



# Osteoarthritis Facts You Should Know

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## Arthritis Facts and Statistics

Osteoarthritis (OA) is a chronic and painful condition. There is no cure, but treatments and lifestyle changes can help you manage pain and improve joint mobility.

### What Is Osteoarthritis?

OA is a chronic (life-long) disease, and it is the most common type of arthritis. It is also the leading cause of disability in older adults.

This type of arthritis results when the cartilage cushioning the joints starts to break down. Bones begin to rub together, causing bone-on-bone pain.

OA can be very debilitating, primarily when it affects the weight-bearing joints – those most needed for normal movement, including the hips and knees.

Without treatment, tissues surrounding the joints continue to become inflamed and more worn, eventually resulting in loss of range of motion and limited mobility to joints.

The joint changes in OA cannot be reversed, but treatment can help you manage symptoms, and keep joints from becoming so damaged they require surgery.

### Prevalence

OA affects 31 million Americans, this according to the Arthritis Foundation.

The World Health Organization estimates 9.6 percent of men and 18.0 percent of women over age 60 have symptoms of OA. Up to 80 percent have mobility limitations, while another 25 percent report OA affects their daily activity.

### Age

Your chance of developing osteoarthritis increases with age and most people over age 60 have at least some wear and tear on their joints. But even people in their 20s and 30s can get osteoarthritis, although OA in younger people results from joint injury or repetitive joint use.

When children develop OA, this is related to abnormal development of the bone growth plate causing bone deformity and other OA symptoms.

Trauma is another cause of early onset OA in children who experience fractures from activities, such as ballet,

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gymnastics, and other sports. Some medical conditions also contribute to early onset OA, including Koehler's disease and Osgood-Schlatter disease.

### **Women vs. Men**

More women are affected by OA than men, and OA in women is usually more severe. This is because women have more risk factors than men, mainly biology, genetics, and hormones.

Before age 55, OA affects more men, but after age 55, the number of women with OA is significantly more, this according to one report in the journal, *Osteoarthritis Cartilage*.

### **Signs and Symptoms of Osteoarthritis**

Most people with OA report joint pain and stiffness, and limited mobility. For most, symptoms come and go, and are characterized by periods of symptom flares.

OA symptoms tend to worsen with time and can be aggravated by specific activities.

The classic signs of OA are joint stiffness, pain, and soreness.

- Stiffness is usually most notable upon waking in the morning, and after long periods of inactivity, such as sitting too long in a car. This type of stiffness usually lasts less than 30 minutes and resolves with light activity.
- Pain worsens during or after too much activity, or it can be felt with slight movement or when joints have been at rest. This type of pain can be dull and achy or sharp and piercing.
- Soreness of joints includes tenderness to touch with slight pressure.

Other symptoms associated with OA are swelling, loss of range of motion, grating noises, bone spurs, and deformity.

- Swelling may be the result of fluid buildup. When swelling is severe, joints will feel warm.
- Loss of full range of motion can affect one or more joints. This symptom is most evident during flares and can be resolved with short-term treatments and movement, or may require more intensive therapy, such as corticosteroid injections.
- Some people experience a feeling of grinding when moving affected joints because joints are no longer running smoothly against each other. It is also possible to hear a creaking in affected joints.
- Bone spurs are points where the bones grow outward and can be felt under the skin.
- Deformity can sometimes be evident in joints. For example, finger joints may show bony enlargements or damage to knee cartilage can cause knees to appear outward and curved, affecting movement.

A diagnosis of OA is made by physical exam, review of symptoms, and imaging studies. Lab testing is also done to rule out other conditions.

### **Causes and Risk Factors**

OA is caused by the wear and tear of joint cartilage, which serves a protective shock absorber between your joints. There is no single known cause of OA, but risk factors play a role in the development.

Risk factors associated with OA are:

- Joint injuries and overuse
  - Age, as OA risk increases with age
  - Gender – women are more likely to develop OA
  - Being overweight – extra weight puts more stress on joints, especially weight-bearing ones
  - Genetics – people with family history of OA are more likely to develop OA
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- Race – some races have an increased risk of developing OA

## **Treating OA**

OA can be managed with a variety of therapies, which may include:

- Physical activity and/or physical therapy, which includes muscle strengthening
- Medications, including prescription drugs and OTC medications
- Lifestyle changes, including weight loss
- Use of joint assistive devices, including canes or crutches
- Surgery to repair a joint when other treatments have not helped

OA that is not managed correctly can lead to joint immobilization, inability to perform daily tasks, and disability. Severe cases of OA may require joint replacement surgery, which is typical for hip and knee joints.

## **The Bottom Line**

Many people think OA development is unavoidable so don't anything to control it. The fact is unmanaged OA will significantly affect your quality of life, including your ability to work, have a social life and be there for the people you love.

But you have plenty of options for managing for OA. Talk to your doctor about treatment options and lifestyle changes that can benefit you and help you to prevent joint damage, keep joints flexible and manage pain.