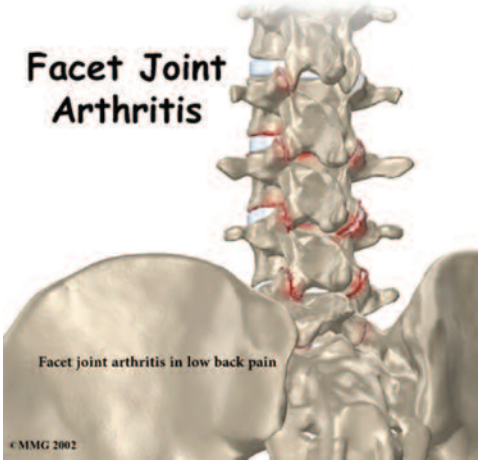
Osteoarthritis & Chronic Pain

Written by Dr. Craig Sweeney

Osteoarthritis (OA) and chronic pain are very prevalent in today's society. It is estimated that the disease affects up to 27 million Americans and its incidence increases with age. As our population ages and with the increasing number of "Baby Boomers" growing older, this is only going to swell to larger numbers of people being afflicted with the disease. As anyone who has dealt with the pain of osteoarthritis can tell you, it can be quite debilitating and at times, significantly impairing one's daily activities.

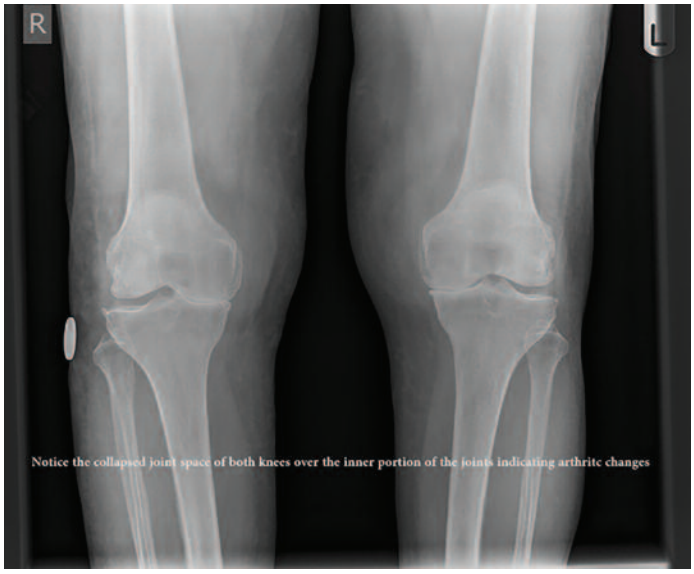


Osteoarthritis is a chronic condition involving, among other things, a breakdown of the cartilage at bone joints as well as subchondral bone itself. Various joints throughout the body can be affected, but large weight bearing joints (i.e., knees and hips) and joints of the hand seem to be particularly susceptible. Although not technically an inflammatory condition by definition, there can be signs of what appears to be an inflammatory process in the diseased joints. Pain is usually gradual in onset, over months to years for most people, and can be diffuse or localized to one set of joints. Symptoms of arthritis can include pain with movement, crepitus (gravel sound when moving the joints), swelling of the joints, and stiffness after cessation of motion and then resumption of movement. Proper diagnosis is key to treatment and should be done by a healthcare professional. Diagnosis often involves a thorough history and physical examination in combination with the progression of your symptoms and imaging studies (e.g., xrays, CT scans, etc.). Only after proper diagnosis can a care plan be implemented.

It is important to realize that there is no cure for osteoarthritis. If it involves individual large joints (hips, knees), it is possible that pain can be significantly reduced with joint replacement therapy. It should be noted that a subset of patients still complain of persistent post-surgical pain after the procedure and this can/should be discussed with your orthopedic surgeon. For a number of patients, this is a good option as less pain is one of the most important overall goals. However, for other joints of the body, surgery simply isn't an option. Surgical correction of arthritic changes of the cervical (neck) and lumbar (low back) spine would often involve fusion of the bones and at this time, data does not support this type of procedure for pure osteoarthritic changes in the spine. In addition, the joints of the hands and shoulders are not good candidates for this type of procedure either. Also, some patients are not good candidates for surgery as they may have other significant comorbid conditions that would make a surgical operation and a general anesthetic very risky.

I frequently see patients through my clinic with chronic, intractable pain secondary to arthritic changes and get the same question from them: What are the options for pain control/symptom control? Each patients pain management should be tailored to his/her current comorbid medical conditions, the joint(s) involved, and previous therapies utilized in an attempt to control the pain. Every medication utilized, from over-the-counter medications to prescription drugs, has side effects and a discussion on the risks versus the benefits must be undertaken prior to initiating any therapy.

Physical activity and weight loss are very important to the overall therapy goal. It may seem counterintuitive that your physician would want you to be more active when the activity makes the pain worse, but oftentimes, obesity leads to a progression of the disease (especially the weight bearing joints) and as such, this should be addressed.



Medications are often used in the treatment of osteoarthritis. Nonsteroidal anti-inflammatories (NSAIDs) are common first line agents in the treatment of pain secondary to osteoarthritis, including over-the-counter medications (e.g., Ibuprofen, Motrin, etc.) or prescription strength medications. The prescription medications are often more potent and some are more selective for certain enzymes thought to be responsible for more of the pain generated secondary to osteoarthritis called COX-2 enzymes. These are often thought to have less gastrointestinal irritation as well. Tylenol (Acetaminophen) is also often thought of as first-line with regards to treatment.

Other options include intraarticular injections of hyaluronic acid and/or steroids. In a subset of patients this has been shown to be helpful, in particular for OA of the knee. This can involve a series of injections over 3-5 weeks (if using hyaluronic acid).

Newer options for those patients that don't want joint injections are available and include nerve blocks at the knee. Should the diagnostic blocks work (with local anesthetic only), radiofrequency ablation of these same nerves often provide long term relief without the stresses of joint replacement surgery. I have seen a lot of success with these through my clinic though they should only be performed by physicians trained in these techniques.

For OA of the neck and back, certain patients may be a candidate for a set of injections known as medial branch blocks and radiofrequency ablation that has been shown to provide longer term pain relief for a subset of patients. This is a process of blocking the nerve that supplies the painful information from the diseased joints in the spine. This is provided by a pain management physician trained in these procedures. As I see a large population of spine osteoarthritis through my pain clinic, I have seen a lot of success with these procedures. This is a discussion that should be undertaken between you and your primary care provider as well as your pain management physician (if you have one).

I see a large number of patients through my pain clinic with a history of osteoarthritis that oftentimes benefit with the interventions listed above. If you have any questions or would like to discuss these options, please feel free to contact your primary care provider or a pain management specialist.

About the Author:

Dr. Craig Sweeney specializes in chronic pain management, chronic spine and radicular pain, neuromodulation in chronic pain, pain associated with cancer, and anesthesia at the Great Falls Clinic.

Dr. Sweeney was born and raised in Northwest Montana. After nine years away from Montana, he and his family are excited to finally return to the mountains and fresh air of the Big Sky Country. He looks forward to providing a much needed resource to the community of Great Falls, while also enjoying the activities and beauty the area has to offer. Dr. Sweeney is accepting new patients and physician referrals at the Great Falls Clinic Specialty Center, 3000 15th Avenue South. For more information or to schedule an appointment, please call 406.454.2171.