

什么是骨关节炎?

骨关节炎或退化性骨关节病是最常见的关节炎。最初它影响关节软骨,引致关节痛楚。骨关节炎的一个特点是於一日过后或活动之后会出现加剧的痛楚。由骨关节炎引致的痛楚和僵硬性,往往到最后会限制活动能力。

骨关节炎亦可能是因关节长期受压等问题而产生的副作用,例如肥胖(关节肩负身体额外的重量);臀部和膝盖形状的异常(当身体移动时增加关节肩负的重量);过往骨折或关节的损伤;甚至於一些运动员再三地对关节加压等。

谁受影响?

骨关节炎同样影响男或女,但妇女患骨关节炎的比率较告。而50岁后患骨关节炎的比率更大幅增长。

骨关节炎的风险因素有什么?

骨关节炎与年龄,肥胖,运动损伤,遗传(特别是手部的骨关节炎)等相关;并且可与其他形式的关节炎如:风湿性关节炎和痛风相关。

所有关节都会患骨关节炎吗?

几乎所有关节都可以受影响。然而,骨关节炎最常见於膝盖、臀部、脊椎和手部。

骨关节炎有什么症状?

骨关节炎的首发症状是於受影响的关节或附近的连接肌肉,於长时期或费力的使用中出现复发性痛楚,例如在长久的步行或运动之后。如果您继续使用该关节,痛楚将增多,但在充足的休息以后,通常痛楚便会消退。

当关节休息(凝胶)时,会有轻微的僵硬情况出现,因此当你坐着一段时间后再站立,您的臀部及膝盖或许会感到僵硬。

於骨关节炎的后期,关节附近的许多软骨或{防护内层}都呈现破损,关节炎使关节液分泌增加,积聚于关节周边,引致关节肿胀。

在骨关节炎时,关节会怎样?

在人体中,关节在软骨的关节囊覆盖保护下,彼此能流畅地滑动。在骨关节炎中,关节软骨慢慢地变软并且随着时间呈现破损。由於防护层的破损使骨骼之间直接摩擦受损,关节於受压(如步行或站立)时便会出现痛楚。

当进一步恶化时,囊肿、骨似肿块和积液相续地出现,影响关节并形成肿胀。

怎样诊断骨关节炎?

如果患者呈现骨关节炎症状,医生能通过身体检查和X-光线证实诊断。X-光线能清楚地显示因骨关节退化的骨关节炎。其中包括软骨损失,关节之间空间缩窄,软骨下骨硬化、囊肿和骨刺形成。

偶尔地需要另外的测试:磁共振成像(MRI)能清晰地显示关节的情况。使用针穿活检抽取关节液的样本。医生透过化验结果便能区分关节病是属于传染性,退化或炎症性。

骨关节炎有什么治疗?

当前没有根治骨关节炎的方法,情况亦是不可逆转的。骨关节炎的治疗主要为缓和它的症状,重建失去的肌肉能力以及施行手术。

a. 药物

多数药物只舒缓关节炎的症状。轻微痛楚可使用处方止痛药(panadol)克制,而剧痛情况时可使用特强药物如非类固醇类抗炎药物(NSAIDS)和环氧化酶-2(COX-2)抑制剂。氨基葡萄糖和软骨素的作用因人而异,在尝试这些补充剂之前,请先微询医生的意见。当关节变得肿胀及疼痛而阻碍活动能力时,可直接注射类固醇活透明质酸进入关节。然而,类固醇的效用通常是暂时性,长期使用亦会引致不良反应。

b. 物理治疗

由於关节疼痛及僵硬化,多数骨关节炎的患者会减少他们的日常活动。这样却引致关节周边肌肉和韧带变弱,令问题恶化。

物理治疗能帮助强化周边肌肉,使关节紧密联合,减轻关节及其周边所承受的压力。

多数的关节炎都推荐患者进行适度的运动,例如步行(需要时可使用协助),游泳或骑脚踏车。患者应尽量保持健康体格,但有些会令关节受压的运动却不适宜做。当关节疼痛及肿胀时,亦应避免所有会使关节软骨恶化的承重运动。

c. 手术

后期的骨关节炎或需施行手术以去除骨折碎片,重接关节,甚至换上人工关节。

骨关节炎和类风湿性关节炎是否相似?

两者皆是关节炎,但成因却不同。类风湿性关节炎是因为身体的免疫系统攻击自己的组织而形成,而原发性关节炎是因关节的劳损形成。

骨关节炎的并发症有什么?

应付慢性痛症是非常困难的。患者除了会疲惫堪,更有患上抑郁症的风险。严重的骨关节炎可能导致关节畸形。

骨关节炎能预防吗?

老化是无可避免的。然而你可透过保持正常体量,适量运动,健康和滋补的饮食习惯而减低患骨关节炎的风险。早期诊断和治疗亦可防止进一步的关节损伤和关节畸形。

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Osteoarthritis
骨关节炎

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What is Osteoarthritis?

Osteoarthritis or Degenerative joint disease is the commonest form of Arthritis. Initially it affects the joint cartilage, causing pain in the joints. The pain and stiffness in the joint from Osteoarthritis can ultimately restrict movement. A unique feature of Osteoarthritis is that the pain tends to get worse towards the end of the day and with activity.

The primary cause of Osteoarthritis is increased age, "wear and tear" of the joints. After a long and productive life, it is likely that the joints can be worn out, just like the brake linings of a well-used car.

Osteoarthritis can also arise as a side effect of other problems that put abnormal stress on the joints, such as obesity (from the joints having to carry that extra weight); abnormally shaped hips and knees (added stress is placed on these joints when a person moves); a previous fracture or injury involving the joint; or in the case of some sportsmen, repeated stress to the joint.

Who gets affected?

Osteoarthritis affects both men and women; with women having a higher rate of Osteoarthritis.

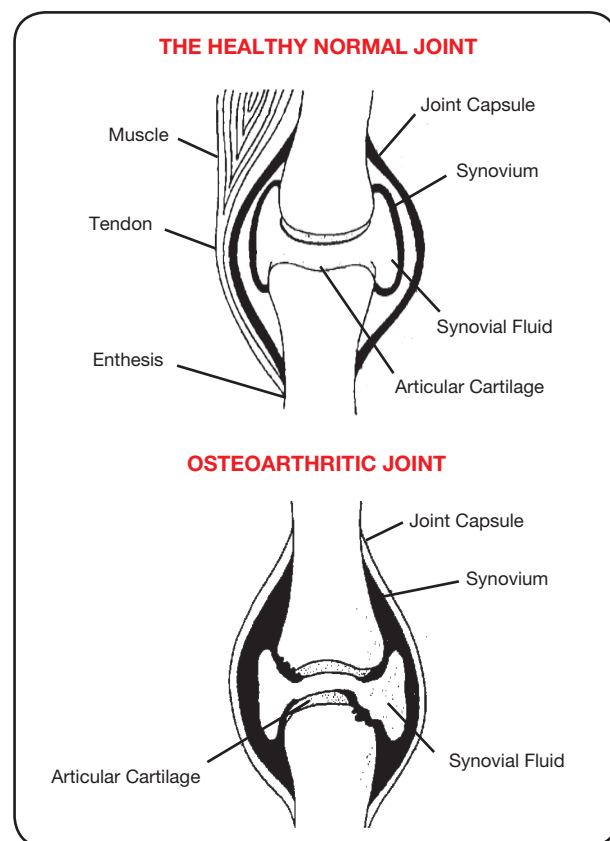
Osteoarthritis rates increase sharply after the age of 50.

What are the risk factors for Osteoarthritis?

Osteoarthritis is linked to age, obesity, sports injuries, heredity (especially Osteoarthritis of the hands); and may be associated with other forms of Arthritis like Rheumatoid Arthritis and Gout.

Can Osteoarthritis develop in all Joints?

Almost any joint can be affected. However, Osteoarthritis commonly develops in the knees, hips, spine and hands.



What are the symptoms of Osteoarthritis?

The first symptom of Osteoarthritis is a recurring pain in the affected joint(s) or muscles around the joint after a period of prolonged or strenuous use, such as after a long walk or exercise. The pain will be more if you continue to use the joint, but usually subsides after sufficient rest.

Mild stiffness usually sets in when the joints have been rested ("gelling"), therefore if you have been sitting still for some time, your hips and knees may feel stiff upon standing again.

In advanced Osteoarthritis, where much of the cartilage or "protective lining" around the joints has disintegrated, the irritation of the joints will cause an increased secretion of joint fluid which tends to accumulate around the joint area. This may cause mild swelling of the joint.

What happens to the joints in Osteoarthritis?

In the human body, the joints are normally covered with cartilage so that they can glide over each other smoothly. In Osteoarthritis, the joint cartilage steadily softens and disintegrates over time. With the loss of this protective material, the exposed bones of the joint begin to grind against each other more easily and wear each other out, creating a painful sensation in the joints when weight is put on them, say during walking or standing up.

As the condition progresses, cyst lumps and excess fluid may develop in the affected joint, giving rise to a swollen joint.

How is Osteoarthritis diagnosed?

If a patient exhibits the symptoms of Osteoarthritis, the doctor can confirm the diagnosis by doing a physical examination and X-rays.

The degenerative effects of Osteoarthritis on the bones of the joint will show up clearly on the X-ray. These include cartilage loss, the narrowing of space between the joint, subchondral sclerosis, cyst formation and bone spur formation.

Sometimes, additional tests and procedures may be needed:

- **Magnetic Resonance Imaging (MRI)** may be used to get a better picture of the condition of the joint.
- **Joint Aspiration** may be carried out to obtain a sample of the fluid in the joint. This is useful for the doctor to differentiate between infective, degenerative and inflammatory joint disease.
- **Arthroscopy** - a procedure in which the interior of the joint is visualised by using a special instrument called Arthroscope is carried out.

What is the treatment for Osteoarthritis?

There is currently no cure for Osteoarthritis and the condition is irreversible. Treatment of Osteoarthritis centres on alleviating its symptoms, regaining lost muscle strength and surgery.

a. Medication

Most medications treat only the symptoms of Osteoarthritis. Paracetamol (Panadol) can be prescribed for low level pain, while stronger drugs like non-steroidal anti-inflammatory drugs (NSAID) and Cox-2 inhibitors may be necessary for more severe pain. The effect of glucosamine and chondroitin is variable. Speak to your doctor first before you try these supplements.

If the joint becomes so swollen and painful that movement becomes significantly affected, steroid or hyaluronic acid preparation may be injected directly into the joint. However, the effect is usually temporary and steroids cannot be used in the long term as these drugs can cause adverse side effects.

b. Physiotherapy

Most sufferers of Osteoarthritis reduce their daily movements in response to the pain and stiffness in their joints. This leads to weakening of the muscles and ligaments surrounding the joint area, and exacerbation of the problem.

Physiotherapy is needed to build up the strength in the surrounding muscles so that they can hold up the joint better, lessening the stress and strain that is exerted on the joint.

Exercises such as walking (with an aid, if necessary), swimming or cycling are recommended for most forms of arthritis. While some sports which stress the joints are not suitable, patients should aim to keep fit as much as possible. However, caution is advised, and weight-bearing exercises which may worsen the joint cartilage should be avoided with painful and swollen joints.

c. Surgery

In advanced cases of Osteoarthritis, surgery may be required to remove bone fragments, realign the joints, or even replace the joint with an artificial part.

Are Osteoarthritis and Rheumatoid Arthritis similar?

Both are similar in the sense that they are both arthritic conditions, but the causes are different. Rheumatoid Arthritis arises out of the body's immune system attacking its own tissues, while primary Osteoarthritis is caused by wear and tear of the joints.

What are the complications of Osteoarthritis?

Dealing with chronic pain is very difficult. The condition can be debilitating and sufferers may be at some risk of depression. Severe Osteoarthritis can result in joint deformity.

Can Osteoarthritis be prevented?

One cannot prevent ageing. One can however reduce the risk of developing Osteoarthritis by maintaining a healthy weight, engaging in moderate exercise and eating a healthy and nutritious diet. Early diagnosis and treatment can prevent further joint damage and deformity.

For more information, visit the following websites:

Arthritis Care (UK)
www.arthritiscare.org.uk
Arthritis Foundation (USA)
www.arthritis.org