Tips for OA of the hip or knee

ARTHRITIS INFORMATION SHEET

This sheet has been written for people with osteoarthritis (OA) of the hip and/or knee. There are many treatments that may be helpful. Here are some things you should know

GP & Self management plans

Your doctor should create a tailored management plan (GPMP) and team care arrangement (TCA) for you. This includes subsidised care from a team of healthcare professionals such as physiotherapists, dietitians, and others. Your local Arthritis office may also run self management courses to help you develop skills to manage your symptoms, communicate with your healthcare team and lessen the impact of arthritis on your life.

Weight loss

Being overweight can greatly lead to more pain and damage to hips and knees affected by OA. Modest weight loss (eg. eight percent reduction in body weight) can noticeably reduce symptoms of knee OA. A dietitian can help with advice about healthy eating and weight loss.

Exercise

Exercise is one of the most important treatments for OA of the hip and knee. It helps to reduce pain and maintain your general health. To protect your sore joints, try low-impact activities, where there is less force going through your hips and knees. Examples of low-impact activities include cycling and walking.

You could also try:

- Water exercise: The buoyancy of the water takes pressure off your hips and knees and you may find you can move more freely than you can on land. See the *Water exercise* sheet for more information.
- Strengthening exercises: Exercises to strengthen the muscles around your hip and knee can also help reduce pain from OA.
- Tai chi: Studies show that tai chi can help reduce pain and stiffness for people with arthritis. See the *Tai chi* sheet for more information.

See the *Physical activity* sheet for more information about exercise. If possible, consult a physiotherapist or exercise physiologist for advice about a program to suit you.

Medicines

- Creams or gels containing anti-inflammatory medicines have been shown to reduce pain in knee OA. For hip OA, these appear to not be effective.
- Non-steroidal anti-inflammatory medicines (NSAIDs) may relieve symptoms of OA. Always talk to your doctor or pharmacist before you take these medicines as they may be harmful to some people.
- Current evidence does not support the use of paracetamol but some people find it offers them pain relief. A doctor or pharmacist can advise how best to take it but do not exceed 3 grams per day.
- Corticosteroid injections may provide short term pain relief for a few days up to a few weeks for some people. Their long term use may be harmful so their use will be limited.
- Opioids are a stronger group of pain medicines. They are effective at reducing pain but have risks of serious side effects, particularly if used for longer periods. Among them, Tramadol may be an option for short term use if NSAIDs cannot be used.
- Injections of hyaluronic acid into the joint may help reduce pain. Hyaluronic acid is found naturally in joints and helps lubricate the joints to keep them moving smoothly. However these injections do not appear to work for all people. Current research suggests they are no more beneficial than a placebo (an injection that contains no medicine).

- Creams containing capsaicin (an ingredient in cayenne and chilli peppers) and comfrey extract gel (a herbal medicine) may help relieve pain in knee OA or hip OA.

Talk to your doctor or pharmacist about medicines and the best way to use them for your condition. See the *Medicines and arthritis* and *Dealing with pain* information sheets.

Arthroscopy

Current research indicates that keyhole surgery to the knee is not effective for relieving pain. This type of surgery is not recommended unless your knee locks.

Pacing

Planning or pacing your activities or exercise for when you experience less pain can be an effective way to manage OA. Talk to an occupational therapist or physiotherapist for more advice or see the F*atigue and arthritis* sheet.

Understanding pain

Recent research has shown that understanding how pain works and how you respond to it can help you prevent pain controlling your life. Activities such as pain coaching, cognitive behavior therapy from a psychologist, or mindfulness are effective for many people. More info is available at **www.painhealth.csse.uwa.edu.au** or **www.mindspot.org.au**

Aids or supports

Experts recommend the use of walking sticks or canes as a way to reduce knee loading and pain. Always use the walking stick on the opposite side to your sore joint (if your right hip is affected, use the walking stick in your left hand). Your physiotherapist may also suggest the following treatments to reduce pain from knee OA:

- taping the kneecap (patella)
- knee braces
- orthoses (small wedges placed in your shoe to improve the alignment (position) of your knee when standing and walking).

See a physiotherapist for advice about any of these aids or supports.

Heat and cold

Cold therapy such as ice packs or ice massage may help reduce pain in knee OA. There have been no studies testing the effects of heat therapy for OA, however some people may prefer it to cold therapy. See the *Dealing with pain* information sheet.

Glucosamine and chondroitin

The results from studies of glucosamine sulfate and chondroitin sulfate are unclear. See the *Glucosamine and chondroitin* information sheet.

Herbal therapies

There isn't much evidence to prove that certain herbal therapies are useful for OA of the hip and knee. See the *Complementary therapies* information sheet.

TENS, laser, ultrasound

These are treatments that can be used by physiotherapists. TENS or laser treatment are unlikely to provide benefit for hip and knee OA. See a physiotherapist to trial a TENS machine (a machine that applies very mild electrical pulses to block pain messages going to your brain) before buying one as not all people will find it beneficial. Ultrasound may provide some benefit for some people.

Acupuncture

The latest evidence does not support the use of acupuncture for hip or knee OA.

Platelet-rich plasma (PRP) and stem cell injections

Trials are underway to assess whether these have any benefit. At this time, there is not enough evidence to recommend their use due to their cost, risks, and the lack of standards and understanding about their use.

www.MyJointPain.org.au

This interactive website is for people with osteoarthritis. Experts provide information via text and videos and its weekly check-ups can help you track your OA so you can see what works for you.

CONTACT YOUR LOCAL ARTHRITIS OFFICE FOR MORE INFORMATION SHEETS ON ARTHRITIS.

There are many things that can help you manage OA of the hip or knee. The first steps are regular exercise, weight loss and using medicines wisely.

FOR MORE INFORMATION

Websites:

It is important to have a healthcare team to help you. Ask your doctor or find allied health professionals such as a physiotherapist, exercise physiologist, dietitian and psychologist below. Australian Physiotherapy Association on 1300 306 622 or **www.physiotherapy.asn.au**

Exercise and Sports Science Australia (07) 3171 3335 or **www.essa.org.au**

Dietitians Association of Australia 1800 812 942 **www.daa.asn.au**

Australian Psychological Association 1800 333 497 **www.psychology.org.au**

More info: Daniel Prieto-Alhambra, Nigel Arden, David Hunter, Osteoarthritis, Oxford University Press 2014

Booklets:

Arthritis Australia's *Taking control of your Pain in Arthritis* booklet provides information and practical tips for managing pain. To get a copy, visit: **www.arthritisaustralia.com.au** or by calling 1800 011 041.

Arthritis Australia's *Osteoarthritis of the knee* booklet provides a practical guide to treatments, services and lifestyle choices. To get a copy, visit: **www.arthritisaustralia.com.au** or by calling 1800 011 041.

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