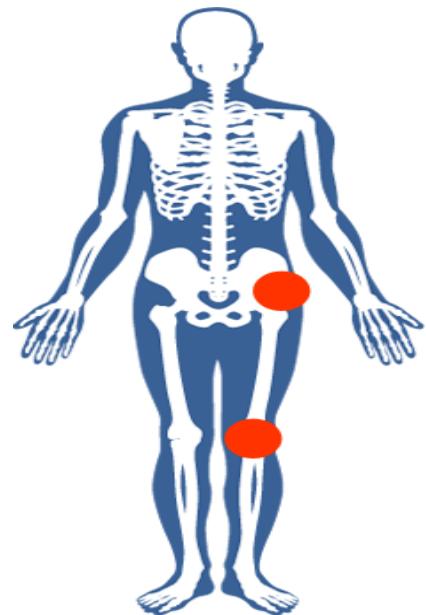


Patient information

Hip and Knee Osteoarthritis

What is Osteoarthritis?

People presenting with persistent joint pain over the age 45 years are often given the diagnosis of Osteoarthritis (OA). Osteoarthritis presents as normal age related changes in joints. OA is not simply a process of the wear and tear but an active process of joint surface remodelling as the joint tries to repair itself. Sometimes the changes which occur within our joints can cause pain over time. Many factors influence the onset and the progression of the condition including your genetic 'make-up' and other health related problems such as obesity.



What are the signs and symptoms?

These may include:

- A combination of pain, stiffness or swelling in the joint. This can lead to secondary muscle weakness.
- Sometimes joint crepitus (sound on movement which can occur at any age and often is not related to arthritis).
- Locking or giving way of the joint
- Sometimes an altered appearance of the limb
- Symptoms vary both day to day and between different people
- Symptoms often impact on people's function, mood and social interactions

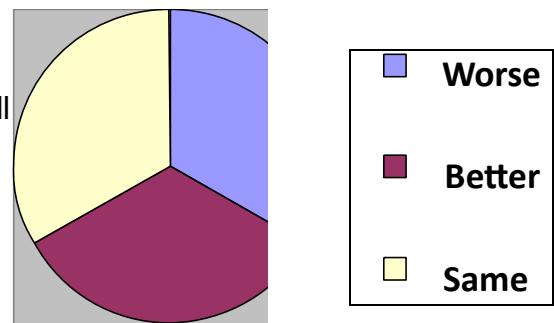
Causes

The exact causes are unknown, although there are many risk factors which make it more likely that you may develop Osteoarthritis. Outlined below are a few of these risk factors:

- Deconditioning- less muscle control and activity of a joint may lead to the onset of OA
- Obesity- being overweight can promote inflammation within the joints, as well as increasing the load being carried through them.
- Age- OA is more common with increasing age, although sometimes it starts quite early in life.
- Genetics- Sometimes there is a familial influence i.e. OA can run in families.
- Sex- females are more likely to OA develop than males
- Previous joint problems- such as a previous injury or surgery may lead to secondary OA.

Will my symptoms progress?

- Symptoms vary between individuals. They do not always worsen and only a few of those diagnosed will ever need joint replacement surgery.
- Often 1 in 3 will improve, 1 in 3 stay the same and 1 in 3 may get worse.



Are x-rays and scans helpful?

Osteoarthritis (OA) can be diagnosed through an assessment taking into account your age, typical symptoms and examination of your joints.

Over time X-rays will show the changes associated with Osteoarthritis however they will not tell us how well the joint is working or how much pain an individual is experiencing. Similar to the fact that an image of a door hinge will not tell us conclusively how well that hinge is working; an image of a joint is of limited use. Research shows us that there is little correlation between how bad images appear and how bad an individual's symptoms are.

What can you do to help?

In order to help manage your symptoms it is recommended that you keep active and strengthen the muscles surrounding the joint. You may want to consider pain relief to allow maintenance of activity and exercise. It is also very important to maintain a healthy weight. You may want to consider aids and devices to help such as a stick or equipment at home such as a raised chair.

You can register for an online course that supports exercises at:

- www.escape-pain.org

What exercise should I do?

Exercise should include:

- Local muscle strengthening which is achieved by moving your muscles against resistance. Over time the amount of resistance should be increased.
- General aerobic fitness which is achieved by movement that increases your heart rate.
- Stretching tight muscles to improve your flexibility.

Variety is best with exercise and changing what you do regularly will give the best results.

What if I feel pain when I am exercising?

Pain does not necessarily mean harm. If you have not been active for a while, using your joints and muscles may be uncomfortable at first and this is normal. Gently building how much you do will help with this. Pain relief may help 'soften' your symptoms to allow you to exercise with more comfort.

What can I do to help the pain?

Strategies such as rest, ice, heat and topical creams may help ease symptoms. Oral pain relief is available over the counter or on prescription. A pharmacist is a useful source of information

regarding suitable types of pain relief for you as an individual. You may need to see your GP for stronger types of pain relief if others are not helping.

How much exercise should I do?

Government Guidelines recommend you stay active daily and should do:

- Strength exercises on 2 or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms) and
- At least 150 minutes of moderate aerobic activity such as cycling, swimming or brisk walking every week.



This is the same as 30 minutes of exercise on 5 days a week. Remember a little exercise is better than none. If you start with a small amount of regular exercise over time you will find you are able to build it up. Even 10 minutes can make a big difference.

Ways to help you exercise?

- Ensure you select exercise that you enjoy
- Start gently and gradually increase the time
- Use pain relief to soften your pain and allow you to move with less discomfort

Are you a healthy weight?

If you are over-weight you are putting strain on your lower limb joints including hips and knees. This increases the risk of Osteoarthritis and also makes it more likely it will get worse over time. The increase is also seen in non-weight bearing joints such as the hands. This is due to fat tissue which emits chemicals that promote inflammation within the body. As well as increasing the load on your joints being overweight promotes the active process of remodelling associated with osteoarthritis.

The force put through your knees when you weight-bear can be several times your body weight because of the way your joints work. Potentially for every extra 1lb in weight you carry, your knees carry an extra 4 and your hips 6. As well as increasing the load on your joints being overweight promotes the active process of remodelling associated with osteoarthritis. Studies show that losing weight can lower pain and increase the amount you can do, helping you get back to your more normal life.

For further weight loss support go to: www.oneyoueastssussex.org.uk

Additional weight loss advice is available at: www.nhs.uk/live-well/healthly-weight/start-the-nhsweight-loss-plan/

Does smoking have an effect on Osteoarthritis?

There would appear to be some evidence to suggest long term smokers have more pain and stiffness symptoms associated with Osteoarthritis. There are many other health problems associated with smoking including high blood pressure, poor circulation and diabetes and these other conditions can aggravate symptoms of osteoarthritis.

For support to quit smoking go to: www.oneyoueastssussex.org.uk

The Role of Physiotherapy?

- Provide further advice and education on how to best manage your condition and ensure you understand your diagnosis.
- Assess the range of movement of the hip and knee as well as the strength of the muscles around your lower limbs as appropriate to your individual case.
- Provide you with a long term progressive exercise plan that is tailored for you and includes cardiovascular fitness, strengthening and encourages general activity.
- They may also discuss any other pieces of equipment, such as a walking stick, that may benefit you.

Options within physiotherapy?

- Primary Access Group
- ESCAPE Programme
- Standard 1:1 Physiotherapy

Emotional Wellbeing?

Osteoarthritis can cause pain, stiffness and loss of function which can lead to feelings of anxiety and depression. Equally depression and anxiety can also sometimes increase feelings of pain, stiffness and therefore can lead to further loss of function. It is important to look after your emotional wellbeing and this may help improve your function and lower your pain levels.

If you feel you require any further support 'Health In Mind' is a free NHS service for anyone in East Sussex experiencing emotional or psychological difficulties such as stress, anxiety and depression.

For further information please visit: www.healthinmind.org.uk

Hip and Knee replacements

Some people may go on to need surgery in the form of a hip or knee replacement. This is major surgery and this should be the last resort. All non-surgical options should be fully explored first.

Useful website links

www.arthritisresearchuk.org | www.nhs.uk/conditions/osteoarthritis |
www.patient.info/health/arthritis/osteoarthritis | www.escape-pain.org |
www.oneyoueastssussex.org.uk | www.arthritisaction.org.uk |
www.sussexmskpartnership.co.uk/knee

Consent

Although you consent for this treatment you may at any time after that withdraw such consent. Please discuss this with your medical team.

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team - Tel: (01323) 417400 Ext: 5860 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: (01424) 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Dr Danielle Vidler – Consultant and Clinical lead Emergency Department CQ

Mr Utham Shanker – Consultant and Clinical lead Emergency Department EDGH

The directorate group that has agreed this patient information leaflet:
URGENT CARE

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Responsible clinician/author: Emergency Department Consultants

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