key points

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In most patients, the aetiology of osteoarthritis (OA) is unknown, although there are several risk factors for its development. Prevalence increases with age, and the condition is more common in women. OA is not a necessary association of ageing and often does not deteriorate over time.

The knee, hip, hand and first metatarsophalangeal joint are the most common peripheral joints affected by OA. The most frequently affected joints in the hands are the distal interphalangeal (DIP) joints and proximal interphalangeal (PIP) joints.

The most common symptom of OA is joint pain, usually when the patient is weight bearing through the joint. Patients often feel worse at the end of the day, with symptoms worsening after repetitive weight bearing, for example after a walk or using stairs. Patients may have early morning stiffness. However, it is uncommon for it to last more than 10 minutes, and prolonged early morning stiffness (more than 30 minutes) may indicate inflammatory arthritis.

An assessment of joint pain should include: the number of joints involved and the pattern of joints affected (OA commonly involves multiple joints in the over 50s); the effects on participation in important daily activities and work; any associated sleep and mood disturbance.

On examination, a joint with OA will have tenderness (most marked over the joint line); swelling (synovial or bony); crepitus; reduced range of movement and reduced muscle strength.

The initial management should include patient education, advice and information; strengthening exercises and aerobic fitness training; and weight loss if overweight/obese.

Paracetamol and/or topical NSAIDs are the treatments of choice if additional analgesia is required. NSAIDs or COX-2 inhibitors should be considered if paracetamol and/or topical NSAIDS fail to provide sufficient pain relief. Other options include topical capsaicin and intra-articular steroid injections.