

OSTEOARTHRITIS AND OSTEOPOROSIS

What is osteoarthritis?

This is the most common condition affecting the synovial joints e.g. hip, knee, knuckles and a source of pain, disability and loss of mobility. Osteoarthritis is not an inevitable consequence of ageing but does appear to be strongly related to age. It is uncommon in people under 45 years of age. Risk factors associated with osteoarthritis include obesity, genetic tendency, female sex, disease and previous trauma.

The ends of bones i.e. the joints, are covered in cartilage, which degenerates causing bone to rub against bone. Osteophytes (bony outgrowths) may also form in this area, leading to pain, stiffness and occasionally, loss of function of the affected joint.

How is it diagnosed and treated?

Osteoarthritis is usually diagnosed by physical examination and x-ray. Signs of osteoarthritis are often seen on x-ray of the spine when no symptoms are experienced and this does not mean that there will necessarily be a progressive deterioration of the spine. Neck and back pain is often due to soft tissue damage or inflammation (tendons, ligament or muscle) rather than osteoarthritis of the spinal joints.

There is no cure for osteoarthritis but many ways of relieving the symptoms. Analgesic or anti-inflammatory drugs may be used. Physiotherapy, including hydrotherapy, may ease pain and improve mobility. Injection of the joint with corticosteroids may provide pain relief. These injections are most commonly given in the knee, hip or thumb joint. In some cases, surgery is advised. Hip and knee replacement operations can be very successful for severe osteoarthritis.

Changes in lifestyle may also be necessary e.g. maintain optimal weight to avoid extra stress on the joint, remain as active as possible and take regular exercise to strengthen muscles.

It is important to also try and maintain a positive attitude as osteoarthritis is not inevitably progressive and help is available.

What is spondylosis?

Spondylosis is osteoarthritis of the joints between the vertebrae, the small bones that form the spine. The discs between the vertebrae degenerate and osteophytes grow around the edges of the bones. These bony outgrowths may press on nerves or blood vessels and cause pain and other problems.

Are osteoarthritis and osteoporosis the same condition?

No. Osteoporosis is loss of bone density, causing bones to become fragile and more prone to fracture. Osteoarthritis affects joints. Older people are at increased risk of developing both osteoporosis and osteoarthritis by virtue of the normal ageing process. Sometimes both conditions may be present, especially if osteoporotic fractures have occurred and joints have been affected.

What about hip replacement?

Hip replacement operations are useful in cases of severe osteoarthritis of the hip. If an older person falls and has a hip fracture, they will have an operation to stabilise the fracture and allow early mobilisation. This early mobilisation is important to lessen the risk of problems such as chest infection and blood clots, which are a risk after an operation. The hip fracture is usually pinned with screws, pins and plates but the broken thigh bone is sometimes replaced in an operation similar to a hip replacement for osteoarthritis. Planned operations for hip replacement, to relieve the pain of OA, are still possible if you have osteoporosis.

Factors that can help to maintain healthy bones are a well balanced diet with adequate calcium rich foods, regular exercise, avoiding smoking and keeping alcohol consumption within the recommended limits. Further details are contained within the NOS booklets - see *Membership and Publication* leaflet.

For further information, please contact:

Arthritis Research Campaign, Coperman House, St Marys Court, St Marys Gate, Chesterfield, Derbyshire S41 7TD Tel: 0870 850 5000 www.arc.org.uk

Arthritis Care, 18 Stephenson Way, London NW1 2HD. Tel: 0808 800 4050 www.arthritiscare.org.uk

