Osteoarthritis

Information for the public
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About this information

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

This information explains the advice about osteoarthritis that is set out in NICE clinical guideline 177.

This is an update of advice on osteoarthritis that NICE produced in 2008.

Does this information apply to me?

Yes, if you are an adult with joint symptoms that are likely to be caused by osteoarthritis.

It does not cover people with other types of arthritis (such as rheumatoid arthritis).

Osteoarthritis

Osteoarthritis does not always get worse with increasing age, and symptoms can improve. There are a number of possible treatment options, which a member of your care team should discuss with you.

Osteoarthritis is a condition that affects the joints. It is the most common type of arthritis.
Over the years, the normal use of joints results in a low level of wear to certain parts of the joints. The body naturally maintains the joints by making small changes to the structure and by repairing minor injuries caused by this regular use. Usually this doesn't result in any symptoms. But sometimes the repair process is incomplete and the symptoms of osteoarthritis can develop.

Symptoms of osteoarthritis include pain, stiffness and problems moving the joint. Sometimes the joint swells and becomes inflamed. Symptoms can vary greatly from person to person or between affected joints. Pain and other symptoms can often flare up and settle back down again. The level of pain does not always reflect the condition of the joint.

Osteoarthritis is most common in the hips, knees, hands and feet, but other joints can also be affected. It is not unusual to have osteoarthritis in more than one joint.

Osteoarthritis is found mostly in people over 45, but younger people can also be affected. It is commonly thought that osteoarthritis is a part of ageing, and that it always gets worse and cannot be treated. But osteoarthritis does not always get worse as you get older. There are treatments available and changes you can make to your lifestyle (such as exercise and losing weight) that can help to reduce pain and other symptoms.

Your care team

A range of professionals who specialise in different areas of treatment or support may be involved in your care. These could include your GP, practice nurses, physiotherapists and other healthcare professionals.

Working with you

Your care team should talk with you about osteoarthritis. They should explain any assessments, treatments and support you should be offered so that you can decide together what is best for you. Your family or carer can be involved in helping to make decisions, but only if you agree. There is a list of questions you can use to help you talk with your care team.

You may also like to read NICE's information for the public on Patient experience in adult NHS services. This sets out what adults should be able to expect when they use the NHS. We also have more information on the NICE website about using health and social care services.

Some treatments or care described here may not be suitable for you. If you think that your treatment does not match this advice, talk to your care team.
Seeing a healthcare professional

When you visit your GP (or another healthcare professional) because of joint problems, they should carry out an assessment to confirm that you do have osteoarthritis. This is because there are some other causes of joint pain that may need different treatments and care. You shouldn't usually need an X-ray or other tests to confirm osteoarthritis. X-rays are not useful for diagnosing osteoarthritis or deciding on treatment.

Osteoarthritis may affect your ability to carry out everyday tasks. As part of the assessment, your GP should ask how you are coping on a day-to-day basis, and how your work, social life, relationships, mood, sleep and any other aspects of your life are being affected. Your GP should also ask about how you feel about your arthritis symptoms, and whether you have anyone who supports or cares for you. They should take into account any other illnesses or conditions you have.

You can still lead a healthy, active life if you have osteoarthritis. Your GP should talk with you about what you can do to help yourself (this is sometimes called 'self-management' or 'self-care') and offer you support. This includes any changes to your lifestyle that may help. Your GP should also explain about the treatments that are available. Together you can agree a plan for improving your symptoms and quality of life.

Advice for everyone with osteoarthritis

If you have osteoarthritis, you should be offered advice about exercise and (if relevant) losing weight, as well as information about osteoarthritis itself.

Information and advice

Your GP should talk with you about your osteoarthritis and also give you written information that you can take away and read. You should have the opportunity to discuss your condition and ask for information each time you visit your GP. This should help you to understand more about osteoarthritis and what you can do to help relieve pain and other symptoms (see also Sources of advice and support).

Your GP should describe the treatment options available to you (see Treatments and assistive devices and Drug treatments for more details). They should explain about the benefits and risks of the different treatments, and take into account any other conditions you have that could affect your osteoarthritis and its treatment.
If you have osteoarthritis that affects your hips, knees or feet, your GP or another healthcare professional should advise you on the best type of footwear for you.

**Exercise**

Exercise has been shown to help people with osteoarthritis – this includes helping to reduce pain. Your GP should explain more about this to you. Exercise should include muscle strengthening as well as aerobic exercise (that is, moderate exercise that increases your heart rate – for example, swimming, cycling or brisk walking). The type of exercise that is best for you will depend on things like any other health problems you have, how much pain you are in, and what is available in your local area.

**Losing weight**

Being overweight can make your joint pain worse. If you are overweight or obese, you should be given advice and support to lose weight.

**Treatments and assistive devices**

Several treatments and devices are available for people with osteoarthritis, which may help you to manage your condition. Your GP may suggest one or more of these, depending on your individual circumstances and which joints are affected. These include:

- applying hot or cold packs to the joint
- using a TENS (transcutaneous electrical nerve stimulation) machine
- using some kind of joint support and/or special shoe insoles
- using equipment to help with walking (such as a walking stick) and with other activities (for example, a device to help you turn taps on and off).

You may be offered treatment called 'manual therapy', which is provided by a physiotherapist or other healthcare professional and involves manipulation and stretching techniques. This is most likely to help if you have osteoarthritis of the hip.
Drug treatments

NICE is planning to look again at the evidence about drug treatments for osteoarthritis. For more details, see the version of the guideline for healthcare professionals (available at http://guidance.nice.org.uk/CG177).

Not everyone with osteoarthritis needs medication, but several drug treatments are available that may help to reduce pain. Your GP should talk with you about the possible benefits and risks of these different drugs, and help you to find the one that is best for you – this will depend on how well they work for you, possible side effects, any other conditions you have, your age and anything else that is relevant. Your GP should also review your treatment regularly (see Reviewing your condition and treatment).

Creams

If you have osteoarthritis of the knee or hand, your GP may offer you a pain-relieving cream or gel (containing an anti-inflammatory drug or a substance called capsaicin) that you rub on the skin around the painful joint.

Tablets

There are several different types of pain-relieving drugs that are taken as tablets. These include paracetamol, anti-inflammatory drugs (usually called NSAIDs and COX-2 inhibitors) and stronger painkillers called opioids. Your GP may offer you one or more of these drugs for help with pain caused by osteoarthritis.

If you are taking an anti-inflammatory drug, your GP should also prescribe a drug called a proton pump inhibitor (or PPI for short). This helps to prevent possible digestive problems that can be caused by taking anti-inflammatory drugs.

If you are already taking low-dose aspirin for another condition, your GP may offer you another type of pain relief rather than an anti-inflammatory drug. This is because both aspirin and anti-inflammatory drugs can affect the digestive system.

If you are taking an anti-inflammatory drug for pain relief, you should take it at the lowest effective dose for the shortest possible period of time, to reduce the risk of side effects.
Injections

Depending on how bad your pain is, you may be offered an injection of a drug called a corticosteroid into the affected joint.

Treatments you should not be offered

You should not be offered any of the following treatments for osteoarthritis, because there is little evidence that these treatments are effective in improving symptoms:

- glucosamine or chondroitin products
- acupuncture
- creams containing substances called rubefacients
- injection of a substance called a hyaluronan into the affected joint.

Reviewing your condition and treatment

You should have follow-up appointments to check how your osteoarthritis is affecting you, how you are managing and how well any treatments are working. These appointments will normally take place at your GP's surgery. Your GP or nurse should talk with you about how often they should see you. You may be offered annual appointments if any of the following apply:

- your joint pain is causing you problems
- you have osteoarthritis in more than one joint
- you have any other health problems (as well as osteoarthritis)
- you are taking regular medication to help with the symptoms of osteoarthritis.

At all follow-up appointments, your GP or nurse should talk with you about the following:

- how your osteoarthritis is affecting your day-to-day activities
- whether it is getting better or worse over time
- whether treatments are working
- if you are taking drugs for your osteoarthritis, whether you have any side effects
• whether you have had any problems getting treatments (for example, if you have been advised to exercise but are unsure which exercises are best for you, or if a referral to a physiotherapist would be helpful)

• any other concerns you may have.

You should also be offered continuing support to help you live with osteoarthritis.

Referral for joint surgery

Most people with osteoarthritis do not need joint surgery. But if you have tried a number of treatments and you still have a lot of joint pain and stiffness, then you and your healthcare professional may decide that referral to a surgeon is the best option for you.

The most common type of surgery is joint replacement surgery, where a damaged joint is replaced by an artificial one – for example, a knee or hip replacement.

You and your healthcare professional should discuss possible referral for joint surgery before your symptoms and pain become so bad that you find it hard to carry out your day-to-day activities.

Surgery may be an option regardless of your age, whether you are male or female, whether or not you are overweight or smoke, or if you have other health problems as well as osteoarthritis.

If you are thinking about having surgery, your GP or another healthcare professional should give you information about the following:

• the benefits and risks of surgery, and what might happen if you decide not to have surgery

• how long recovery is likely to take, and what you will need to do to help your recovery (for example, exercising the joint)

• if you have joint replacement surgery, the ways in which an artificial joint might affect you

• how care is organised in your local area, including where surgery will take place and support after surgery.

You should not be referred for a procedure in which your knee joint is washed out (known as 'lavage and debridement'), unless you have had a problem with your knee 'locking' on a number of occasions.
Questions to ask about osteoarthritis

These questions may help you discuss your condition or the treatments you have been offered with your healthcare team.

About your condition

- Can you tell me more about osteoarthritis?
- What will happen to my symptoms as time goes on?
- What can I do that will help me to live with osteoarthritis?
- Are there any support organisations in my local area?
- Can you provide any information for my family/carers?

For family members, friends or carers

- What can I/we do to help and support the person with osteoarthritis?
- Is there any additional support that I/we as carer(s) might benefit from or be entitled to?

Lifestyle

- What sort of exercise might help my osteoarthritis?
- Are you sure that doing exercise will help my joints and reduce pain?
- How might losing weight help me?

Treatments

- Why have you decided to offer me this treatment?
- What are the pros and cons of this treatment?
- How will it help me? What effect will it have on my symptoms and everyday life? What sort of improvements might I expect?
- Are there any risks associated with this treatment?
- How long will I need to have this treatment for?
What other treatment options are there?

Is there some other information (like a leaflet, DVD or a website I can go to) about treatments that I can have?

**Side effects**

- What should I do if I get any side effects?
- Are there any long-term effects of taking this drug?

**Following up on your treatment**

- How often will my follow-up appointments be?
- What should I do and who should I contact if my osteoarthritis gets worse in the meantime?
- Are there different treatments that I could try?
- Does the dose of my current drug treatment need to be changed?

**Surgery**

- Will having surgery help me?
- What does the operation involve?
- How long will it take me to recover?
- What sort of things will I be able to do to help my recovery?
- What will and won't I be able to do after my operation?
- How might having an artificial joint affect me?

**Sources of advice and support**

- Arthritis Care, 0808 800 4050  
  www.arthritiscare.org.uk

You can also go to [NHS Choices](https://www.nhs.uk) for more information.
NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

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