Osteoarthritis Fact Sheet

Osteoarthritis (OA), also called osteoarthroses or degenerative joint disease, is the most common type of arthritis. OA is a chronic condition characterized by the breakdown of the joint’s cartilage. Cartilage is the part of the joint that cushions the ends of the bones and allows easy movement of joints. The breakdown of cartilage causes the bones to rub against each other, causing stiffness, pain and loss of movement in the joint.

Impact of Osteoarthritis:


- OA typically affects only certain joints, such as the hips, hands, knees, low back and neck.


- Symptoms of OA typically first begin after age 40 and progress slowly.

- Loss of joint function as a result of OA is a major cause of work disability and reduced quality of life.

- Arthritis and related conditions, such as OA, cost the U.S. economy nearly $128 billion per year in medical care and indirect expenses, including lost wages and productivity. [MMWR 2007;56(01):4-7. [Data Source: 2003 Medical Expenditure Panel Survey]

- The average direct cost of OA is approximately $2,600 per year per person living with OA. [Gabriel SE, Crowson CS, Campion ME et al. Direct medical costs unique to people with arthritis. *J Rheumatol*, 1997;24(4):719-25]


Symptoms of Osteoarthritis:

- Pain or stiffness in joints after periods of inactivity or excessive use

- Grating or “catching” sensation during joint movement

- Bony growths at the margins of affected joints

Causes of Osteoarthritis:

- The cause of OA is not yet known, but certain factors increase the risk of developing OA
  - Heredity
  - Overweight
  - Joint injury
  - Repeated overuse of certain joints
  - Lack of physical activity
  - Nerve injury
  - Aging
Diagnosis of Osteoarthritis:

- The diagnosis of OA is typically based on a medical history and physical examination.
- Doctors sometimes recommend that patients have X-rays or magnetic resonance imaging (MRI) to rule out other causes of pain and to determine how much joint damage has occurred.
- Joint aspiration, a procedure in which fluid is drained from the affected joints and examined, and blood tests also may be used to rule out other forms of arthritis in the body.

Management of Osteoarthritis:

- Treatment of OA varies with the severity of symptoms and focuses on decreasing pain and improving joint movement.
- Treatment plans often include a combination of drugs, rest, physical activity, joint protection, use of heat or cold to reduce pain, and physical or occupational therapy.
- For every one pound of weight lost, there is a four pound reduction in the load exerted on the knee for each step taken during daily activities. ("Weight Loss Reduces Knee-Joint Loads in Overweight and Obese Older Adults With Knee Osteoarthritis," Stephen P. Messier, David J. Gutekunst, Cralen Davis, and Paul DeVita, Arthritis & Rheumatism, July 2005; 52:7; pp. 2026-2032)
- Many people with OA use pain medications such as acetaminophen or nonsteroidal anti-inflammatory drugs (NSAIDs) to help reduce joint pain, stiffness and swelling.
- Losing as few as 11 pounds can cut the risk of developing knee osteoarthritis by 50 percent for some women. ("Weight Loss Resuces the Risk for Symptomatic Knee Osteoarthritis in Women," David T. Felson, MD, MPH; Yuqing Zhang, MB, MPH; John M. Anthony, BA, BS; Allen Naimark, MD; and Jennifer J. Anderson, PhD, Annals of Internal Medicine, 1992; 116:535 539)
- Physical activity keeps joints flexible and maintains or improves muscle strength (i.e Arthritis Foundation Exercise Program or Arthritis Foundation Aquatic Program).
- Joint protection prevents strain or stress on painful joints.
- Weight control is important for prevention of and to slow the progression of OA affecting the weight-bearing joints (knees and hips) and low back.
- Weight loss of only 15 pounds can cut knee pain in half for overweight individuals with arthritis. (Bartlett SJ, Haaz S, Wroblewski P et al. Small weight losses can yield significant improvements in knee OA symptoms. Arthritis & Rheumatism 50(9 (S)), S658. 2004)
- Corticosteroids or hyaluronic acid derivatives can be injected into joints that are unresponsive to treatment.
- Dietary supplements such as glucosamine and chondroitin sulfate have been shown in some studies of knee OA to relieve pain and improve joint function in severe OA.
- Surgery is an important consideration in people with advanced OA associated with joint damage and/or marked limitations in joint function.
How does the Arthritis Foundation help?

The Arthritis Foundation supports research, health education and government advocacy efforts to improve the lives of the nearly 46 million Americans with arthritis, the nation’s most common cause of disability. These services include:

- Number-one ranked comprehensive arthritis website, www.arthritis.org
- Toll-free information phone line: 1-800-283-7800
- Nearly 100 consumer educational brochures, booklets and books
- *Arthritis Today*, the Arthritis Foundation’s bi-monthly consumer magazine reaching 3.8 million readers per issue
- Water- and land-based exercise classes, self-help courses and support groups
- Local chapter offices nationwide
- Physician referral lists
- Extensive funding of arthritis research grants at institutions nationwide
- Federal and state advocacy efforts to ensure rights and access to care for all people with arthritis

For a free brochure about osteoarthritis or to locate the nearest Arthritis Foundation chapter, call the Arthritis Foundation toll-free at 1-800-283-7800 or visit its website at www.arthritis.org. Or, write to: Arthritis Foundation, P. O. Box 7669, Atlanta, GA 30357-0669.

The Arthritis Foundation is the only nationwide, nonprofit health organization helping people take greater control of arthritis.

The mission of the Arthritis Foundation is to improve lives through leadership in the prevention, control and cure of arthritis and related diseases.

© 2008 Arthritis Foundation. All rights reserved.