Medical Management

Medical management of osteoarthritis is a structured stepwise approach starting with panadol and ending with joint replacement. Obviously you would not undergo a major surgery if a panadol will suffice.

7 stage medical management of osteoarthritis

1 Panadol as required: can be used for mild early disease.

2 Panadol osteo regularly: 3 times per day. Use of panadol osteo can be quite effective in the early stages.

3 Anti-inflammatory as required: anti-inflammatories tend to have slightly stronger pain relief than panadol but also have more side effects.

4 Anti-inflammatory regularly: These are strong and are a once daily anti-inflammatory which are very useful if they are tolerated and do not adversely react or result in unwanted side affects with other medications.

5 Injections: Cortisone can be useful for delaying surgery in someone with severe disease or for settling down a flare in someone who is normally okay but has really injured the joint recently. Synvisc is a reasonably expensive injection but can be used to delay the progression of arthritis. PRP has poor evidence in arthritis but has been used in the past. Stemcells are very expensive (~$10,000) and there is very little evidence to support their use at present.

6 Arthroscopic (keyhole surgery): Arthroscopic surgery to clean out the joint is usually not very effective for osteoarthritis. It can be useful in patients with significant catching and locking symptoms due to a meniscus tear or floating bit of bone.

7 Joint Replacement: if a joint replacement is needed it is an extremely effective surgery which can give you back freedom of movement and exercise free of pain.

RESCUE TREATMENT: anti-inflammatories and injections are sometimes used as rescue medications. If you are normally in stage one but have a significant flare of symptoms sometimes anti-inflammatory or injections can be used to get you over the flare and back to your previous stage.

Lifestyle and allied health Management

Lifestyle modification in arthritis is critically important. As opposed to medical management which is a stepwise approach, lifestyle approaches can and should be implemented concurrently.

Activity Modification: modifying activity and favouring exercise which is lower impact will protect the joints in the long run. Swimming and cycling tend to be quite low impact on the hip and knee.

Weight control: weight management is important in osteoarthritis especially of the lower body. The average person takes 8000 steps per day. Gaining 10kgs means that you would put an extra 10 x 8000 x 365 = 2920000kgs through your joints per year.

Diet: a diet with sufficient good fats such as fish and avocado will have a mild anti-inflammatory effect.

Exercise: strong muscles with good endurance protect the joints. Joint pain causes the muscles to fire inappropriately. It is important to try to continue to exercise to reverse this abnormal muscle function and help protect the joints.

Physiotherapy: is an important component of osteoarthritis management. Guided exercise therapy will help protect the joints and relieve pain in the long term. Electronic pain relieving devices such as the T.E.N.S and ultrasound do not offer much in the management of arthritis.

Podiatry: Sometimes if you have severe arthritis on the inside or outside of the knee an orthotic will help unload the sore arthritic area and preferentially load the healthy part of the knee. There is some controversy over how this effect works but many patients find orthotics very helpful.

Supplementation: There is quite a lot of controversy regarding the role of supplementation in arthritis. There is a lot of conflicting data. Fish oils and glucosamine are the best researched but there is still no clear evidence that they are effective. Some patients do seem to respond quite well and others not at all. If you trial a supplement you should commit to it for 3 months and then re-evaluate its effect. If you have not responded it is not worth continuing. There is no convincing evidence that they slow disease progression.

Do you have a question?
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