New OA Treatments: Recent Management Options to Consider

by AFRA WILLMORE

New Treatments for Osteoarthritis

Although osteoarthritis is considered a disability by social services, it is possible to live a full and active life, which should come as good news to those of you recently diagnosed. In this article we will discuss traditional and new treatments for osteoarthritis, so you can weigh your options.

Maybe you are not yet diagnosed but are wondering if your symptoms of pain and stiffness could be caused by osteoarthritis (OA). It can be scary facing an unknown future that might be filled with pain.

What is Osteoarthritis?

Osteoarthritis is a condition affecting joints frequently causing pain and stiffness. There may be problems moving joints. Some people also have swelling, tenderness, and hear grating or crackling when moving the affected joints

As you go about your normal life, your joints are exposed to a constant low level of damage. In most cases, your body repairs the damage itself and you do not experience any symptoms. But in osteoarthritis, the protective cartilage on the ends of your bones breaks down, causing pain, redness, swelling, and problems moving the joint.

The severity of osteoarthritis symptoms can vary greatly from person-to-person, and between different affected joints.

For some people, the symptoms can be mild and may come and go. Other people can experience more continuous and severe problems, which make it difficult to carry out everyday activities.
Almost any joint can be affected by osteoarthritis, but the condition most often causes problems in the knees, hips, and small joints of the hands. Those with advanced OA may develop bone spurs on joints as the body tries to repair the area under stress.

It is the most common joint disorder in the U.S. For people over the age of 60, 10% of men and 13% of women have symptomatic knee OA.

Risk Factors

Although it is not fully understood exactly what causes osteoarthritis, several things are thought to increase your risk of developing the condition:

- **Joint injury.** Overusing your joint or not resting sufficiently after an injury or operation
- **Other conditions.** OA as secondary arthritis can happen in joints severely damaged by a previous or existing condition, such as gout or rheumatoid arthritis.
- **Age.** Your risk of developing the condition increases as you get older.

- **Family history.** Osteoarthritis seems to run in families, although studies have not yet identified a single gene responsible.
- **Obesity.** Being obese puts excess strain on your joints, particularly those that bear most of your weight, such as your knees and hips.
- **Gender.** OA is more common in women than men.

If you are concerned about your symptoms, visit your healthcare provider. They will ask about your symptoms and examine your joints. They may also decide to carry out blood tests and an x-ray to rule out other conditions, such as rheumatoid arthritis or a fracture.

Treatments for Osteoarthritis

It may be possible for some people to make some simple lifestyle changes to help reduce the severity of symptoms, especially in the early or milder stages of the condition, or even avoid developing OA at all.

As obesity is one of the factors that can trigger or increase severity of OA, losing or maintaining a healthy weight is one thing you can do, especially if there is a family history of osteoarthritis.

Diet

Following a healthy diet is another measure you can take in the battle against OA and Arthritis Foundation recommends a Mediterranean diet to ease symptoms.

The diet focusses on foods known for their anti-inflammatory properties, including berries, fish, whole nuts and grains, olive oils and red wine, and avoids red meat, sugars, and most dairy products.

Michelle Babb, MS, RD, a Seattle-based nutrition educator wrote on the Arthritis Foundation website: “There are a variety of foods in the Mediterranean diet that are high in fiber, beta carotene, magnesium, and omega-3s, which have been found to actively reduce inflammatory markers in human studies.

I’ve had [arthritis] patients who have been able to discontinue the use of non-steroidal anti-inflammatory drugs (NSAIDs) because of transitioning to a Mediterranean diet. Some even report a noticeable difference in pain in the first week,” she said.

Exercise

Although overusing joints can exacerbate symptoms regular, gentle exercise can be beneficial.

Avoid exercise which puts strain on the joints like running or weight training, and try swimming, walking briskly, Tai Chi or cycling instead.

Be sure to tell your gym or personal trainer about your condition so they can tailor your workout to avoid damaging joints further.

Physical Aids

Wearing splints, supportive or specialist footwear, and using physical aids such as walking sticks, frames or a wheelchair can help with enabling a near-normal life. You can hire out equipment, like manual or powered wheelchairs, for occasional use.

Medication

NSAIDs and painkillers can be useful in tackling pain and inflammation. These may be delivered orally in pill or liquid form, via patches, skin creams or injections.

New Treatments

Chondroitin sulfate, an important structural component of cartilage, has recently been found to significantly reduce pain and improve mobility in osteoarthritis patients.

Experts recommend only taking pharmacy-grade chondroitin sulfate, and there is some evidence to show it works best at slowing the progress of osteoarthritis when combined with a glucosamine supplement.

It may be particularly suitable for people over the age of 70, where long-term use of NSAIDs can have toxic effects over time.

Meanwhile, researchers re-analyzing a study of 10,000 people who had suffered heart attacks found that the drug canakinumab had an interesting effect on the number of people requiring knee or hip transplants.

Every three months, each person received an injection of either canakinumab or a placebo. Over about four years, those receiving canakinumab were at least 40% less likely to have a hip or knee replacement than those receiving placebo.

Obviously, the survey was not a treatment trial of those with osteoarthritis, but it does potentially open up a new avenue of research.