



Osteoarthritis: A common problem of women after menopause

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DESCRIPTION

Osteoarthritis occurs when the protective cartilage that cushions the ends of the bones wears down over time. Cartilage may be a buffer of sorts that lets your joints move smoothly. When cartilage begins to interrupt down, your bones find yourself rubbing together after you move. The friction causes Inflammation, pain, stiffness. By far the foremost important risk factor for osteoarthritis is in women, as in men, is obesity. Women who bear menopause often gain weight, and also the increased stress on the joints may explain the increase in osteoarthritis seen among women after age 55.

CAUSES OF OSTEOARTHRITIS

Osteoarthritis occurs when the cartilage that cushions the ends of bones in your joints gradually deteriorates. Cartilage may be a firm, slippery tissue that allows nearly frictionless joint motion.

Age

Symptoms are more likely to look after the age of 40, though osteoarthritis can develop in younger people after an injury especially to the knee or as results of another joint condition.

Sex

Osteoarthritis is more common among females than males, especially after the age of fifty.

Obesity

Excess weight can put strain on weight-bearing joints, increasing the danger of harm.

Genetic and hereditary factors

Genetic factors are found to be strong determinants of the disease. Heritability of osteoarthritis of fifty or more indicating that half the variation in susceptibility to disease within the population is explained by genetic factors. Studies have implicated linkages to osteoarthritis on chromosomes 2q, 9q, 11q, and 16p, among others. Genes implicated in association studies include VDR, AGC1, IGF-1, ER alpha, TGF beta, CRTM (cartilage matrix protein), CRTL (cartilage linkprotein), and collagen II, IX, and XI.

Other conditions

Some diseases and conditions make it more that someone will develop osteoarthritis.

1) Inflammatory arthritis, like gout or rheumatism 2) Paget's disease of the bone 3) Septic arthritis 4) Poor alignment of the knee, hip, and ankle 5) Having legs of various lengths 6) Some joint and cartilage abnormalities that are present from birth.

SYMPTOM OF OSTEOARTHRITIS

Unlike other varieties of arthritis, the pain from osteoarthritis usually develops gradually over many months or years. Often it increases with activities that put stress on the joint, like running or prolonged walking. Pain and joint swelling tend to extend slowly over time. Sometimes, especially in additional advanced disease, a sensation of crunching or grinding could also be noticed in affected joints. Prolonged morning stiffness isn't a prominent symptom in Osteoarthritis as compared to inflammatory arthritis, like rheumatoid or rheumatism. Osteoarthritis doesn't usually cause fevers, weight loss, or very popular and red joints.

OSTEOARTHRITIS DIAGNOSIS

Osteoarthritis is usually a slow-developing disease which will be hard to diagnose until it starts to cause painful or debilitating symptoms. Early OA is usually diagnosed after an accident or other incident that causes a fracture requiring an X-ray. Additionally to X-rays, doctor may use an MRI scan to diagnose OA. Other diagnostic tests include a biopsy to rule out other conditions that cause joint pain, such as RA. A joint fluid analysis also can be wont to determine whether gout or infection is that the underlying explanation for inflammation. Take a look at the opposite tests accustomed help diagnose osteoarthritis.

TREATMENT OF OSTEOARTHRITIS

There are currently no treatment options available for osteoarthritis that prevent or reverse disease progression or deterioration of the affected joints. So Osteoarthritis treatment is centered upon symptom management through exercise, manual therapy, lifestyle modification, and drugs. CONCLUSION: Non pharmacologic approaches, including exercise and weight-loss programs, are shown to cut back pain and psychological disability in patients with osteoarthritis, and may be an integral a part of all osteoarthritis treatment plans.