

# Nonsurgical treatment of osteoarthritis discussed

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Osteoarthritis is a progressive joint disease that affects approximately one third of individuals age 65 and older. The disorder causes gradual loss of joint cartilage and bony degeneration while simultaneously creating new bone formation, or bone spurs. The end result of this cascade is joint stiffness, loss of motion and pain. In addition, some individuals also experience irritation of the joint lining, synovitis, which causes painful accumulation of excess joint fluid.

"Unfortunately, there is no cure for osteoarthritis, so our goal in treatment is to slow disease progression while minimizing pain and disability," said Peter Seidenberg, a primary care [sports medicine](#) physician with Penn State Sports Medicine in State College, part of Penn State Hershey Bone and Joint Institute.

Exercise is the foundation of treatment for [osteoarthritis](#), or OA, Seidenberg said. Strength gained from exercise improves joint mobility, function and pain, as well as assists with weight loss. Just 10 extra pounds on a person's body increases the risk of [knee osteoarthritis](#) by 50 percent.

For people unable to participate in traditional [exercise programs](#), aqua therapy has proven very beneficial. Water helps off-load arthritic joints, decreasing discomfort during exercise. For people who have significant pain and mobility deficits, physical therapy helps lessen pain and improve function. Some individuals may also benefit from bracing or shoe inserts.

Oral medications have been used to treat OA for many years. There are several different classes of medications that have been shown to be helpful in minimizing symptoms. Acetaminophen (Tylenol) is the first choice for pain control. If taken in the proper dosage, it is safe and effective in decreasing OA pain. Nonsteroidal anti-inflammatory (NSAIDs) are another class of

medications commonly used to treat OA. They are available in both prescription and nonprescription forms (e.g. ibuprofen). While [NSAIDs](#) have been found to be superior to acetaminophen in controlling the pain of OA, chronic use is associated with stomach ulcers, thinning of blood, kidney damage and heart disease.

Several supplements also are used to attempt to control OA pain. Glucosamine has been shown in some studies to decrease OA symptoms in two thirds of patients. Chondroitin has been suggested to have an additive effect to glucosamine, but studies show mixed results as to its efficacy. Some clinicians also recommend high dose omega 3 fatty acid supplementation.

Joint injections are another option for treatment of OA joint pain.

"Cortisone has long been used to decrease both pain and inflammation," Seidenberg said. "However, this does not affect disease progression and repeated injections can actually cause cartilage degeneration. So we generally recommend limiting cortisone injections to three per year in the same joint."

This is in contrast to hyaluronic acid injection, which does not harm cartilage and may actually slow [disease progression](#). Some physicians perform these injections under ultrasound guidance to minimize discomfort and ensure accurate placement of the medication. With the use of ultrasound, even hip joint injections can be performed in the office safely with little pain.

Talk to your doctor about which OA treatment options might be best for you.

Provided by Pennsylvania State University

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