

What is osteoarthritis?

It is a very common ageing process of the weight bearing joints, this 'wear n tear' is experienced in over 10 million people in the UK. The protective cartilage on the ends of your bones very slowly wears down, and in later stages some people experience a grating or crackling sound when moving the affected joints. 'Flare ups' in arthritic joints are painful, become inflamed; feel swollen and this swelling causes stiffness⁵.

Diet for weight loss

Obesity is a risk factor for the development and progression of OA particularly in the hip and there is evidence to suggest that weight loss can be effective in managing symptoms. For advice on a healthy lifestyle the following links may be of interest;

<http://www.nhs.uk/Livewell/healthy-eating/Pages/Healthyeating.aspx>

<http://www.bda.uk.com/foodfacts/osteoarthritis.pdf>

There is currently no definitive evidence to say that certain foods help with osteoarthritis however they are low risk alternatives. A balanced diet to include vitamins, omega-3, calcium, and 5 daily portions of fruit and vegetables is recommended.

Evidence for exercise

Exercise programmes have been shown time and again to improve both pain and function¹ for sufferers of osteoarthritis or deconditioning of the hips and associated musculature. Knowing which exercises can be a minefield, here is some useful up-to-date guidance. Moderate benefit on physical function can be achieved when general lower limb strengthening and aerobic exercises are adopted.

- Cycling significantly strengthens hip and leg muscles, whilst promoting joint flexibility.
- Tai Chi or exercises involving coordination, stretching or balancing exercises have demonstrated some benefit.
- Walking with Nordic poles (ski poles) can reduce strain and improve endurance.

Where, how or with whom the exercise programme is delivered also has an effect. Exercising in a group session has been shown to have a greater benefit than a home exercise programme. Exercising under supervision also has a greater benefit. Importantly, be reassured that any type of exercise programme that is done regularly, can improve pain and physical function related to hip osteoarthritis or deconditioning in the short term. Physiotherapy can be of benefit in the treatment of osteoarthritis and guidance of exercise. You will need the referral from your GP or consultant to access the physiotherapy service. See below for link to exercises for your hip.

<https://www.poole.nhs.uk/a-z-services/t/therapy-services/therapy-outpatients/patient-information-leaflets/hip-information-leaflets.aspx>

Medication

Primary medication may include paracetamol and anti-inflammatory creams. Topical anti-inflammatories (creams) have been found to have fewer negative side effects than pills.

Capsaicin cream may also be helpful.

If these options are insufficient, consider:

- Opioids are not suitable for everyone and require monitoring (paracetamol, codeine)
- Non-selective NSAIDs/COX-2 inhibitors, e.g. Naproxen may require stomach protection drug known as a PPI, there could be a small risk of gastro-intestinal bleed or ulcers, additionally these may interfere with other drugs action eg Aspirin, Warfarin. See GP for further advice.

Medication Intra-articular cortico-steroid injections

If you are struggling with moderate to severe hip pain then it may be appropriate for your hip to be injected with a corticosteroid for short term relief of your symptoms. This is known as a hip block. Research has shown this to be an effective measure for settling symptoms within 1-4 weeks, but this treatment can last significantly longer. It is carried out by Radiologist, Orthopaedic doctor or Rheumatologist. Normally you should not receive more than 3 injections in your hip joint within a 1 year period and if you are still experiencing symptoms despite these then it may not be the most appropriate form of treatment for your hip.

Please refer to the Arthritis Research UK website for further information on osteoarthritis of the hip and local steroid injections:

<http://www.arthritisresearchuk.org/arthritis-information/drugs/local-steroid-injections.aspx>

Reducing the strain

- Avoid sitting in low chairs as this stresses an arthritic hip and can cause unnecessary pain⁸.
- Using a stick holding it on the opposite side to the painful hip, this reduces the weight through said hip by 15%, but importantly it reduces the impact forces by 50%, you can walk further and faster.
- Try Nordic pole walking; two ski poles can add more support enabling hill walking and hiking.

Supplements

Glucosamine is a naturally occurring substance found in joint cartilage and joint fluid. It is available as a supplement to maintain joint health. Strong evidence to support the use of Glucosamine is scarce but some favourable results have been reported. For best results take 1500mg + 1200mg of Chondroitin, available in your local chemist. The arthritis research UK website suggests that **selenium** may be linked with the slowing of the progression of OA however supplements are not as effective as food alternatives such as Brazil nuts and tuna.

Acupuncture

Acupuncture may be offered as an adjunct to standard physiotherapy treatment in an attempt to reduce pain. As current evidence does not conclusively support this modality, your therapist will only offer this treatment if they feel it is appropriate as part of your care.

References

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2. Fernandes L, Hagen KB, Bijlsma JWW, et al. EULAR recommendations for the non-pharmacological core management of hip and knee osteoarthritis. Ann Rheum Dis 2012;24(3):13. ONLINE doi:10.1136/annrheumdis-2012-202745
3. NICE clinical guideline 177. Osteoarthritis: Care and management in adults February 2014. ISBN: 978-1-4731-0426-6 guidance.nice.org.uk/cg177
5. <http://www.nhs.uk/conditions/osteoarthritis/Pages/Introduction.aspx> [online 6/1/17]
8. <http://www.arthritisresearchuk.org/arthritis-information/conditions/hip-pain/what-can-i-do-to-help-myself.aspx> [online 6/1/17]

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