

Orthopaedic Connection

Treatment of Osteoarthritis and Rheumatoid Arthritis

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Transforming patient information into patient understanding.

Last time in closing I said most arthritis patients can be helped to be more comfortable and functional. This week I will give you some ideas of how that happens. The emphasis should be on the word help because so far there is no "cure" for arthritis.

First though, let me continue with some additional information about the two major types of arthritis.

- Rheumatoid arthritis can affect anyone, including children, but it affects women twice as often as men.
- RA has body wide symptoms such as fatigue, general body discomfort and loss of appetite.
- Kick the smoking habit and RA symptoms lessen and patients improve.
- There are no current blood tests to confirm the presence of osteoarthritis.
- There are many laboratory tests, which aid in the detection of RA.
- People with RA have a risk of cardiovascular disease on a par with that of diabetes patients.
- X-ray appearance of RA and OA joints looks quite different and often helps me make the diagnosis.
- X-rays are not always helpful in the early stages of arthritis (first two years).

TREATMENT OF OSTEOARTHRITIS

My chief concerns in treatment of osteoarthritis are to decrease pain, improve joint mobility, stabilize the joints, and to overall improve function in daily activities.

Exercise

Exercise is key in treating osteoarthritis. Daily stretching program for affected joints is needed. This is best done with the help of a physical therapist to teach proper exercises.

Hydrotherapy can be especially helpful if available.

Exercise can maintain or improve range of movement.

Muscle strengthening is essential, as it is gradually lost in arthritis patients.

Low impact aerobic exercise is fine.

Excessive weight

Patients who are carrying excessive weight should lose a minimum of 5% of their body weight.

Acupuncture

It doesn't help everyone, but there is no harm in trying.

Glucosamine/Chondroitin

It is controversial, but I do believe there is some benefit to certain patients. I like to decide which patients it might help because in many cases you can be wasting your money.

Joint Fluid Therapy (Viscosupplementation)

Presently restricted to the knee joint and in special cases the shoulder. Orthopaedic Surgeons are in the best position to know who this might help.

Medication

Drugs should play a more minor role in treatment of OA. Remember Tylenol treats the pain of arthritis and does not treat the inflammation. Aspirin, Ibuprofen (Advil or similar) Naproxen Prescription nonsteroidals (there are many) Topical analgesics Cortisone preparations (maybe)

Surgery

I have placed it at the end because it should always be a last resort. I didn't intend to get into specifics because the area is so vast. It depends entirely on the joint and the degree to which it is affected. Relax, it is not always a joint replacement!

With the experience I have in treating arthritis, I know what the best recommendation is for you. There are almost always choices.

To be continued -

Rheumatoid Arthritis is so unique I need to cover this next time. When I finish you will have a very good overview of Rheumatoid and Osteoarthritis.

As always check out www.orthopodsurgeon.com /Your Orthopaedic Connection for much more information.

Our goal is simple - To help people return to more pain free,
functional lives. I specialize in you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush