

ARTHRITIS NEW ZEALAND

ENABLING A BETTER QUALITY OF LIFE

KAIPONAPONA AOTEAROA

Te whakapiki i te kounga ora

OSTEOARTHRITIS



www.arthritis.org.nz

OESTEOARTHRITIS

DID YOU KNOW ?

- There are over 140 different types of arthritis.
- The most common kind is called osteoarthritis (OA).
- Arthritis affects one in six New Zealanders over the age of 15 years.
- It affects both men and women at about the same rate.
- Osteoarthritis can occur at any age, but usually starts after the age of 40 years.
- It has been around for a very long time: dinosaur bones and Egyptian mummies show evidence of osteoarthritis.
- There is no cure for osteoarthritis, but there are many ways to control the symptoms of the disease.

By working with your doctor, specialist, pharmacist and Arthritis New Zealand, you can find ways to cope with Osteoarthritis.

THIS BOOKLET WILL HELP YOU GET STARTED.

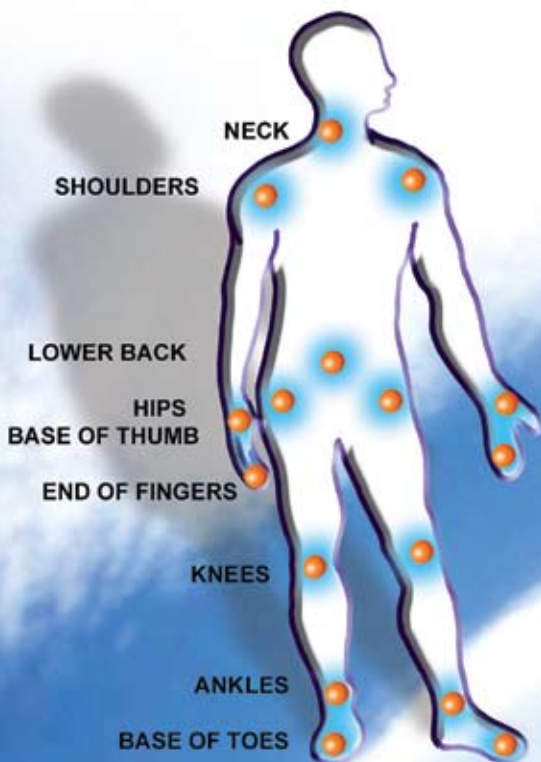


WHAT ARE THE WARNING SIGNS OF OSTEOARTHRITIS?

If you have the following signs for more than two weeks see your doctor.

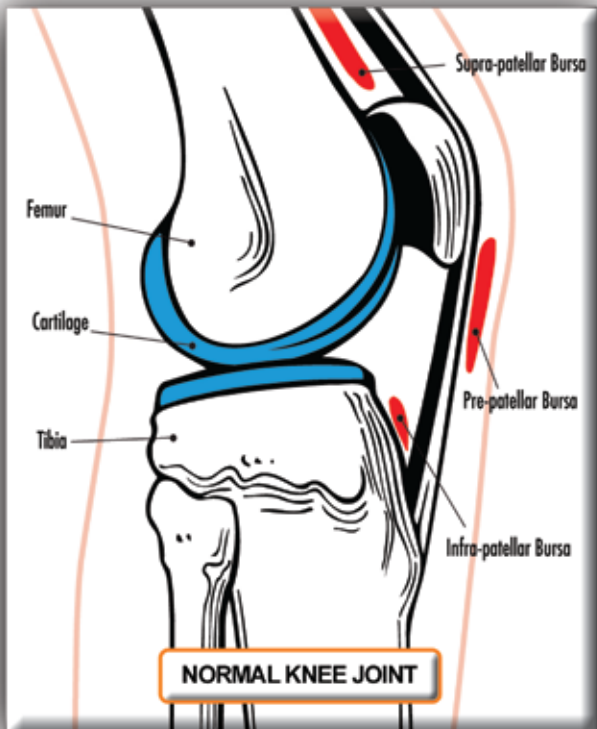
- Stiffness of the joint – the joint may not move as freely or as far as normal.
- Pain in or near the joints – this may be present on movement and at rest.
- Swelling in or near the joint – this may have a “soft” feeling when touched.
- Muscle weakness – the joint may feel unstable, as if it is about to give way.
- Creaking or cracking sensation with joint movement.

COMMON JOINTS AFFECTED BY OSTEOARTHRITIS



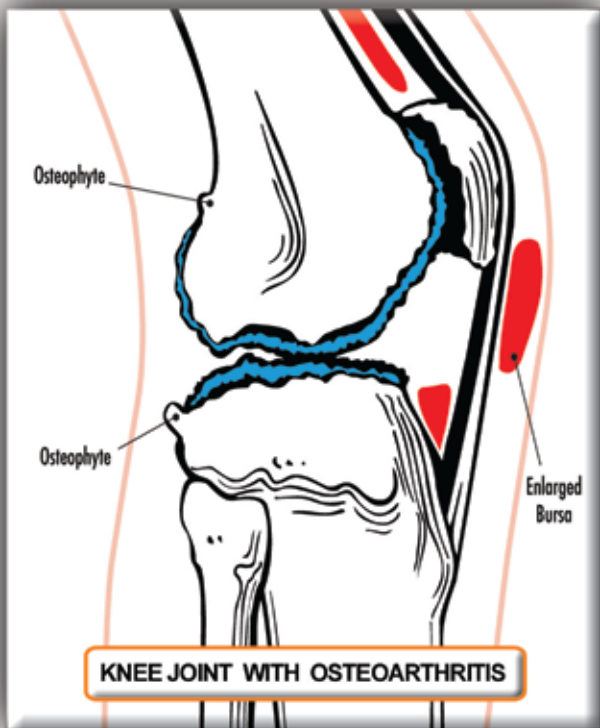
WHAT IS OSTEOARTHRITIS?

Osteoarthritis is a disease that affects joints in the body. It is classified as non-inflammatory arthritis, however recent research has shown that as the disease progresses there can be inflammation.



Osteoarthritis usually occurs in the hands and weight-bearing joints such as hips, knees, feet and spine. In healthy joints, cartilage – a shiny gristly material - acts as a shock absorber and provides a smooth surface between the bones to allow easy movement. When a joint develops osteoarthritis the cartilage thins and becomes rough. In some cases the cartilage breaks down, leaving the bones unprotected.

As a result the joint loses its ability to move smoothly. The bones lose shape and thicken at the end, producing bony spurs. Pieces of cartilage may break off and float around in the joint. This can disturb other soft tissue in the joint, causing pain and swelling.



Osteoarthritis progresses slowly and develops over many years. In most cases there are only small changes that affect parts of the joint. However sometimes osteoarthritis can be more severe and extensive.

WHAT CAUSES OSTEOARTHRITIS?

Osteoarthritis is not caused by moderate exercise, by the weather, by shock, or by specific foods.

However there are many factors that we know of that can increase the risk of getting osteoarthritis.

These include:

- **Age:** Osteoarthritis usually starts in the late 40s, 50s or 60s and is uncommon in those under 40. It may be due to several factors that accompany growing older – muscles become weaker, weight may increase, and the body is less able to heal itself. Osteoarthritis was once considered the inevitable result of “wear and tear” of the joints. Research now shows that normal wear does not actually cause damage. Normal activity and exercise is good for joints and does not cause osteoarthritis.
- **Gender:** Osteoarthritis is more common and severe in women, particularly in the knee and hand joints.
- **Excess Weight:** For many people this is an important factor in causing osteoarthritis, especially of the weight-bearing joints such as the hips and knees. Being overweight also increases the chances of osteoarthritis worsening once it has developed. The good news is that losing weight, even just a few kilograms, can help prevent or alleviate osteoarthritis of the knee. Less body weight means less stress on your joints.
- **Heredity:** Osteoarthritis of the fingers and hands often runs in families, particularly in women. However in osteoarthritis of the hips and knees heredity plays a smaller, yet still significant role. There are some rare but dramatic forms of osteoarthritis that start at a young age and run in families. We know these are linked with single genes that affect collagen – an essential component of cartilage.

- **Joint Injury:** Joints that have been fractured, dislocated or subjected to major injury may develop osteoarthritis at that site in later life. There are also some abnormalities of the joint that you can be born with, such as Perthes disease of the hips, which also leads to osteoarthritis in later life.

We know that normal levels of activity and exercise are good for joints. However, very hard repetitive activity may injure joints. This explains why osteoarthritis is more common in people in some physically demanding jobs, such as farmers (osteoarthritis of the hip and knee), and professional rugby and netball players (osteoarthritis of the knee).

- **Other Types of Joint Disease:** Sometimes osteoarthritis can be caused by injury and damage from other types of joint disease that may have occurred years before. An example of this could be people with Rheumatoid arthritis that develop secondary osteoarthritis in those joints in which the rheumatoid inflammation has largely burnt out but where the joint remains damaged by the disease.

HOW DOES THE DOCTOR DIAGNOSE OSTEOARTHRITIS?

It is usually diagnosed by the symptoms you describe and a physical examination. Therefore it is very important for you to be able to describe the pain in detail including where the pain occurs and when. When your joints are examined, your Doctor will be able to feel the bony swelling and creaking of the joint and see any restricted movement. There is no blood test for osteoarthritis, although blood tests are sometimes done to help rule out other types of arthritis. An x-ray is the most useful test to confirm osteoarthritis.



WHAT CAN I DO TO MANAGE MY OSTEOARTHRITIS?

Although there is no cure for osteoarthritis, there are many ways in which you can relieve your symptoms and reduce the likelihood of things progressing. Your health team is there to guide you, but it is important that you get to know about osteoarthritis and its treatment so that you can take the lead in looking after yourself and your osteoarthritis.

MEDICATION

Painkillers often help symptoms and make it easier to get about. They do not treat the arthritis itself, but take the edge off pain and stiffness. Never take more than the recommended or prescribed dose.



Paracetamol is the simplest and safest painkiller and is usually recommended as the medication to try first. If you require something stronger than paracetamol your doctor or specialist may prescribe the following;

- **Combined painkillers** – paracetamol together with a codeine-like drug
- **Non-steroidal anti-inflammatory drugs (NSAIDs)**, such as ibuprofen or creams and gels that can be rubbed into the skin. These reduce pain and swelling.
- **Steroid injections into the joint** – this is usually reserved for extremely painful osteoarthritis.

All medications have potential side effects if they are taken by themselves or in combination with other herbal, over-the-counter and prescription medications. It is important for you to discuss the benefits and potential side effects of all your medications with your doctor or specialist.

EXERCISE



It is important to keep your joints moving. A properly designed exercise programme will not only reduce your pain but also increase your flexibility and overall fitness. Doing both strengthening and aerobic exercise is essential for:

- Improving muscle strength and tone – this will help stabilise and protect your joints
- Maintain and restore normal joint movement and relieve stiffness
- Appropriate exercises can be planned to fit the individual and can benefit anybody regardless of age.

In many communities there are exercise programmes for people with arthritis.

These include:

- Tai Chi
- Walking
- Swimming
- Gentle exercise classes
- Hydrotherapy – gentle exercise in a heated pool



REDUCE STRESS ON YOUR JOINT

- Avoid unnecessary activities that put a lot of strain on your joints. Think about meeting with an Occupational Therapist to look at modifying your home, car or workplace to minimise unnecessary stress.
- Keep to your ideal weight – if you are overweight, losing even a few kilos will reduce the stress on your joints.
- Plan your activities through the day so that the physically hard jobs are done at times when you feel most able.
- Prioritise your activities – does it really need to be done today?
- Pace yourself – spread the workload into manageable bites rather than trying to tackle the task all at once.

HEAT AND COLD

Heat promotes blood circulation and may reduce pain and stiffness in an arthritic area. Having a hot shower in the morning may help you get ready for the day ahead.

Do not apply heat to an inflamed joint.

If your joint is inflamed the application of a cold pack can help reduce pain by constricting the blood flow in that area.

SURGERY

If damage to a joint is extensive, surgery to replace or repair the joint may be used. This is particularly in cases where mobility is reduced and pain severe. Artificial joints can last 10-20 years before they need to be replaced. This is why joint replacement surgery is delayed until it is clearly necessary.

COMPLEMENTARY THERAPIES

Complementary therapies have become more popular and more widely available over the last few years, and there are a wide variety. They range from ancient systems of medicine, such as acupuncture, homoeopathy and herbalism, to treatments such as massage and aromatherapy. They are called 'complementary' when they have not traditionally been used in conventional medicine. Most arthritic aches and pains come and go. Even a persistent condition like osteoarthritis may only be painful at times, often because the joint has been twisted and strained. Most pains in bones and joints last for a few days, weeks, or months, but when aches and pains persist we all tend to seek treatment.

About 30% of the population has used, or is using, some form of complementary medicine. This increases to nearly 60% among those who have arthritis. Some claim great benefit, but as with all arthritic treatments it is often difficult to know if an individual's improvement is due to the illness waxing and waning naturally or because of a specific treatment.



Complementary therapies can play an important role in encouraging positive changes in lifestyle and outlook, such as increased self-reliance, a positive attitude, learning relaxation techniques and appropriate exercises. Lifestyle changes like these may help to stabilise or improve your arthritis. As there is no cure for osteoarthritis these changes can be as important as more conventional treatments.

ARTHRITIS 
NEW ZEALAND

EMBRACING A BETTER QUALITY OF LIFE

KAIRONAPONA AOTEAROA

To whaiora ki te ora me te ora



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WHERE CAN I LEARN MORE ABOUT OSTEOARTHRITIS ?

- Contact your local Arthritis New Zealand Centre
- Ring our toll free number 0800 663 463
- Visit the Arthritis New Zealand website

www.arthritis.org.nz



Artwork produced in 2007.