

Healthy Living

Patient Information from the American Chiropractic Association

Living with Osteoarthritis

For decades, osteoarthritis has been considered a part of aging. But not anymore. Recent research points out that older people don't have to suffer from osteoarthritic pain. And, surprisingly, people much younger than 65 can develop osteoarthritis.

What Is Osteoarthritis?

Osteoarthritis (OA), or degenerative joint disease, affects more than 20 million Americans and is more common in women than in men. The disease affects the cartilage—slippery tissue on the ends of bones that meet in a joint. Normally, cartilage helps bones glide over one another. In an OA patient, however, the cartilage is broken down and eventually wears away. As a result, instead of gliding, bones rub against each other, causing pain, swelling, and loss of motion.¹

Although the majority of patients with OA are 65 and older, recent research shows that osteoarthritis is not a by-product of aging. Family history of OA, being overweight, lack of exercise, and prior joint injuries are suggested as OA risk factors.

How Is Osteoarthritis Diagnosed?

OA is diagnosed through a combination of clinical history, patient examination, and x-rays. Other tests, such as drawing fluid from the joint, are sometimes used.

The signs of OA include:

- Steady or intermittent joint pain
- Joint stiffness after sitting, sleeping, or otherwise not moving for a long time
- Swelling or tenderness in the joints
- A crunching feeling or the sound of bones rubbing against each other.

If you experience any of these signs, consult your health care provider. While the diagnosis is relatively

easy to make, it is often harder to establish whether or not OA causes the patient's symptoms. That's why the treating doctor needs to not only make the diagnosis, but also rule out other disorders and conditions that can make the symptoms worse.¹ Timely diagnosis and treatment can help manage pain, improve function, and slow the degeneration.

Should Osteoarthritis Patients Exercise?

Exercise is one of the best forms of OA treatment—and prevention. It strengthens the muscular support around the joints and improves and maintains joint mobility and function. In addition, exercise helps control weight and improve the patient's mood and outlook—important factors influencing the severity of the symptoms.

If you suffer from OA, consider the following exercise tips:

- Low-impact or non-weight-bearing activities, such as walking, stationary training, and light weight training work best for OA patients.
- Use strengthening exercises if the key muscle groups that relate to the function of the joints are weakened by the degeneration.
- If you are overweight, start exercising carefully, so as not to put too much stress on the knee and ankle joints.
- Stair climbing, water aerobics, Theraband workouts, and similar exercises will help to keep the joints mobile without straining them.
- Learn to read the body's signals and know when to stop, slow down, or rest.

How Can Your Chiropractor Help?

Doctors of chiropractic, by the nature of their work, can detect the earliest degenerative changes in the joints. They see the impact of degenerative changes in

Nutritional and Supplemental Approach to Treating Osteoarthritis

For those who would like to try supplements and nutrition as well, they are often found effective. Glucosamine and chondroitin sulfate are the two most popular and most researched OA supplements. When taken over a period of time, they tend to reduce pain and increase function, especially with knee OA.² These supplements may also slow progression of the disease.

When taking supplements, remember:

- As with medications, take the right amount. Studies used 1,500 mg per day of glucosamine and 1,200 mg per day of chondroitin sulfate. If you use a different dosage, the effect will be different.
- Different products may contain a different amount of the supplement--sometimes not corresponding to what's on the label. To choose the proper supplement, consult a health care provider trained in nutrition.
- Unlike the quick effect of medications, it usually takes several weeks before you feel pain relief or improvement in function when taking a supplement.
- Supplements may not be for everyone. Chondroitin sulfate may interfere with anti-coagulant medications, so if you take anti-coagulants, talk to your prescribing physician before taking glucosamine and chondroitin. In addition, the supplements haven't been studied in pregnant women, so they should not take glucosamine and chondroitin.

the spine, as well as in the hips, knees, and other weight-bearing joints. Doctors of chiropractic are also trained to relieve the pain and improve joint function through natural therapies, such as chiropractic manipulation, trigger-point therapy, or some massage techniques.

Doctors of chiropractic can provide exercise counseling, helping you choose exercises that are best for you. If a sore or swollen joint prevents you from exercising, talk to your doctor of chiropractic about other drug-free pain-relief options, such as applying heat or cold to the affected area. In addition, your doctor of chiropractic can help you choose proper supplements that play important roles in OA prevention and treatment. ■

References

1. Osteoarthritis: Handout on Health. National Institute of Arthritis and Musculoskeletal and Skin Diseases. July 2002.
2. McAlindon TE, LaValley MP, Gulin JP, Felson DT. Glucosamine and chondroitin for treatment of osteoarthritis: a systematic quality assessment and meta-analysis. *JAMA* 2000 Mar 15;283(11):1469-75.



For more information on prevention and wellness, or to find a doctor of chiropractic near you, visit ACA's website at www.acatoday.org/patients.

Alan Adams, DC, MA, DABCN, Florida State University, **Consultant**

Jason Flanagan, DC, Texas Chiropractic College, **Consultant**

Warren Jahn, DC, DACBSP, DABFP, **Consultant**

Stephen Perle, DC, MS, University Of Bridgeport College Of Chiropractic, **Consultant**