

Patient information from BMJ

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Osteoarthritis: what treatments work?

Osteoarthritis can make your joints stiff and painful. This can make it hard to do everyday things, such as getting up out of a chair or tying a shoelace, and sometimes even walking.

There is no cure for osteoarthritis, but there are treatments that can help control the pain and discomfort it causes and help you move more freely.

Some of these treatments involve taking medicines, and some people need to have surgery. But there are some things you can try that don't involve drugs or surgical treatments.

Non-drug treatments

There are several things you can try for reducing pain and increasing mobility. Different things work for different people. The important thing is to find what works for you.

Exercising moderately and regularly can help reduce pain and help you stay active and move more easily. Exercise can also help lift your mood.

Some people might worry that exercise will damage their joints even more. But there are plenty of types of exercise that don't harm your joints.

If you're concerned, you can discuss with your doctor what kind of exercise might suit you best.

Weight loss is likely to help if you have knee osteoarthritis and you are overweight. Losing some weight will help reduce your pain.

A **knee brace** can help some people with knee osteoarthritis. It works by helping to align the knee properly. You can ask your doctor or physiotherapist about having a brace fitted.

Acupuncture has been tried by many people with osteoarthritis. Research is unclear about how well it works. But some people find that it helps them, especially for knee osteoarthritis.

Drug treatments

If you find that non-drug treatments don't control your symptoms as much as you'd like, your doctor will probably recommend medicines. These can vary from creams and gels to injections.

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Pain-relieving creams and gels

The first medicines your doctor might suggest are creams and gels that you rub onto the affected areas. You might hear your doctor describe these as 'topical' treatments.

Creams and gels that are commonly used for osteoarthritis include capsaicin, methylsalicylate, and gels that contain **non-steroidal anti-inflammatory drugs (NSAIDs)** such as ibuprofen and diclofenac.

Non-steroidal anti-inflammatory drugs (NSAIDs)

If gels and creams don't help enough, your doctor may recommend painkillers in tablet form, usually NSAIDs. Many people use creams and gels as well as painkillers in tablet form.

NSAIDs can work well to control pain in many people. However, when taken regularly these medicines can have **side effects**.

For example, some NSAIDs can cause stomach problems, and some have been linked to heart problems and kidney damage when taken over long periods in high doses.

Some NSAIDs are available without prescription, so if you take them regularly you should tell your doctor. He or she may suggest that you have a **blood test** to check that they are not affecting your kidneys.

If you are prescribed NSAIDs to take for a long time your doctor will probably prescribe another medicine to protect your stomach. People who have **heart problems** should not take an NSAID called diclofenac.

Paracetamol

Research suggests that **paracetamol** on its own doesn't work very well to relieve the pain of osteoarthritis. But doctors sometimes recommend it along with your usual pain relief if you are suddenly in a lot of pain.

As with all drugs, you should take care not to take more than the recommended dose.

Opioids and corticosteroids

If you have more severe symptoms your doctor may prescribe stronger NSAIDs, or **opioid painkillers such as tramadol**.

Opioids can cause dependence (addiction) if taken for long periods. So if you take opioids for your pain your doctor should monitor you carefully.

For pain that flares up and becomes bad very suddenly (called an **exacerbation**) your doctor might recommend injections in the joint of powerful anti-inflammatory drugs called **corticosteroids**.

These injections work well to reduce pain for many people. The effects last up to four weeks.

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But these injections can cause serious **side effects** if you have them regularly, including:

- weight gain
- bone weakness, and
- thinning of the skin.

So your doctor will want to keep an eye on how often you have this treatment.

Supplements

You should always tell your doctor if you are taking **supplements** along with medications. Some people with osteoarthritis take the dietary supplements **glucosamine** and **chondroitin sulfate** to help with pain.

These are probably harmless, but the ones you can buy from a pharmacy vary in quality. Your doctor might be able to prescribe a more effective version of these supplements.

Surgery

If your symptoms are severe your doctor may suggest that you have surgery. In surgery for osteoarthritis, badly damaged hip and knee joints can be replaced with artificial joints.

Hip or knee replacement surgery usually works well. There's a good chance that the pain and stiffness in your joint will go away completely after a replacement operation.

But these are serious operations. They may not be suitable for everybody, and recovery can take several months.

Another type of operation for knee osteoarthritis, called an **osteotomy**, involves removing a small piece of bone from the knee. It can help reduce pain and improve movement.

An alternative to hip replacement is **hip resurfacing**, which involves replacing the surfaces of the hip joint with artificial coverings.

Metal-on-metal (MoM) hip replacements

Some studies have found that one type of hip replacement, called a metal-on-metal hip (because both replacement parts are made of metal), might be more likely than other kinds to cause problems or need to be replaced.

If you think you may have had an MoM replacement or resurfacing, or if you're not sure what kind you had and are worried, talk to your doctor.

In many countries, such as the UK, hip surgery does not involve MoM parts, but your doctor will be able to tell you if it affects you. If you have had MoM hip replacement or resurfacing, you may have to have more regular testing to make sure everything is okay.

For more background information on osteoarthritis see our leaflet *Osteoarthritis: what is it?*

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