to help you do daily tasks.

You can also work with a physical therapist (PT) or occupational therapist (OT) to learn safe exercises or movements, and to properly use assistive devices for your OA.

Updated March 2017 by James Udell, and reviewed by the American College of Rheumatology Communications and Marketing Committee. This information is provided for general education only. Individuals should consult a qualified health care provider for professional medical advice, diagnosis and treatment of a medical or health condition.

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