



The Cartilage Thief

By Nancy Mann Jackson

Cartilage is one of those things that you hardly notice—until it's gone. By age 65, more than half of all Americans will suffer cartilage breakdown in at least one joint, caused by osteoarthritis (OA). For some, it will become completely debilitating. What is this mystery disabler, and can you protect your joints from its clutches?

Barbara Hunting always has been an active person. Now a Tampa, Florida, attorney, she played volleyball in college, is an avid golfer, and loves to take long walks and go for bike rides. But in the past few years, her level of activity has slowed to a crawl. For now, at least, she has given up golfing, finds it difficult to perform normal household repairs, and can't even walk her new dog because of unbearable joint pain. Although she's only in her forties, Hunting is living with the uncomfortable reality of OA.



FOR MORE INFORMATION ON
OSTEOARTHRITIS, LOG ON TO
www.SavonOsteoarthritis.com.

When she was 39, Hunting visited an orthopedist for knee X rays after a minor car accident. The doctor had more news than she'd expected. "After looking at the X rays, he told me that I had a great deal of arthritis underneath my kneecaps, and that I'd inherited it from my mom and dad," says Hunting, whose parents also both suffer from knee OA.

Although she had experienced some twinges before her diagnosis and had developed a habit of taking Tylenol



FOR MORE INFORMATION ON SPORTS INJURIES, LOG ON TO www.SavonSportsInjury.com.

before hitting the golf course for 18 holes. Hunting had not noticed severe symptoms

of the disease. In the six years following her diagnosis, however, OA has given her more trouble, especially when walking up and down steps and after physical activity, such as playing golf.

Like Hunting, more than 20 million Americans live with the pain of OA, or degenerative joint disease, which is the most common of the more than 100 types of arthritis. According to Dr. John Klippel, medical director for the Arthritis Foundation, almost half of the 70 million people in the United States who have arthritis suffer from OA, although many of them don't realize what type of the disease they have or how to treat it. And, according to the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), 20% of Americans will be at risk for OA by 2030.

► Warning Signs of Osteoarthritis

YOU MAY BE DEVELOPING osteoarthritis if you notice:

- steady or intermittent pain in a joint
- stiffness in a joint after getting out of bed or sitting for a long time
- swelling or tenderness in one or more joints
- a crunching feeling, or the sound of bone rubbing against bone

If your joints feel hot, red, or tender, it's probably not osteoarthritis. Instead, check with your physician about other causes, such as rheumatoid arthritis.

Source: National Institute of Arthritis and Musculoskeletal Skin Diseases

WHAT IS OSTEOARTHRITIS?

OA is characterized by the breakdown of cartilage, which is the part of the joint that cushions the ends of bones. When cartilage deteriorates, bones rub against each other, causing pain and loss of movement.

Although much has been discovered about OA, there are still many unanswered



questions. For instance, why does the disease progress quickly in some people, such as Hunting, but in others, the process is slower and symptoms may not be evident for some time, if at all?

Many people with OA may not ever suffer its debilitating pain, but millions of us will be diagnosed with it eventually. Understanding what the disease is and how it can be managed (and possibly even prevented) may help to lessen its disabling effects.

Significantly different from other forms of arthritis, OA involves little or no inflammation, Klippel says. Unlike many forms of the disease, such as rheumatoid arthritis, which are caused by the immune system attacking joints, the body's immune system does not appear to play a role in triggering OA. And, more than any other form of arthritis, OA is the most related to aging—it usually doesn't begin until a person reaches his or her forties, and, as age increases, the risk of developing it escalates.

ARE YOU AT RISK?

Because simply growing older is a significant risk factor for osteoarthritis, the disease will affect more and more people each year as the baby boomer generation continues to age. For those such as Hunting, who have a family history of OA, the risk of contracting it is even greater.

Although aging and genetics are beyond our control, there are other risk factors that can be minimized with lifestyle adjustments. Being overweight, for instance, tends to place additional pressure on the joints and can increase your odds of getting OA.

Inactivity also can put you at risk for developing OA, or developing it earlier than necessary. Remaining active helps to maintain healthier joints and builds up muscles to protect them.

Staying active may ward off OA, but activity that results in injuries actually can become another risk factor—playing safely is crucial. An old knee injury from high school sports or a car crash that causes your knees to hit the dashboard can boost your chances of experiencing OA later in life.

It's not just how you spend your free time that can affect your likelihood of developing arthritis. People who work in joint-pressuring occupations are considered to be at additional risk. If you type all day, make sure that your keyboard is positioned at the correct angle for you and that your chair is at the

right height, so that you don't put undue pressure on the lumbar vertebrae. Anything you do repetitively puts excess pressure on joints, which can lead to OA.

LIVING WITH OSTEOARTHRITIS

If you've been diagnosed with OA, there are several steps you can take to slow the progression of the disease, as well as treatment options to help you deal with the symptoms of pain and stiffness. Patients who are overweight can reduce stress on their joints and limit further injury by losing weight and getting plenty of exercise. As long as it's modified to protect damaged joints, maintaining or increasing physical activity also may slow the development of the disease.

But as OA progresses, a variety of remedies are available for dealing with it, depending upon your symptoms and the level of pain they are causing. Although some patients' X rays may indicate the presence of severe arthritis, they may not experience intense symptoms.

• **Medications.** A number of prescription medications are used to treat OA and relieve pain. Most are non-steroidal anti-inflammatory drugs (NSAIDs), which block

the hormones that cause inflammation. COX-2 inhibitors, the newest group of NSAIDs, reduce inflammation without the risk of stomach ulcers. Some of the most popular COX-2 inhibitors that are used to combat the pain associated with OA include Vioxx, Celebrex, and Bextra.

Many nonprescription over-the-counter medications, such as ibuprofen, naproxen, acetaminophen, and aspirin, also are used to ease the discomfort that is associated with OA. For instance, after an allergic reaction to prescription medications, Tawny Best, of Tampa, who suffers from OA of the knees, hips, ankles, and hands, now uses Tylenol Arthritis Pain to help her deal with constant aches. She says that it "alleviates a lot of the pain, but not all of it."

• **Nutritional supplements.** Although dietary supplements that diminish the symptoms of OA long have been popular with the public, the scientific community insists that more studies are needed to determine their effects sufficiently. However, evidence is beginning to indicate that some supplements, such as glucosamine sulfate and chondroitin sulfate, can relieve symptoms and even may limit damage to the joints.

• **Physical therapy.** Aside from dietary supplements, another area of treatment that currently is experiencing a great deal of attention from researchers is physical therapy. In fact, sources say that only 3% of people with OA see a physician as their primary caregiver—most go to a physical therapist, occupational therapist, or other type of health professional who can help them learn to con-

duct their own personal therapy sessions that fit their lifestyles. Some of the most common therapies used are strengthening exercises to develop the muscles surrounding the affected joints, such as the quadriceps muscles around the knee joints.

It's important to work with a licensed physical therapist or other health care professional who understands the particular exercise requirements for people with OA



FOR MORE INFORMATION ON PAIN MANAGEMENT, LOG ON TO www.SavonPainManagement.com.

Savon.com Bookmarks

WWW.SAVON.COM IS AN ONLINE DRUGSTORE OF SAV-ON DRUGS, OSCO DRUG, ALBERTSONS, AND ACME. WWW.SAVON.COM CARRIES THE SAME HEALTH AND BEAUTY PRODUCTS YOU EXPECT TO FIND IN A DRUGSTORE, READY TO BE CONVENIENTLY SHIPPED RIGHT TO YOUR HOME. Fill your prescriptions at www.Savon.com and have them shipped to you, or pick them up at the Sav-on drugs, Osco Drug, Albertsons, or Acme pharmacy of your choice!

and can teach you strategies on how to modify your workout in order to maximize benefits and avoid additional damage.

Aerobic exercises and balancing exercises also are used frequently as therapy. For some patients, biking or swimming may be more comfortable than running or walking.

FOR MORE INFORMATION ON PHYSICAL THERAPY, LOG ON TO www.SavonRehabilitation.com.

and become disabled. In fact, more than 500,000 people undergo hip- and knee-replacement surgeries every year, mostly due to the effects of the disease, Klippel says.

In joint-replacement surgery, doctors replace affected joints with artificial ones made from metal alloys, plastic, and ceramic material. These are joined to bone surfaces using special cements and can last 10 to 15 years or longer. After surgery and rehabilitation, the patient usually feels less pain and can move more easily.

• **Pain management.** In addition to medicines and therapies that alleviate the pain, some OA patients find relief in simply learning to deal with it. For instance, when she opted not to take cortisone shots, Best's doctor encouraged her to try pain-management classes. She attended the sessions for 16 weeks and learned effective strategies for "managing the pain mentally," she says. "Ninety percent of the time, I'm able to block out most of it."

The techniques Best relies on are mostly simple, such as focusing on something "extremely pleasant," rather than thinking about the discomfort, she says. She also listens to audiotapes from her pain-management classes.

"It's really an issue of mind over matter," Best says. "I'm just handling it from day to day. Some days it's worse than others, but you can't let it beat you." s

FOR MORE INFORMATION ON RHEUMATOID ARTHRITIS, LOG ON TO www.SavonRheumatoidArthritis.com.

► How Osteoarthritis Affects the Joints

Osteoarthritis (OA) can occur in any joint, but it presents most frequently in the hands, knees, hips, or spine. Here's how it affects each of these key areas.

• **Hands:** OA of the fingers seems to run in families. It affects women more than men, especially after menopause. Small, bony knobs, called Heberden's nodes, appear on the end joints of the fingers. Similar knobs, called Bouchard's nodes, can occur on the middle joints of the fingers. Fingers may become enlarged and gnarled, and they may ache or feel stiff and numb. The base of the thumb joint also is affected commonly by OA. Medications, splints, or heat treatments all are used to help treat OA of the hands.

• **Knees:** As the body's primary weight-bearing joints, the knees often are affected by OA. They may feel stiff, swollen, and painful, making it difficult to walk, climb, and get in and out of chairs and bathtubs. When left untreated, it can lead to disability, but the pain and loss of mobility can be reduced with medications, weight loss, exercise, and walking aids. In severe cases, knee-replacement surgery may be beneficial.

• **Hips:** OA in the hips can cause pain, stiffness, and severe disability. People may feel discomfort in their hips, groin, inner thighs, buttocks, or knees, and the disease may limit moving and bending. Walking aids, such as canes or walkers, can lessen stress on the hips and, along with medication and exercise, can relieve pain and improve motion. If the pain is severe and not eased by other methods, hip-replacement surgery may help.

• **Spine:** Stiffness and pain in the neck or lower back, as well as weakness or numbness of the arms or legs, can result from OA of the spine. Some people feel better when they sleep on a firm mattress or sit using back-support pillows. Others find it effective to use heat treatments or to follow an exercise program that strengthens the back and abdominal muscles. In severe cases, surgery can reduce symptoms and help restore function.

Source: *National Institute of Arthritis and Musculoskeletal Skin Diseases*

