

How to Treat Degenerative Arthritis

Three Parts:

Using Medical Treatment

Modifying Your Lifestyle

Understanding Your Condition

The most universal type of joint disease that afflicts millions of people is degenerative arthritis, also known as osteoarthritis or hypertrophic osteoarthritis. It is considered a chronic disease since it causes gradual deterioration of joint cartilage due to the normal wear and tear connected with aging. Currently, a cure is not available; treatments are solely focused on alleviating symptoms associated with the enhancement of the disease. However, there is medication you can rely on and diet and lifestyle changes you can make to make living with degenerative arthritis easier. Scroll down to Step 1 below to begin.



Using Medical Treatment

Take pain relievers like acetaminophen. Degenerative arthritis is the result of little or no lubricant between the joints causing inflammation and pain. Being the most alarming symptom, reducing pain is the main goal of the therapy. However, keep in mind that all pain medications are gastric irritants and need to be taken with food.

- Tylenol is a common, popular example of acetaminophen. This medication relieves pain perception but does
 not reduce the inflammation of the joints. Taking 2 gel caps of Tylenol every 8 hours orally may help reduce
 pain in your joints, but it's best to follow your doctor's opinion when it comes to appropriate dosage.
- **2** Consider taking NSAIDs (Non-steroidal Anti-inflammatory Drugs). Degenerative arthritis causes pain following inflammation. Unlike acetaminophen, these drugs reduce both pain and inflammation in the joints and are usually used in place of steroids.
 - Examples of these are Naproxen and Ibuprofen, both taken orally on an as needed basis every 8 hours. Stronger NSAIDs require a doctor's prescription since they can cause side effects that include stomach upset, cardiovascular problems, liver and kidney damage. Talk to your doctor for specific dosage information.
- Ask your doctor about taking steroids. Steroids reduce both pain and inflammation in arthritis; however, know that they may also predispose you to immunosuppression and edema (swelling). Because of these side effects, talk to your doctor beforehand to see if they're safe and appropriate for you.
 - Dexamethasone and hydrocortisone are common steroids available, also taken on an as needed basis. However, do not taken them for 3 consecutive days to avoid gastric irritation.
- Think about starting on narcotics. These are intended for the relief of more severe pain and should be taken according to prescription due to the risk of drug dependence. Common side effects include sleepiness, nausea and constipation. Because of this, they are only available by prescription and treatment should be monitored carefully.
 - Narcotics such as Lortab have great pain relieving power but also have addictive consequences. Dosage depends on the physician's order, so consult your doctor before taking this drug.
 - Do not use narcotics when you have consumed alcohol or acetaminophen because of a high possibility of liver damage.

Start physical therapy. This is an individualized exercise program aimed at strengthening the joints and muscles. It can also restore your ability to make normal movements by improving blood circulation to the area of the affected joint. These exercises, when done correctly, can even divert attention from pain. The common exercises done by a physical therapist include, but are not limited to, the following:

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- · Fingers, hand and arm rotation
- Feet, knee and leg rotation
- · Flexion and extension of the arms and legs
- **6** Consider occupational therapy as well. Strategy training is an occupational therapy approach with the objective of identifying specific barriers that may be hindering you from participating in regular physical activity and exercise. A solution can be found by your occupational therapist once the specific barriers are identified. [1]
 - A common part of physical and occupational therapy is the use of immobilization devices. Your doctor may
 recommend the application of splints, braces or shoe inserts to help you in maintaining stability of your
 damaged joints. It can also provide extra support to avoid further injury.

T Consider more serious forms of therapy. If the pain is unrelenting and medication doesn't seem to be helping, your doctor may be able to recommend a number of further, albeit more serious, procedures. Talk to him or her about these options:

- Cortisone shots. This is a procedure performed by doctors to relieve pain in the joint. It begins by application of local anesthesia to numb the area. A needle is then inserted into the joint spaces and the drug is injected.
- Lubrication injections. These are used to provide cushion around the knee that resembles the function of a regular joint fluid. Examples are Hyalgan and Synvisc.
- Bone realignment. This is an invasive procedure technically called osteotomy. It is performed by cutting across
 the knee bone to reposition the leg. It lessens knee pain by keeping body weight away from the damaged joint.
- Joint replacement. Arthroplasty is done by removing damaged joint surfaces and replacing it with plastic or metal prostheses.

Part 2

Modifying Your Lifestyle

Cut out bad fat from your diet. According to the Arthritis Organization, there is a strong link between fatty consumption and arthritis. Reducing your fat intake should help you reduce your weight – a necessary measure to reduce the stress in your joints. This reduction of stress leads to less pain and fewer symptoms of degenerative arthritis.

- Examples of bad fats:
 - · Fats from meat, like fried chicken, pork, and beef
 - · French fries, potato chips
 - · Cakes, candy, milk chocolate
- · Examples of good fats:
 - Avocado
 - · Olive, sunflower, and flaxseed oil
 - · Walnuts, almonds, and other unsalted nuts

2 Eat more fish. According to the Arthritis Research UK foundation, consumption of fish that is rich in omega-3s will help with the progression of inflammation in arthritis. [2] In one study it also showed that consuming foods that are rich in omega-3 stimulates the regeneration of the cartilage of the bones.

- Salmon, mackerel, herring, and tuna are good natural sources of omega-3s. However, you can also find them in supplement form. Talk to your doctor about what supplements (and how much) you should consider.
- **3 Get at least 1500mg of vitamin C every day.** Citrus, sweet peppers and other foods with rich Vitamin C content should be eaten to help your bones, tissues, and joints repair. Vitamin C is one of the components of collagen formation it's a necessary nutrient in all types of tissue repair. In degenerative arthritis, connections from bone to bone have already deteriorated, making hastened repair all the more necessary.
 - A consumption of 1,500 mg-2,400 mg of worth of vitamin C every day helps with the tissue repair of the body.

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For the record, one small orange has just over 50 mg of vitamin C.

Rest and relax. Proper pacing of daily activities should be considered to balance adequate periods of rest and work. Try to rest damaged joints for 12 to 24 hours. In order to best pace yourself, the following guidelines can aid you:

- Know your activity limits. This will serve as your baseline in knowing what activities can worsen your symptoms.
- Have a record. This can help you know how many hours and what types of activities you can safely do.
- Schedule your routine. Schedule your rest and activities at the same time in an organized manner.
- Prioritize your work. Assess which things need to be done first and ranked them according to their importance
 in order to utilize your energy wisely.
- **5 Keep movement in your routine, just keep it safe.** While you do have joint pain, that does not excuse you from doing exercises. In fact, exercises strengthen our bones. Just make sure you keep that at a low intensity and keep most of the stress off your affected joints.
 - Good exercises include swimming, walking and biking for 30 minutes at least three times a week. Jogging must be avoided because it causes a lot of stress on the leg joints. [4]
- 6 Include resistance and strengthening exercises, too. These exercises are focused on reinforcing strength, and improving general physical disability, depression and quality of life. However, they must be well planned to prevent future episodes of muscle rigidity and tenderness.
 - Examples of these exercises are lifting weights, strength training, and core workouts, like yoga. Studies show
 that engaging in these exercises can aid in restoring balance in the neurochemicals in the body by boosting the
 production of endorphins also known as the happy hormone responsible for elevating your mood, reducing
 anxiety and depression and fighting pain.
- **7 Use cold compresses and hot packs.** Heat and cold application can be used to alleviate pain. Heat targets stiffness and cold targets muscle spasm and pain. [5] You can apply either as needed or when the pain occurs.
 - Ice packs need to be wrapped in a cloth or in a bag to keep from damaging your skin tissue. Place it on the affected area for 10-15 minutes every 2 to 3 hours. Any longer and you risk numbing your skin and creating skin damage.
 - Remember to measure the temperature of any hot or cold pack before using it, especially if you're elderly the older you are, the more diminished your sense of touch, making you at risk for burns.
- Start a weight loss regimen. Being overweight or obese puts a lot of stress and tension on your joints. Through a healthy diet and safe exercises, weight can and will come off. Just remember to do it gradually sudden weight loss is neither healthy nor sustainable.
 - The ideal body weight for each person varies. Talk to your doctor about what your ideal weight is and what your diet and exercise routine should look like in order for you to meet your weight loss goals.

Part 3

Understanding Your Condition

- **Contact your doctor for a diagnosis.** Osteoarthritis may be diagnosed through several tools or procedures, including the following:
 - Clinical exam. A complete assessment of the affected joint and its surrounding parts is done. Presence of swelling, redness, tenderness and limited range of motion are evaluated.
 - Laboratory work. Examination of blood samples or joint fluid specimens is performed to rule out other possible conditions. This is generally done under a microscope.
 - X-rays or Magnetic Resonance Imaging (MRI). This is performed to have a clearer view of the present condition
 of the involved joint or cartilage. Presence of unusual bone growths is also checked.

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- **2** Learn what may have caused your degenerative arthritis. Osteoarthritis can be related to two different types of osteoarthritis: primary and secondary. Here are the differences:
 - Primary Osteoarthritis. This is associated with the normal process of aging that may be due to certain things such as metabolic, chemical, mechanical and genetic factors. It is generally known as the "wear and tear disease" that is also affected by lifestyle factors.^[6]
 - Secondary Osteoarthritis. This type usually follows a predisposing event like trauma, obesity and congenital
 deformity that leads to degenerative alteration.
- **3 Be wary of the risk factors.** There are several things that can place an individual at greater possibility of acquiring the disease. They are as follows:
 - Age. As an individual ages, chances of developing the disease also increase. Incidence of disease usually
 begins at middle age and gradually progresses as you get older.
 - Sex. Women are more likely to develop the disease, usually after the age of 55.
 - Bone deformities. Some individuals have inborn malformations or defects that involve the joints and cartilage
 which places them at higher risk of acquiring the disease.
 - Joint injuries. Damages to the joint that happen after extreme contact from sports or any accidents may increase the probability of osteoarthritis.
 - Obesity. An excessive amount of body weight places greater pressure or stress to certain body parts like the knees, thus leading to osteoarthritis.
 - Certain occupations. Some jobs may place extreme stress on particular joints due to repetitive movements that may possibly result in the progression of the disease.
 - Underlying diseases. Individuals diagnosed with underactive thyroid, gout, diabetes or Paget's disease of the bone are considered to be prone to the osteoarthritis.
- **Know what symptoms to look for to be sure.** Signs and symptoms of osteoarthritis may vary depending upon the severity or site of involvement. It may include one or more of the following:
 - Joint pain. This usually comes after an activity such as exercise or weight bearing. The pain can be different in various persons, but it can be generally described as achy, sharp, stinging and like "pins and needles." [7]
 - Stiffness. A damaged joint may feel rigid particularly in the morning and after exercise. Joint stiffness is caused by inflammation in the synovium, the lining of the joint.^[8]
 - Swelling. Cartilage acts as a cushion for the bones and prevents each bone from rubbing against each other.
 Once the cartilage loses its normal function, the bones will rub against each other causing irritation and leading to swelling.
 - Tenderness. The joint may feel tender, especially if gentle pressure is applied. The tenderness is caused by the swelling in the lining of the joints and surrounding tissues.
 - Grating sensation of the joint. Affected individuals may feel or hear the sound of friction between bones during motion. Damaged cartilage is unable to act as a cushion for the bones to prevent rubbing. What happens is that the bones rub against each other, resulting in a grating sound.
 - Limited movements. Activities may be impaired especially during attacks of pain. You may notice a slightly altered gait a well.
 - Growths or bumps. Presence of unusual lumps in the joint may indicate affliction of osteoarthritis. In more
 severe cases, progressive destruction and misalignment of the joint occurs. Bumps may develop at the base of
 the thumb as the metacarpal moves out of the saddle joint.^[9]

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Tips

• Statistics show that individuals who reach the age of 85 are more likely to develop the disease in the knees and one fourth of them can possibly develop the condition in the hips.^[10]

Sources and Citations

- 1. http://osteoarthritis.about.com/od/livingcoping/a/ot_therapy.htm
- 2. http://www.arthritisresearchuk.org/arthritis-information/arthritis-and-daily-life/diet-and-arthritis.aspx
- $\textbf{3. http://www.lifescript.com/health/centers/osteoarthritis/articles/fight_arthritis_10_foods_that_help_and_hurt.aspx}$

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