

Patient and Family Information Leaflet

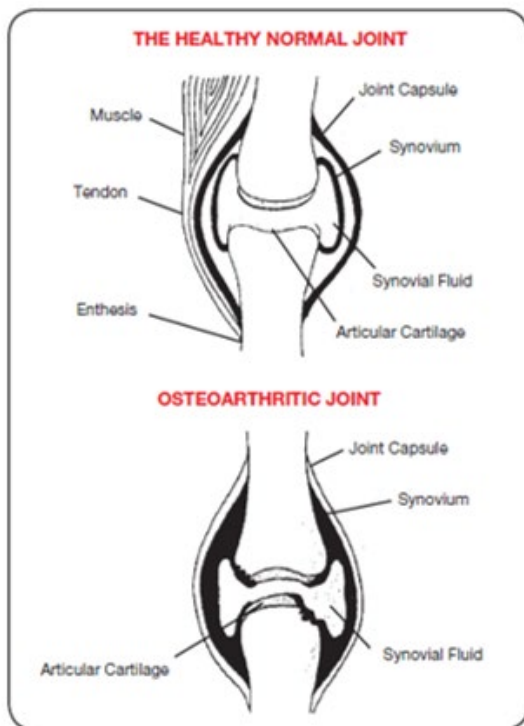
Osteoarthritis

What is Osteoarthritis?

Osteoarthritis (OA) is commonly known as “wear and tear” of the joints. It is the most common joint disorder, typically affecting hand joints (especially those involved with a pinch-grip), weight-bearing joints (hips, knees and big toes) and the spine. It is more common in older persons or in those with previous injury.

In healthy joints, the rubbery cartilage covers the ends of each bone providing a smooth, gliding surface for joint motion and acting as a cushion between the bones.

In OA, the cartilage wears away, leading to joint damage and pain.



What causes OA?

OA is likely caused by a combination of factors. Common risk factors include increasing age, obesity, previous joint injury and overuse (e.g. in avid sportsmen and people with demanding physical jobs).

Genetic factors, pre-existing joint disorders such as Rheumatoid Arthritis and metabolic diseases may accelerate joint degeneration.

What are the symptoms of OA?

- Common symptoms are joint pain and stiffness which typically occur after rigorous activity or towards the end of the day. Weather conditions may aggravate, especially damp weather. Symptoms tend to improve with rest.
- Affected joints may swell after extended activity.
- Clicking or cracking sounds occur when bending the affected joint.
- In the spine, bone spurs can compress on nerve roots and lead to shooting pains or numbness in the legs.

How is OA diagnosed?

OA can usually be diagnosed based on patients' symptoms and medical examinations. While X-rays are useful for confirming the presence of osteoarthritis, they do not provide details about the degree of pain or disability and are not solely diagnostic.

What is the treatment for OA?

Osteoarthritis is a chronic medical condition.

A combination of lifestyle changes and medications may be used to relieve symptoms:

- Weight loss and exercises that do not involve weight-bearing joints (such as swimming) and provide joint range of motion, muscle strengthening and aerobic fitness.
- Assistive devices such as walking aids, splints and foot orthotics with advice of occupational therapists.
- Topical and oral medications (used in step-wise fashion): Paracetamol, nonsteroidal anti-inflammatory drugs

(NSAIDs) such as naproxen, diclofenac, etoricoxib and celecoxib

- Joint injections such as hyaluronic acid injections, in selected cases.
- Surgical management such as joint replacements may be considered at advanced stages.

What should I do if I suspect I have OA?

Education, lifestyle modification, painkillers and intra-articular injections may occasionally be used to relieve discomfort. If OA has resulted in pain, deformity and loss of function, the Orthopaedic surgeon may consider surgery.

Notes:

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