

Arthritis

Arthritis is a general term used to encompass over 100 different illnesses that cause pain, destruction and the disability to the joints and other structures of the musculoskeletal system. A Rheumatologist is a doctor who has special training and has devoted his career to the care of patients with Arthritis. The Rheumatologist works hand in hand with the Orthopedic Surgeon in utilizing non-surgical treatments for arthritis.

Arthritis can be separated into many different categories, but the most commonly occurring are the following three: Osteoarthritis, Inflammatory Arthritis and Metabolic Arthritis.

Osteoarthritis becomes symptomatic between ages 40-50 and can affect multiple joints including those of the fingers and base of the thumbs, shoulders, neck, low back, ankles and toes. The most common disabling joints involved are the knee and hip. Osteoarthritis affects the smooth surface of the cartilage, which covers the ends of the bone to create an almost frictionless and painless surface for joints to glide over each other and hold up our weight as we move. Osteoarthritis is a condition that slowly and progressively causes the breakdown of this smooth perfect joint cartilage leading to pitting, then cracking, then thinning and eventually complete loss of all the cartilage leaving the bone exposed. Once the process advances, pain and loss of normal movement follows and eventually every step on the arthritic knee or hip will be a torture. There is also a progressive breakdown of the quality of the joint fluid that lubricates, protects, and brings nutrients to the joint in Osteoarthritis.

The standard medical treatments of Osteoarthritis have been medications that decrease the pain associated with this joint deterioration. These include pain relievers such as Acetaminophen (Tylenol) and Aspirin. The Non-Steroidal Anti-inflammatory Drugs or NSAID's are widely used for the pain of Osteoarthritis due to being more effective and convenient. One major side effect of the NSAID's is irritation of the stomach which can lead to Gastritis or Ulcers with rarely serious consequences. For this reason, in some patients a newer form of NSAID's named CoxII specific agents are being used which cause less stomach irritation.

A large number of people are taking Glucosamine Sulfate which has been shown in some studies to help the pain and possibly slow the progression of Osteoarthritis of the knee.

A novel treatment has been to inject the Haluronic Acid Agents into the joint that are extracted from rooster combs. They are the same as the natural occurring joint fluid and appear to reconstitute this fluid in the arthritic knee. These treatments may be more effective than the NSAID's in many patients and can have a long period of benefit between treatments.

Utilizing a combination of the discussed treatment along with multiple others the rheumatologist helps develop a strategy to control Osteoarthritis and keep the patient functional and as symptom free as possible.