Myths About Arthritis We’ve All Heard

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4 Myths About Arthritis We're Sick of Hearing

Osteoarthritis (OA) is a well-known disease that afflicts up to 350 million people worldwide. Although it is a prevalent disease, there are a few misconceptions widely accepted by the general public regarding OA.

These misconceptions often lead to a lack of understanding towards the disease. Unfortunately these myths make it difficult for many people to understand and wrap their heads around how hard it can be to live with arthritis, ultimately causing distress in the arthritic sufferer.

The following are a few of the most common myths about OA:

1. OA Always Leads to Pain and Stiffness

This myth is probably the most is difficult one for people to wrap their heads around. Although arthritis of various joints does cause pain in a lot of people, there are people out there who have worn down joints but feel no pain.

In fact, there was a study done recently where about 100 people had MRIs taken of their spine, and the results were very surprising. There were numerous people with evidence of arthritis and disc bulges in their spines, but they reported no pain at all. On the other hand, there were people with no evidence of arthritis but had arthritic symptoms.

How do you explain this? Unfortunately at this point there is no clear explanation for why some arthritic joints can cause pain while others don’t. Some theories attribute this variation to genetics, pain tolerance, physical fitness, and the severity of the degeneration of the joint.

2. Exercising Is Impossible With Arthritis

Although an arthritic sufferer should not be patronized for being careful, modified exercising can be done. No blanket statement for all arthritic sufferers can be made because there is so much variation among severity, but trying to be as active as possible is the goal.

Low-impact activities, whether this be walking, swimming, cycling, stretching or anything else, are usually recommended to help put less stress on joints and prevent further injury. A lot of the exercises recommended to help improve arthritic pain focus on careful strengthening and preserving the range of motion of the joint.

Only the person suffering from arthritis truly knows their limits, but the general rule is to not stay immobile and do as much as you can.

3. There's Nothing People With Arthritis Can Do to Treat Their Condition

Some people simply assume arthritis can't be cured will live the rest of their lives with the pain. Even though there is no definitive cure for OA, there are many modalities to help alleviate the pain and improve function to the arthritic joint.

The main modalities are medication, exercise, injections, procedures and surgery.

Medication: Tylenol, NSAIDs and opioids are the three main classes of drugs used to alleviate the pain caused by arthritis. Each medication comes with its own risk and side effects but with proper dosage and consultation from a doctor, are well tolerated.

Exercise: As previously mentioned, exercise can help to improve the symptoms of arthritis. The goal of these exercises is usually to improve the range of motion of the joint and strengthen the muscles surrounding the joint.

Injections: Injections with steroids and numbing agents can help alleviate the inflammation and pain associated with the arthritic joint. Most are well tolerated and can provide pain relief from a couple weeks to a couple years.

There are also injections that provide relief by inserting lubrication into the joint. These types of injections are commonly done into the knee and often provide relief for up to a year.

Procedures: Procedures like prolotherapy, PRP and radiofrequency ablation are all relatively safe and low-risk procedures that can help with arthritis. PRP and prolotherapy involve injecting an agent for inflammatory osteoarthritis in hopes of regenerating the cartilage within the arthritic joint.

Radiofrequency ablation involves stunning the nerve that is signaling pain from the arthritic joint and generally lasts about eight to 12 months.

Surgery: Although surgery is the last resort, hip and knee replacements are relatively safe options. However, back surgery for arthritis is not a guarantee for pain-relief and is only considered if all other options have been exhausted.

There is research currently being conducted about possible facet-joint replacements in the spine but those are in the stage of clinical trials.

Although no modality is perfect and there are risks to each treatment, there is wide variety of treatments for arthritis. There are also numerous new drugs and treatments being researched now that hopefully will help arthritic sufferers in the future.

4. Only Old People Have OA

Although you are more at risk for developing OA as an older person, it can start to develop even during the teenaged years. A lot of times in the younger population it can be attributed to a traumatic injury, repeated stress of the joint, obesity or genetics.

Many former collegiate and professional athletes develop arthritis at a young age due to the accumulation of stress, injuries, and use of certain joints. Unfortunately, developing arthritis at a younger age can cause more anguish because you are generally more accustomed to an active lifestyle.

Despite OA being a common disease, there are many myths surrounding the condition. These myths lead to the condition being misunderstood by those who suffer from it and those who know about the disease. OA can be difficult to live with, but hopefully it can be a little easier to tolerate by knowing what pieces of information are truth versus myth.