



Julia Williams

MEng, BSc(Hons)Ost.Med, ND
Osteopath • Naturopath
Cranial Osteopath

Centre of Wellbeing
Chambers House
Moffat
DG10 9ED

Tel: 01659 74393
Mob: 07966 243459
juliaosteopath@mac.com
www.juliawilliams.co.uk

XRay Express Clinic
121 Harley Street
London
W1G 6AX
07774 8074

Suggested treatments

Glucosamine HCl
1500mg daily for 1 month
500mg daily maintenance

Osteoarthritis



Inside a joint, a tissue called cartilage cushions the joint and prevents the bones from rubbing against each other. Osteoarthritis occurs when the cartilage of a joint erodes (breaks down). Bones begin to rub against each other, causing pain and difficulty moving the joint. Osteoarthritis also can affect nearby bones, which can become enlarged in places. These enlargements are called bone spurs or osteophytes.

Although the term arthritis means joint inflammation, there is relatively little inflammation in the joints of most people with osteoarthritis. For this reason, and because this type of arthritis seems to be caused by age-related wear and tear of the joints, many experts and health care professionals prefer to call it degenerative joint disease.

Osteoarthritis probably does not have a single cause, and, for most people, no cause can be identified. Age is a leading risk factor, because osteoarthritis usually occurs as people get older. However, research suggests that joints do not always deteriorate as people age. Other factors seem to contribute to osteoarthritis. Sports-related injuries or repeated small injuries caused by repeated movements on the job may increase the risk of developing osteoarthritis. Genetics also plays a role. Obesity seems to increase the risk of developing osteoarthritis of the knees. One theory is that some people are born with defective cartilage or slight defects in the way joints fit, and as these people age, they are more likely to have cartilage in the joint break down.

Symptoms of osteoarthritis include:

- Joint pain and swelling after activity or in response to a change of weather
- Limited flexibility, especially after not moving for a while
- Bony lumps at the end of fingers, called Heberden's nodes, or on the middle joints of fingers, called Bouchard's nodes
- A grinding sensation when the joint is moved
- Numbness or tingling in an arm or leg, which can happen if the arthritis has caused bone changes that are putting pressure on a nerve, for example in the neck or lower back

People who have osteoarthritis often complain of a deep ache, centered in the joint. Typically, the pain is aggravated by using the joint and relieved by rest. However, as the disease worsens, the pain becomes more constant. Often, when the pain is significant during the night, it interferes with sleep.

Osteoarthritis only shows up on X-rays in the later stages of the disease. Your health care professional also may order blood tests to look for evidence of another arthritic condition.

Treatment

Treatment focuses on managing pain and maintaining the ability to use the joint.

Your GP will usually suggest a suitable painkiller or nonsteroidal anti-inflammatory such as paracetamol, ibuprofen or arthrotec. However, NSAIDs may be unsafe for people at high risk of developing ulcers, including people who have had ulcers in the past and the elderly.

In rare instances, when inflammation is significant, it may be possible to remove fluid from the joint and inject the joint with a corticosteroid drug. This is recommended for acute problems with weight-bearing joints, usually the knee. However, these drugs can damage the joint if they are used too much, so your health care professional will use them only when absolutely necessary.

In severe cases, where deterioration is significant, surgery may be recommended to correct deformity in a joint or to reconstruct or replace a hip or knee joint.