

Knee Arthritis

Osteoarthritis, DJD

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Osteoarthritis is one of the most common causes of knee pain. An insidious onset is very common. Arthritis means joint inflammation.

Osteoarthritis is due to the breakdown or wear of the cartilage (cushioning at the ends of bones) surfaces of the joint. This is not always detected by x-rays. The knee is divided into three compartments: Medial compartment (inside of knee), Lateral compartment (outside of knee), and Patellofemoral joint (area under the kneecap involving the femoral trochlea). A patient can have arthritis involving any one compartment or a combination of all three.

Osteoarthritis causes pain, stiffness and swelling of the knees. Common complaints may include pain with ambulating, difficulty climbing and descending stairs and early morning stiffness or stiffness after sitting for long periods of time. As arthritis progresses, a patient may experience periodic swelling and pain. Early osteoarthritis is generally treated conservatively (no surgical intervention required).

Treatment options:

Weight loss, activity modification to avoid climbing, squatting, lunges, running or any activity that involves these.

Good exercises are low impact activities, such as bicycling, swimming, elliptical trainer and Nordic track.

Ice/Heat treatments:

Heat treatments are usually beneficial before activities.

Ice treatments are used after activities to help with pain and swelling.

Medications:

Prescription Anti-Inflammatory Medications:

Naproxen, Relafen, Celebrex, Mobic and Voltaren are prescription strength anti-inflammatories, NSAID's (should be taken with food).

Over-the-Counter Anti-Inflammatory Medications:

Advil, Ibuprofen, Aleve (should be taken with food).

Risks/Side Effects:

Indigestion, nausea, abdominal pain, stomach and intestine problems, such as bleeding and ulcers.

May increase the chance of heart attack and stroke. This is why Vioxx was taken off the market. Most of these medications do not cause this effect, but consult your medical doctor before starting any anti-inflammatories.

Benefits:

Helps arthritis pain, stiffness and inflammation.

Laboratory Blood Studies:

Long-term use of anti-inflammatory may require lab studies. You should contact your family or internal medicine physician if you will be on long-term use of anti-inflammatories. Generally we recommend lab tests every six months if you take these medications regularly.

Supplement Medications:

1. Glucosamine-chondroitin- some of our patients report that these all-natural supplements may help relieve arthritis pain. The benefit is slight and variable from patient to patient. Dr. Kitziger would suggest brands Cosamin DS or Osteo Bi-Flex, available in nutrition stores. However, the cost may be high and the benefit small. If you notice improvement when taking this product, then continue to take it. If not, discontinue.
2. Turmeric Curcumin- This is an Indian spice with an herbal anti-inflammatory effect. Some patients respond well to this. You can get this at a nutrition store and try it for one month.
3. Wobenzym- This is an enzymatic supplement that has an anti-inflammatory property. Again, you can try this for one month and see what type of pain relief you get from this supplement.

Injections (Cortisone Type):

Corticosteroid injection: Steroid injections directly into the joint, reducing inflammation and pain. This is only recommended every 3-4 months. These are very effective, but generally used after the wear is advanced.

Injections (Supplemental Type):

Euflexxa, Hyalgan, Synvisc, Orthovisc and Supartz are natural lubricants injected directly into the joint. Series of three injections, one time per week for three weeks. This is expensive and only beneficial to 2/3 patients who try it. It can decrease the need to take NSAID's, which have some side effects. Dr. Kitziger generally prefers to use Orthovisc.

Braces:

Unloader braces help to unload a specific compartment, which may help to slow the progression. These are expensive and more practical for use in low demand sports rather than everyday life.

Custom fit braces are most comfortable and seem to work better.

Bariatric Surgery:

This surgery has become increasingly effective for weight loss with a very good safety profile. Speak to your Primary Care Physician for bariatric consultation. If you were able to lose up to 100 pounds, then this greatly improves knee pain.