

Osteoarthritis in Adults

Osteoarthritis refers to a clinical syndrome of joint pain accompanied by varying degrees of functional limitation and reduced quality of life. It is the most common form of arthritis, and one of the leading causes of pain and disability worldwide. The most commonly affected peripheral joints are the knees, hips and small hand joints. Although pain, reduced function and effects on a person's ability to carry out their day-to-day activities can be important consequences of osteoarthritis, pain in itself is of course a complex issue, and associated with changes in mood and sleep. There is often a poor link between changes on an X-ray and symptoms: minimal changes can be associated with a lot of pain and modest structural changes to joints often can occur without with minimal accompanying symptoms. Contrary to popular belief, osteoarthritis is not caused by ageing and does not necessarily deteriorate. There are a number of management and treatment options (both pharmacological and non-pharmacological) that have varying degrees of success.

Various guidelines address the interventions for control of symptoms and improving function. Osteoarthritis is characterized pathologically by localized loss of cartilage, remodeling of adjacent bone and associated inflammation. A variety of traumas may trigger the need for a joint to repair itself. Osteoarthritis includes a slow but efficient repair process that often compensates for the initial trauma, resulting in a structurally altered but symptom-free joint. In some people, because of either overwhelming trauma or compromised repair, the process cannot compensate, resulting in eventual presentation with symptomatic osteoarthritis; this might be thought of as 'joint failure'. This in part explains the extreme variability in clinical presentation and outcome that can be observed between people, and also at different joints in the same person. There are limitations to the published evidence on treating osteoarthritis. Most studies have focused on knee osteoarthritis, and are often of short duration using single therapies. Although most trials have looked at single joint involvement, in reality many people have pain in more than one joint, which may alter the effectiveness of interventions.

Whichever guidelines one chooses to follow, the mainstay of treatment for symptomatic arthritis remains remarkably similar for the hip or the knee. Patients can oftentimes be encouraged to learn that 1 pound of weight loss up top can translate into 6 pounds less on each knee with each step. This means that a 5 pound weight loss could result in a 30 pound difference with each step on each knee, and oftentimes this makes a significant difference for patient in the management of their symptoms. Nonsteroidal anti-inflammatory medications can be very helpful in relieving the inflammation which is associated with the osteoarthritis process. Oftentimes a brace can help relieve pressure in the affected compartment. Symptomatic relief remains the goal of management as surgical procedures in the management of arthritis and their best results when they are performed for their pain relieving benefit.

Donald Hohman MD is a board certified fellowship trained Orthopaedic Surgeon specializing in joint replacements of the hip and knee. He completed his specialty training at the Brigham and Women's Hospital of the Harvard Medical School- Boston, MA, he works with the Texas Orthopaedic Associates with offices in both Dallas and Plano. If you have any further questions please feel free to utilize the educational material provided on Facebook or youtube.com or his office can be reached at 214-750-1207.

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