



Osteoarthritis: The ABCs of Self-Management

The Arthritis Foundation estimates that 27 million individuals in the United States have some degree of OA. The Centers for Disease Control and Prevention (CDC) estimates that 57 million individuals will have some degree of arthritis by 2030.

Although OA can occur in any joint, it most often affects the weight-bearing joints of the hips and knees, and the lower back. OA can also affect the neck, small finger joints, base of the thumb, and big toe. Risk factors for OA include increasing age, Familial history joint injury or deformity, and being over weight.

Treatment:

Goals for treating OA include relieving pain and enhancing joint mobility to improve the patient's quality of life. Selection of therapy for the treatment and management of QA often depends on the severity of the symptoms. Therapy frequently employs a combination of pharmacologic agents, physical therapy, rest, heat and cold therapy, weight loss, and devices, canes, splints or surgery to reduce strain on joints.

Nonprescription analgesics such as non-steroidal anti-inflammatory drugs and acetaminophen are frequently used to treat OA. Acetaminophen is the analgesic of choice for treating OA when inflammation is not a major complaint or concern or when no contraindications are present. NSAIDs are preferred for use when inflammation is present and there are no contraindications. Prior to initiating therapy with nonprescription analgesics, patients should be screened for potential contraindications and drug interaction.

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