

# Osteoarthritis of the Hip



## What is Hip osteoarthritis?

2.46 million People in England have osteoarthritis (OA) of the hip. 11% of the population aged over 45 years old has the condition.

Arthritis Research UK suggests that only 18% of people with arthritis have a care plan to help them manage their symptoms. Sub-optimal management of osteoarthritis permits people to suffer symptoms unnecessarily.

Not everyone who has arthritis will suffer with symptoms, but those that do can experience pain, stiffness, reduced mobility and function. The experience of OA is often unique to each individual.

Some people may just have pain, whereas others may simply have stiff joints. Typically, symptomatic people with hip OA will have a combination of symptoms. Stiff hips often hinder daily functional tasks like walking, getting in and out of the bath or car, putting on shoes and socks and cutting toenails.

## What is happening in hip osteoarthritis?

The first thing people usually think of when they think of arthritis is 'wear and tear'. These two simple words paint a picture of a process of gradual decline of an affected joint. Recent research into the arthritis process shows that actually this view of arthritis is not correct!

Arthritis Research UK proposes that instead we should think of arthritis as 'tear, flare and repair'.

The hip joint is a ball and socket joint, made up of two bones the 'acetabulum' which is the socket and the 'femur' which is the ball. Where the surfaces of the two bits meet the bones are covered in hyaline cartilage. This special type of tissue is very tough, copes really well with lots of load and force being put through it.

The 'tear' component of arthritis refers to small deficits that occur in the hyaline cartilage exposing the underlying bone. People often think that age is the biggest factor in development of these deficits however this is incorrect! The problem is much more multifactorial than that.

Development of these tears can relate to:

1. Biomechanics- How we use our hip joints and the shape of the joint can both be factors in developing osteoarthritis. Heavier manual occupations such as farming for example have been linked to a higher incidence of arthritis in the hip. Having a shallow hip socket can predispose towards developing hip arthritis.
2. Previous injury or trauma- a previous problem with the hip joint such as a tear of the rim of the joint (which is very common in natural child birth) can predispose to developing osteoarthritis.
3. Genetics- it is thought that there are genetic factors that predispose some people to developing osteoarthritis.
4. Obesity- Having a higher than normal body mass index (BMI) is associated with osteoarthritis in the hip. This is thought to be due to the 'switching on' of inflammation by a group of chemical messengers called adipokines. These chemicals are secreted by fat tissue (which we tend to have more of in our joint soft tissues if we are overweight).
5. Smoking- smoking is linked to poor joint health.

The flare component refers to the inflammation that occurs within the joint when it is overwhelmed by a combination of the above factors.

The repair refers to the fact that the joints have an innate capacity to self-repair and try and do this following a flare episode.

### **Managing existing symptoms**

The main ways of managing existing symptoms are looking at medication usage, maintenance exercises, and activity pacing techniques.

The aim of medication in osteoarthritis is to minimise your experience of pain symptoms. For some people dipping in and out of pain relief as required is sufficient to do this, for others a more formal regime of taking medication regularly is required to achieve this aim. National guidance for the use of medication in osteoarthritis suggests that people should try and use paracetamol or a NSAID in the first instance. Because both sets of drugs are unsuitable for some people you should speak to your GP about which approach is right for you.

In terms of maintenance exercises, Arthritis Research UK have created an exercise guide. This is available on our website, or you can ask your GP to print this off for you too.

Activity pacing techniques are useful to consider if either:

You are not able to complete activities you enjoy because of pain

or

You can complete activities but you suffer for doing so for a few days afterwards.

Pacing involves breaking bigger activities down into smaller chunks to achieve your goal. For example if you know that 2 hours gardening will really aggravate your pain, try breaking the activity up into 4 shorter 30 minute sessions. We offer more detailed pacing advice on our website, and we also teach these techniques as part of our osteoarthritis management programme. Your GP can refer you to this at your request.

### **Improving existing symptoms**

Employing the above management strategies for your existing symptoms should have the net effect of improving your existing symptoms.

Symptoms may also be improved by thinking about lifestyle factors. The key areas where changing lifestyle can be beneficial to joint health are:

Stopping smoking, losing weight, and exercising regularly.

Exercising regularly has been shown to have a strong effect on peoples self-reported ability to function with arthritis. Here are two short videos on why exercise is good for your arthritis and getting going.

If you are overweight, using a calorie controlled diet to try and reduce this has also been shown to reduce arthritis symptoms.

Smoking cessation improves not only joint health but will have a positive impact on almost every system in the body.

## **Managing flare ups**

If you experience a flare of symptoms this is usually linked to an episode of inflammation within the joint. It is therefore usual for a flare up to last between 6 and 12 weeks. If you are struggling with a flare it is worth considering your medication based option for managing this. Your GP may prescribe you a short course of medication to help with the flare up. You should also make sure your following all our advice above with regards symptom management.