

Treatment Options

Reducing Pain & Improving Function

Although there's no cure, we can manage symptoms & help you use your joints again!

Lifestyle Adjustments:

- **Exercise:** Start gently & build up gradually!
 - Improves strength & range of mobility, decreases joint pain, stiffness, & lowers risk of disability. *E.g., walking, swimming, yoga, cycling*
- **Weight Loss:** decreases the pressure on the joints, especially the hips & knees.

Medical Management: *if symptoms progress*

- **Medication:**
 - **Oral analgesics (painkillers)** e.g., Panado & Tramadol decrease pain & swelling.
 - **Topical anti-inflammatories** e.g., Voltaren gel & Transact patches.
 - If these don't help, speak to your doctor about other options e.g., stronger painkillers or **steroid injections** into the effected joint for months of relief.
- **Physiotherapy & Occupational Therapy:** learn safe exercises & movements, & get assistive devices if needed for misaligned or unstable joints.
- **Advanced Options: Surgery** (joint replacement/realignment/fusion) once the joint is worn out beyond use & causes excessive pain that cannot be treated medically.



Daily Management

What You Can Do... Simple ways to manage OA every day!

Use a warm compress to ease stiffness & cold packs for swelling after activity. Comfortable, supportive shoes & good posture can help decrease strain on your joints, while braces or supports may provide additional relief if advised by a healthcare professional. Try to pace your daily activities by breaking tasks into smaller steps & allowing time for rest. Simple changes at home, such as keeping items within easy reach & using supportive seating, can make everyday tasks easier & safer.

Living with OA can be challenging at times, but support is available. Speak to your healthcare provider if pain or symptoms are affecting your daily life.

Movement is medicine - stay active to keep your joints working well!

1. Hodkinson B, Tikly M. Osteoarthritis in 2011: many steps to climb. *S Afr Med J*. 2011;101(8):512-514.
2. Masangu T, Tlou B, Dlungwane T. Prevalence & risk factors of osteoarthritis in patients at a public hospital in Limpopo province. *S Afr Fam Pract*. 2024;66(1):a5966.
3. He Y, Li Z, Alexander PG, Ocasio-Nieves BD, Yocum L, Lin H. Pathogenesis of osteoarthritis: risk factors & regulatory mechanisms. *J Cell Mol Med*. 2020;24(19):11524-11538. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7464998/>
4. Hunter DJ, Bierma-Zeinstra S. Osteoarthritis. *Lancet*. 2019;393(10182):1745-1759. Available from: [https://doi.org/10.1016/S0140-6736\(19\)30417-9](https://doi.org/10.1016/S0140-6736(19)30417-9)
5. Dille JE, Bello MA, Roman N, McKinley T, Sankar U. Post-traumatic osteoarthritis: a review of pathogenic mechanisms & novel targets for mitigation. *Bone Rep*. 2023;18:101658. Available from: <https://doi.org/10.1016/j.bonr.2023.101658>
6. National Health Service. Osteoarthritis – symptoms. 2024. Available from: <https://www.nhs.uk/conditions/osteoarthritis/symptoms/>
7. National Institute for Health & Care Excellence. Osteoarthritis in over 16s: diagnosis & management (NG226). 2022. Available from: <https://www.nice.org.uk/guidance/ng226>



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LIVING WELL WITH OSTEOARTHRITIS

Your guide to understanding, managing & staying active.

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What is Osteoarthritis?

Osteoarthritis (OA) is the most common form of joint disease. It is a chronic condition in which the protective cartilage that cushions the ends of bones gradually breaks down.¹

What happens in the joint? ^{1,2}

In a healthy joint, cartilage allows smooth, pain-free movement. In OA the cartilage becomes thinner & less flexible, & the joint space narrows. Bones may begin to rub against each other & small bony growths (osteophytes) can develop. These changes can lead to pain during or after movement, stiffness especially after rest, & decreased flexibility & joint function.



Who does it affect? ^{2,3}

OA can affect anyone, but the risk of developing OA increases with age & is most common after the age of 50. Additionally, it occurs most often in women, particularly after menopause. Other risk factors include excess body weight, previous joint injuries/repetitive strain, & a family history of OA.

OA is not simply “wear & tear,” it is a complex condition involving changes in the joint & the body’s response to these changes over time. There is currently no cure, but the good news is that OA can be effectively managed, & many people go on to live active & independent lives.

Types & Causes

PRIMARY OSTEOARTHRITIS

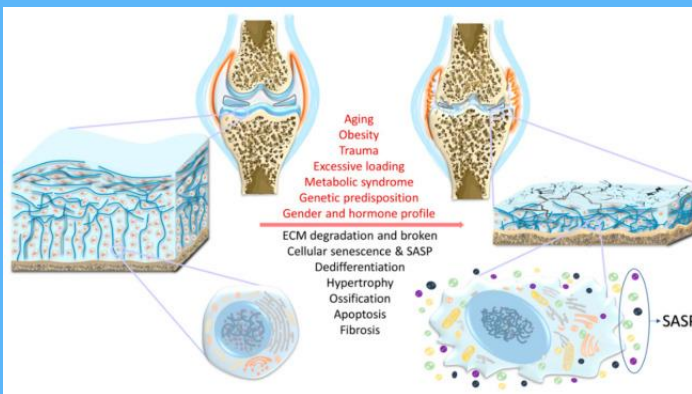
Primary OA develops gradually over time. It occurs when the protective cartilage that cushions the ends of bones slowly breaks down, decreasing the joint’s ability to absorb stress. There is no single identifiable cause, but it suggests a combination of biological ageing, mechanical stress, & reduced repair capacity of cartilage.⁴

SECONDARY OSTEOARTHRITIS

Secondary OA occurs when joint damage arises because of specific underlying causes which accelerate cartilage breakdown & alter joint function, as opposed to natural ageing, often leading to earlier onset.⁵

Common causes of secondary OA include:

- Previous joint injury e.g., fractures, ligament damage
- Repetitive joint stress or overuse
- Inflammatory joint diseases
- Structural or metabolic joint abnormalities



Signs & Symptoms

Recognising Osteoarthritis

Common Symptoms ⁶

- Joint pain
- Stiffness
- Reduced range of movement
- Swelling or tenderness
- Grinding or cracking
- Joint weakness or instability

When to seek medical advice ⁷

- Persistent pain lasting several weeks
- Pain affecting daily activities
- Swelling, warmth, or redness
- Symptoms after injury
- Rapid worsening of symptoms
- Difficulty walking or using the joint

Curious to learn more?

Need a bit more help?

- **Arthritis Foundation of SA:** arthritis.org.za
- **Arthritis UK:** arthritis-uk.org



SA



UK

