

Osteoarthritis



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Osteoarthritis, also known as degenerative arthritis, is the most common form of arthritis. It results from the breakdown of cartilage in joints, most commonly the major weight bearing joints of the body, the hips and knees. It is also very common in the hands, especially in women.

In the United States osteoarthritis affects over 20 million people. It increases in frequency as we age. Before age 45 it affects mostly men. After age 55 it affects mostly women.

Risk factors include Age, Obesity, Sex, Prior joint injury, Deformity of the joint, and muscle weakness. Obesity causes arthritis by increasing the mechanical stress on the cartilage. Next to age it is the most powerful risk factor for osteoarthritis of the knees.

Osteoarthritis is a disease of the joints. It doesn't affect other organs of the body. The most common symptom is pain in the affected joint, usually worse later in the day. The joint may feel warm, swell and creak. Stiffness may also occur. The symptoms can vary greatly from one patient to the next, and can also be intermittent.

There is no blood test for osteoarthritis. Your doctor may diagnose it by finding characteristic bony enlargements of your joints, or by findings noted on an X-Ray.

Treatment for Osteoarthritis is aimed at relieving joint pain and inflammation, while improving and maintaining function. Therapies include both non-surgical and surgical options. Nonsurgical treatment includes

- 1) Weight loss – Even modest amounts can decrease symptoms in knees and hips.
- 2) Exercise – General conditioning and aerobic exercise can decrease pain and increase function.
- 3) Physical therapy – Aims to restore muscle strength and protect the joint.
- 4) Occupational therapy – Provides direction in performing daily activities and recommends assistive devices such as canes, splints, walkers and braces. Paraffin wax dips, warm water soaks, and nighttime cotton gloves can ease hand symptoms.
- 5) Medication – Tylenol, NSAIDS (Aleve, Motrin), Pain relieving creams, and other pain medications can be recommended or prescribed by your physician. Cortisone injections are also helpful in patients with pronounced symptoms. They are placed directly into a joint by a physician.
- 6) Nutritional supplements (Glucosamine, Chondroitin, and Fish Oil) – Some studies, but not all, have shown that alternative treatment with the food supplements Glucosamine and Chondroitin can relieve the symptoms of pain and stiffness for some people with Osteoarthritis. Fish Oil supplements have been shown to have anti-inflammatory properties and increasing dietary fish intake or Fish Oil supplement capsules (Omega-3), can sometimes reduce the inflammation of Osteoarthritis.
- 7) Hyaluronic Acid Injections (Synvisc or Hyalgon) – For persistent pain of severe osteoarthritis in the knee that doesn't respond to other treatments. These can sometimes be helpful. A series of 3-5shots may be given by a physician. They work by temporarily restoring the thickness of the joint fluid, allowing better joint lubrication.

Surgical treatment may be recommended for patients with intractable pain and loss of function. Hip and knee replacements are the most established and successful replacement procedures. The surgeon will remove the damaged joint and replace it with an artificial prosthesis. For hip surgery most patients are urged to get out of bed and walk the day after surgery, leave the hospital within 1 week, can walk with crutches within 2-4 weeks, and fully recover in 3 months.

Other newer treatments for osteoarthritis are being developed. One such treatment uses your own stem cells from bone marrow to grow new cartilage. This new cartilage can then be transplanted into a damaged joint to repair it. This technique may be feasible within the next 10 years.

If you suffer from painful arthritis, discuss your situation with your personal physician. Together you can devise the best treatment strategy for your individual circumstances.

For more information, please visit www.safecare.com

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