

Signs & Symptoms

- Sore and achy joints, especially with movement
- Pain and stiffness after periods of inactivity
- Pain after overuse of affected joint
- Bony enlargements or joint swelling

Goals for Treatments

For patients being treated for osteoarthritis, the major goals of therapy include:

- Reduce pain in affected areas
- Improve functional capacity of joints
- Educate patients on how to manage their condition

Non-Drug Therapy

- **Weight Reduction** is important for reducing the stress on affected joints.
- Losing unnecessary pounds can reduce the amount of symptoms associated with the disease
- **Physical Therapy** helps to maintain mobility and restore a range of motion in affected joints
- **Surgery** is sometimes necessary if the condition does not improve with the combination of medication and non-drug therapy

Ask your Pharmacist for advice and information about managing the pain associated with osteoarthritis.



Cass Street Pharmacy

(at the corner of 6th and Cass Street)

**528 Cass Street
La Crosse, WI 54601
(608) 784-9922**

HOURS: 9AM-6PM M-F • 9AM-1PM Sat

visit us on the web at

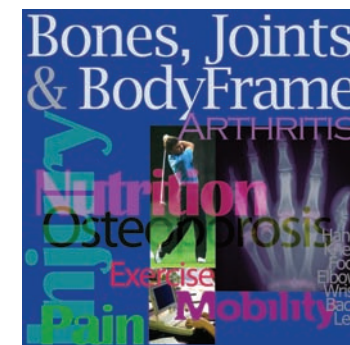
www.cassstpharmacy.com

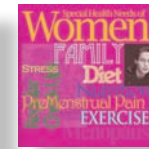
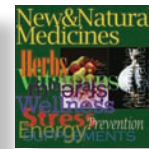
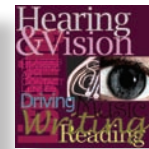
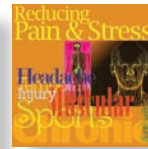
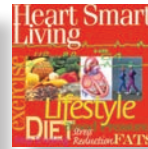
MedPaks Division

Tel: (608) 793-1828



Osteoarthritis





What is Osteoarthritis?

Osteoarthritis, also known as Degenerative Joint Disease, is the most common type of arthritis. Cartilage between joints breaks down and erodes away, and pain develops from the grinding or rubbing together of bones.

The joints most commonly affected by the disease are the major weight-bearing joints: knees, hips and spine.

Facts & Figures

- Nearly 21 million Americans are affected by osteoarthritis
- Osteoarthritis of the hip is more common in women than in men. Knee osteoarthritis affects both genders equally.
- The prevalence and severity of the disease increases with age, especially in men.

Contributing Factors

Obesity:

- Excessive weight puts extra pressure on joints

Activity Level:

- Repetitive motion can contribute to development or progression of the disease in the associated joints

Genetics:

- Hereditary factors have been linked to improper cartilage formation

Drug Therapy

- There are currently no proven treatments for preventing or reversing the progression of the disease. Therefore, drug therapy is targeted mainly at reducing the amount of pain that results from problem joints.
- Often, combination therapy is necessary to provide adequate pain relief.

Tylenol (acetaminophen)

- First-line treatment of osteoarthritis
- 325-650 mg every 4-6 hours or 1 g 3-4 times per day
- Maximum of 4 g per day
- Caution in patients with acute liver disease or at high risk for liver toxicity

Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)

- Used in patients who do not receive adequate pain relief from acetaminophen
- Caution advised in people with high blood pressure, diabetes, or kidney disease
- These drugs should only be used for short-term treatment, unless directed otherwise by your health care provider
- Ibuprofen (*Motrin, Advil*)
 - 1200-3200 mg per day in 3-4 divided doses
 - Max of 3200 mg per day
- Naproxen sodium (*Aleve*)
 - 275-550 mg twice a day
 - Maximum of 1375 mg per day

Prescription NSAIDS:

- Diclofenac
- Indomethacin
- Nabumetone
- Celebrex
- Meloxicam

Topical Therapy

- Capsaicin 0.025% or 0.075%
- Apply to affected joint(s) 3-4 times daily
- Capsaicin is extracted from hot peppers and works by depleting Substance P in the body, which is associated with pain transmission. Topical capsaicin therapy must be done continuously and may take up to 2 weeks before an effect is seen.

Glucosamine & Chondroitin

- Glucosamine (*derived from crab, lobster, or shrimp shells*) and Chondroitin (*derived from shark cartilage*) are categorized as dietary supplements, and therefore production of these products is not regulated by the FDA. Consumers should ask their pharmacist to recommend a brand that has a reputation for quality and purity.
- Glucosamine 500 mg, 3 times a day has been shown to be effective for reducing pain and improving mobility. The recommended dosing of chondroitin sulfate is 400 mg, 3 times a day.
- The benefit from these products may not be seen for weeks or months of continuous therapy, so it is important to be patient and use faster-acting therapies in the meantime.

Injection Therapy

- Corticosteroid injections to the specific affected joint provide good pain relief. These injections are normally only done a maximum of 3-4 times a year.
- This is a more expensive treatment option, and is usually reserved for patients who do not respond well to other alternatives.