

\* OA  $\Rightarrow$  degenerative joint disease / **commonest form of arthritis**

Characterized by:

- erosion of the articular cartilage
- hypertrophy of bone at margins
- subchondral sclerosis
- alterations of synovial membrane & joint capsule.

- Age: elderly  $> 50$

- F  $>$  M

- Affect: spine / knee / hip / PIP-DIP / 1<sup>st</sup> MTP

Hand      foot

Primary                          OA                          Secondary

- Most common type

- No cause

- causes

Metabolic  
Trauma  
anatomic factors  
inflammation

\* Risk factors for OA  $\Rightarrow$

① **Intrinsic** joint vulnerabilities

↑ previous damage  
↑ bone density  
proprioception def.  
malalignment

② **Systemic** factors affecting joint

↑ age  
gender F  
genetics  
nutrition

③ **Loading** factors

obesity      injurious physical activity

\* Cartilage is destructed  $\rightarrow$  2° bone proliferation  $\rightarrow$  formation of osteophytes

↓  
joint space narrowing

\* Approach to the diagnosis

History

- M/C joints: Asymmetrical / hands, knees, hips, spine

- Hand OA  $\Rightarrow$  more common in women with fam. history of hand OA.

- symptoms :-

common symptom A joint pain, worse with ② weight-bearing  
especially following period of rest (**gelling phenomenon**)

① activity

B joint swelling

C joint locking

D joint instability

E Morning stiffness (<30 min)

F Night symptoms only in advanced OA

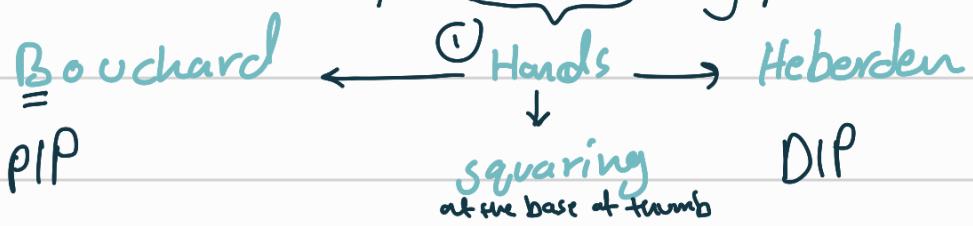
G limitation of daily activity

physical exam

✓ weight & BMI imp. for knee OA, lesser degree Hip OA

✓ limitation of range motion & pain

✓ swelling may be observed / bony deformity / malalignment



palpate crepitus ② Knee → limited range motion  
Small effusion ← Abnormal gait → joint line tenderness

[new bone formation with

bony enlargement]

► In moderate to advanced OA, to confirm the diagnosis  $\Rightarrow$  Imaging  
x-ray  
(not imp.)

1- Narrowing at joint space  $\Leftarrow$  To see

2- Osteophyte formation

► Labs not required to make a diagnosis

Inflammatory markers should be ordered to exclude inflammatory arthritis.

## Treatment

- core treatment
  - exercise
  - weight loss
  - education
- Mild - intermittent pain (No limitation)
  - acetaminophen / Aspirin
  - intr-articular corticosteroids
  - Topical NSAIDs (NOT for hip)
- Frequent pain (limitation)
  - intra-articular corticosteroid
  - NSAIDs (oral, topical)
  - cane
  - Duloxetine
- Moderate - sever pain (night pain + limitation)
  - NSAIDs (oral, topical)
  - intra-articular corticosteroid
  - cane
  - Duloxetine
  - opioids if needed
  - refer to orthopedist