Arthritis Foundation®

Osteoarthritis

Healthy Knee Joint Osteoarthritis

About Osteoarthritis

Osteoarthritis (OA), the most common form of arthritis, causes joint pain, swelling, stiffness and reduced range of motion.

OA can affect any joint, but it most often affects the knees, hips, lower back, neck and small joints of the fingers. It is a chronic (long-term) disease that breaks down the tissues in the joint.

In healthy joints, strong, flexible tissue called cartilage covers the ends of bones, helping joints move and acting as a cushion between the bones. In OA, inflammation, injury, genetics and other factors lead to the breakdown of cartilage and other joint tissues, including the lining of the joint (the synovium), and reshaping bone. These changes cause pain, swelling and, eventually, less range of motion.

Signs and Symptoms of Osteoarthritis

Osteoarthritis symptoms tend to build over time. Common symptoms include:

- Pain, aching or tenderness in and around a joint that comes and goes and worsens over time
- Stiffness that makes it difficult to move the joint
- Swelling around a joint.

Joints with OA usually hurt or feel stiff during or after use. Stiffness after not moving for a while is also common. For example, the joint may be stiff and painful in the morning, but improves after moving for a few minutes. After using it all day, it may be swollen and painful.

Diagnosing Osteoarthritis

Doctors typically rely on a physical examination and medical history to diagnose osteoarthritis. X-rays can help confirm a diagnosis, rule out other causes of pain and see if there's joint damage. Blood tests or joint aspiration (where fluid is drawn from a joint and examined) may be used to help rule out other forms of arthritis.

Treating Osteoarthritis

There is no cure for OA, but it can be controlled with a combination of self-management, medication and non-drug therapies. Work with your doctor to find the best approach to managing your OA. Both prescription and over-the-counter medications may be used to reduce pain and inflammation.

These include:

- Nonsteroidal anti-inflammatory drugs (NSAIDs), such as aspirin or ibuprofen. Be aware that taking too much can cause stomach problems and affect kidney function. NSAIDs also come in the form of creams, patches and gels, like diclofenac sodium.

FAST FACTS

- More than 32.5 million adults in the U.S. have OA.
- OA affects more men under 45 and more women over 45, especially after menopause.
- Most people with OA are white (78%), but the condition is actually more common in Black and Hispanic people. Native Americans have the highest rates of OA among all groups.
- Over 50% of people with knee OA will get a knee replacement.
- 1 in 3 active and veteran military personnel get OA compared to 1 in 4 of the general population.

For More Information

Osteoarthritis Information & Resources:
arthritis.org/about-osteoarthritis

Arthritis Foundation Helpline:
800-283-7800
arthritis.org/helpline

The information in this fact sheet was reviewed by Kim M. Huffman, MD, PhD, of Duke University School of Medicine.

- Corticosteroid injection into a joint to ease pain and inflammation.
- Hyaluronic acid injection into a joint, which eases pain for some people.
- Other topical creams and gels that ease pain by numbing or distracting, like camphor or menthol.
- When other medications don't work, your doctor might prescribe an opioid, like tramadol, or an antidepressant, like duloxetine.

In cases where OA has progressed, joint surgery may be needed to repair or replace severely damaged joints.

- Physical activity and staying a healthy weight are two of the most important and effective ways to manage OA. In some cases, health professionals can help.
- A physical therapist will guide you in exercises to keep your joints strong and flexible.
- An occupational therapist will teach you ways to use your joints safely and reduce stress on them in everyday tasks.
- A registered dietitian can work with you to improve your diet and lose weight if you need to.
- You might also consider chiropractic treatment, massage or acupuncture to help ease pain and keep joints and muscles flexible.

Self-Management

- Don't smoke or vape.
- Self-care is key to managing your OA.
- Stay active. Aim for at least 150 minutes a week (30 minutes a day, five days a week) of whatever type of activity you enjoy, whether it's walking, dancing, swimming or something else.
- Include strengthening exercises, like resistance bands or weight lifting to keep muscles around your joints strong. That will help take the load off joints and reduce pressure and pain.
- If you're overweight, losing as little as 5% can improve OA in your knees, hips, feet and other weight-bearing joints.
- Cold therapy (ice packs) help ease pain while heat (like a warm bath or paraffin wax baths) improves blood flow and relieves stiffness.
- Eat a healthy, balanced diet without too much sugar, alcohol or processed foods.
- Ask your doctor about nutritional supplements that might help.
- Manage stress by deep breathing or other relaxation exercises and staying close to friends and family who support you.

OA Risk Factors

The following are risk factors associated with developing osteoarthritis:

- Previous joint injury, such as knee ligament (ACL or meniscus) injuries.
- Overuse injury, such as workplace-related repetitive movements.
- Obesity – Being overweight adds additional stress on weight-bearing joints.
- Age – The older you are, the more likely you are to have OA.
- Genetics – Having a relative with OA raises your chances of developing it.
- Gender – Women, especially those over 50, are more likely than men to develop OA.

FAQs

Can young people get OA?

Yes. Although osteoarthritis prevalence spikes around age 45 and is most common in people over age 65, more than half of people with OA symptoms are younger than 45. In some cases, it results from sports injuries or obesity. In addition, people serving in the military are more likely to develop OA.

What's the best way to slow disease progression?

OA can't be reversed, but you can control it by staying a healthy weight, staying physically active, preventing joint injury and modifying jobs that require repetitive movement or heavy loads on joints.

How do you know when it's time to have surgery?

If you have already tried all treatment options and still have continual pain that affects your daily life, then it may be time to talk to your doctor about surgery.