

# Living with osteoarthritis

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Information for Patients

Produced: March 2022

Review: March 2024

Leaflet number: 1151 Version: 1.1

## Introduction

Osteoarthritis is a very common condition of the joints. It is a process of wear and tear, plus repair within the joint. The joint surface (cartilage) becomes worn or damaged, and as a result tissues within the joint, such as bone, ligaments and joint lining, change as the body tries to repair the damage.

## Treatment

At the moment there is no known cure, but there are many things that might help provide relief from the symptoms of pain and stiffness.

**Exercise:** exercise can help improve the movement of a joint and strengthen the muscles that move and support joints. General physical activity that raises the heart and breathing rate is called aerobic exercise. This type of exercise burns off calories, helps improve sleep and may reduce pain. There is good evidence that exercise does not harm arthritic joints.

**Weight:** being overweight can affect the joints in 2 main ways:

- The extra weight on the joints can cause pain and discomfort.
- A number of hormones produced in fat can affect joint tissues and increase sensitivity to pain.

Weight loss can improve the function of joints and reduce pain, as well as reduce the risk of other conditions such as diabetes and heart disease.

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**Well-being:** in the short term pain is a warning sign, and a natural reaction is to protect the affected area. However, long-term rest, less activity and support of a joint or body area (for example wearing knee support, bandage, splint) is often not helpful long-term. Sometimes people get into a frame of mind that encourages them to avoid tasks or things they normally enjoy, as they tend to increase pain levels.

## Long term strategies for dealing with pain

After time, reduced activity leads to muscles becoming weaker, joints stiffer and nerves to those areas become more sensitive. Also, as we become less fit, we tire more easily, and it is more likely for strains and sprains to occur, resulting in more pain. This can easily become a vicious circle – leading to frustration, worry and low moods.

Strategies to deal with the challenges of long term pain:

- maintain your social contacts with friends and family.
- stay as active as possible.
- try setting some goals and pacing yourself.
- relaxation techniques may lower your pain and encourage a sense of well-being.
- try 'mindfulness' exercises.

**Complementary and alternative remedies:** a number of complementary medicines and nutritional supplements may help osteoarthritis symptoms such as pain and stiffness. There is some evidence of benefit, but many questions remain unanswered about whether to take some, all, for how long and for what type of osteoarthritis. Supplements that are often tried include glucosamine sulphate and chondroitin, organic sulphur (methylsulfonylmethane (MSM)), turmeric, extracts of Indian frankincense (*boswellia serrata*) and avocado-soybean unsaponifiables (ASU).

**Footwear, insoles and splints:** ankles, midfoot or toes. For example with shoes, you may need a different size or width fitting. Some people need insoles to correct foot deformities, and advice from a chiropodist or podiatrist could be useful.

Splints can be used to support the work done by hand joints, such as the wrist and base of thumb.

**Oral medicine:** 1 to 2 paracetamol tablets, 2 to 3 times a day may be useful for simple pain relief. You can talk to your doctor about more pain relief medications if needed.

**Topical creams:** ibuprofen gel, diclofenac (Voltarol gel), capsaicin cream or Flexiseq cream may be very useful for pain relief for the affected joint(s).

## Further information

### Versus Arthritis:

<https://www.versusarthritis.org/media/12747/osteoarthritis-information-bookletv2.pdf>

<https://www.versusarthritis.org/media/1337/complementary-and-alternative-medicines-report.pdf>

<https://www.versusarthritis.org/about-arthritis/complementary-and-alternative-treatments/>

### British Society for Rheumatology:

<https://academic.oup.com/rheumatology/article/50/5/911/1772653>

[https://academic.oup.com/rheumatology/issue/57/suppl\\_4](https://academic.oup.com/rheumatology/issue/57/suppl_4)

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