the knee joint may reduce pain for up to six months.

Complementary treatments

There are many complementary and alternative approaches to treating osteoarthritis, although the evidence that they work is usually only anectodal. The food supplement glucosamine is said to promote healthy cartilage and there is some scientific evidence to suggest that it is effective. As it's derived from shellfish, it may not be suitable for people with an allergy to seafood. Glucosamine comes in tablet or capsule form and is often combined with the supplement chondroitin, also said to be beneficial for the joints.

Surgery

There are two surgical techniques that can be successfully used for osteoarthritis. The first is to replace a hip or knee joint with an artificial one (a prosthesis), and the second, for arthritis affecting the spine, is to fuse (permanently join) joints in the spine. This can alleviate pain and create stability.

Hip replacements can give people a new lease of life, with improved mobility and relief of pain. Hip replacements are usually effective for at least 10 years – after this, they may need to be replaced. Replacing the knee is a more complicated procedure, since the joint is more complex than the hip, but it can also bring great improvements in quality-of-life.

These operations carry the risks associated with all major surgery, such as infection and deep vein thrombosis. For more information on these procedures and the risks, see the BUPA leaflets "Hip replacement" and "Knee replacement".

Further information

Arthritis Research Campaign
☎ 0870 850 5000
www.arc.org.uk

Arthritis Care
☎ 0808 800 4050
www.arthritiscare.org.uk

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Osteoarthritis

The word "arthritis" means inflammation of the joints, and refers to a group of more than 200 diseases of the joints, which affect more than 8 million people in the UK.

Osteoarthritis is the most common type of arthritis, affecting around a million people. It is rare in people under 40 but becomes more common with age – most people with the condition are over 65.

Symptoms

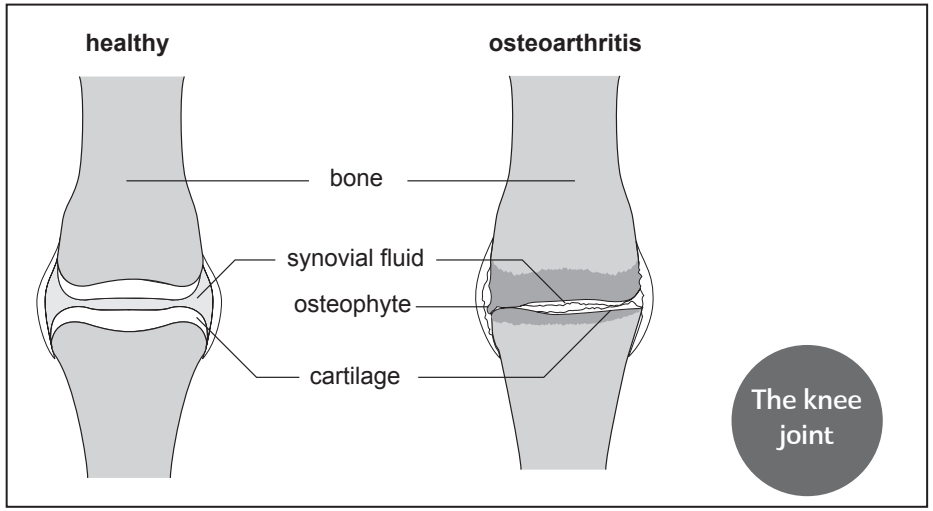
The main symptoms of osteoarthritis are pain, stiffness and swelling of the joints. The joint may have restricted movement, and there may be tenderness or deformity. The joint may also crack or creak (called crepitation).

When the joint becomes severely damaged, it may become misshapen, with bony swellings, and unstable. This puts stress on the ligaments and tissues surrounding the joints, and can lead to deformity.

Wear and tear

Osteoarthritis (OA) is a degenerative disease that most commonly affects joints in the hands, knees, hips, feet and spine. As the disease progresses, the cartilage that protects the bone becomes roughened, then thins and wears away. The body tries to compensate for this, which causes the outer edges of the bones to thicken and change shape so that "outgrowths", known as osteophytes, form at the outer edges. At the same time, the membranes lining the joints can become inflamed.

With severe osteoarthritis, chalky deposits of calcium crystals can form in the cartilage. This is called calcification. These calcium crystals can come loose from the cartilage, and cause the joint to become hot, red and swollen (called pseudogout).



Risk factors

A number of factors make osteoarthritis more likely:

- increasing age,
- obesity (which puts added strain on some joints),
- joint injury or over-use (professional sportspeople are particularly prone),
- family history of osteoarthritis.

Some people who have rheumatoid arthritis also develop so-called secondary osteoarthritis in the joints where their rheumatoid arthritis was active. For more information, see the BUPA factsheet *Rheumatoid arthritis*.

Diagnosis

If a doctor suspects you may have arthritis, he or she will take your medical history and examine the affected joints, looking for any sign of bony swellings, creaking and instability of the joint, as well as reduced movement.

There is no blood test for osteoarthritis, but blood may be taken to exclude other types of arthritis. The most useful test for osteoarthritis is an X-ray. This can show the narrowed space between the bones in a joint that is due to cartilage loss. It can also identify any calcification.

Dealing with osteoarthritis

Reducing stress on affected joints is one of the most important things you can do to relieve osteoarthritis. Try to do the following to reduce the stress on painful joints in your feet, knees, hips and back:

- Keeping to you ideal weight – if you are overweight, try to lose the excess. This will probably involve changing your eating habits and levels of physical activity.
- Wear good shock-absorbent shoes with thick, soft soles – trainers are good. (However people worried about falling tend to be better off with thin-soled shoes, as these make it easier to "feel" the ground underfoot.)
- Where possible, avoid activities which put undue strain on your joints, such as prolonged kneeling.
- Use a walking stick to take some of the weight off your joints.

Regular exercise is also important, regardless of your age. Activities such as swimming and cycling are ideal, as they do not put a strain on the joints. You will not wear out your joints still further by exercising. In fact, exercise can help keep the joints moving and as supple as possible and exercise or physical therapy may be recommended by your doctor in some cases of hip or knee arthritis. If in doubt, talk to your GP or physiotherapist, who will help you to plan a suitable exercise routine.

Medicines

There is a range of medications for osteoarthritis, which aim to:

- relieve pain
- optimise joint function,
- limit deterioration in the joints.

Pain relief is the main reason people seek help for their osteoarthritis.

A simple painkiller, such as paracetamol, is usually tried first. Combined painkillers, such as co-proxamol, co-codamol or co-dydramol, may be effective. These are a combination of paracetamol and codeine, a stronger painkiller, and are available on prescription from a doctor.

Anti-inflammatory drugs

If there is inflammation as well as pain in the joints, you may be prescribed a non-steroidal anti-inflammatory drug (NSAID), such as ibuprofen. All NSAIDs have analgesic and anti-inflammatory properties to reduce pain, stiffness and swelling. They are used widely in osteoarthritis and are a great help to some people. However, NSAIDs can cause gastro-intestinal side-effects, such as indigestion and diarrhoea, and with regular use there is also a risk of bleeding in the stomach. Also, in people with asthma, they can trigger attacks.

Creams and gels containing NSAIDs are available. These are rubbed onto affected joints and may help. They do not usually have the same gastro-intestinal side-effects as NSAIDs taken orally.

Steroid injections

Steroid injections, usually into a knee or the spine, may be an effective way of reducing the pain and swelling associated with osteoarthritis. This treatment is usually reserved for very painful joints. The effects of the injection will eventually wear off within one to four weeks, and the procedure will have to be repeated. An injection of another drug called hyaluronic acid into