

Date: _____

Patient Name: _____

Education

What Is It?



Osteoarthritis (OS-tee-oh-are-THRY-tis) (OA) is caused by the breakdown of the joint's cartilage. Cartilage is the part of the joint that cushions the ends of bones. Cartilage breakdown causes bones to rub against each other, causing pain and loss of function.

What Causes It?



Many factors can cause OA. Although age is a risk factor, research has shown that OA is not always a part of aging. Obesity may lead to osteoarthritis of the knees. In addition, people with joint injuries due to sports, work-related activity or accidents may be at increased risk of developing OA.

Genetics has a role in the development of OA, particularly in the hands. Some people may be born with defective cartilage or with slight defects in the way that joints fit together. As a person ages, these defects may cause early cartilage breakdown in the joint. In the process of cartilage breakdown, there may be joint swelling, warmth, and pain (inflammation) leading to further cartilage damage. To learn more visit our website www.RheumInfo.com.

Non-Pharmacologic Treatment

Weight Reduction

Weight reduction can improve symptoms and slow progression of OA

Physiotherapy

General joint strengthening and range of motion along with general aerobic conditioning program

Footwear

Proper fitting supportive footwear

Orthotics

Over the counter arch supports or custom orthotics

Knee Brace

Simple neoprene sleeve or unloader brace

Splint

Used to support a joint

Assistive & Ambulatory Devices

Canes & walkers for mobility & balance

Occupational Therapy

Joint protection education

Pharmacologic Treatment

Topical Treatment

- Diclofenac diethylamine 1% gel
- Diclofenac sodium 1.5% solution

Intra-articular Treatment (Injection)

- Steroid (cortisone) Injection
- Viscosupplementation (Hyaluronic Acid)

Acetaminophen:

Maximum dose is 3-4 grams per day

- 325 mg tabs - Take 2 tabs up to a maximum of 6 times/day
- 500 mg tabs - Take 2 tabs up to a maximum of 4 times/day
- 650 mg tabs - Take 2 tabs up to a maximum of 3 times/day

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs):

There are many NSAIDs available. A few examples include:

- Naproxen 500 mg twice a day
- Meloxicam 7.5-15 mg once a day
- Ibuprofen 600 mg three times a day
- Diclofenac 50-75 mg twice a day
- Indomethacin 25-50 mg three times a day
- Celecoxib 100 mg twice a day

Gastrointestinal (GI) protection with a proton pump inhibitor might be recommended if you are at risk for GI side effects. Risk factors for GI side effects include: (a) you have had a previous ulcer; (b) you are taking blood thinners; (c) you are over 75 years old; (d) you are using multiple NSAIDs including low dose ASA; (e) you are taking prednisone.

Tell your doctor if you have high blood pressure or have a history of cardiovascular disease (angina, heart attack, congestive heart failure, or stroke), kidney disease, or are taking other medicines such as diuretics (water pills) or ACE-inhibitors. NSAIDs should be used with caution if this is the case.

Duloxetine:

60 mg once a day for osteoarthritis knee pain

Opioid Analgesics:

Usually starts with low dose codeine, oxycodone, hydrocodone, or tramadol

Consultation

Rheumatologist

A rheumatology referral might be recommended for you if the diagnosis is uncertain or if you require injections.

Orthopedic Surgeon

An orthopedic surgery referral might be recommended for you if medical management is not working.