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Osteoarthritis Mythbusting

MYTH 1: Osteoarthritis is an "old person" disease.

FACT: Young people can get osteoarthritis too!

While it is true that your chances of having osteoarthritis are higher with age, it is not a "normal" part of ageing and doesn't just affect older adults. Younger adults can get osteoarthritis too, especially if they have had a traumatic joint injury in the past, or have other risk factors like being overweight, inactive, female, a family history or strenuous occupation.

Source: NICE (UK) Clinical Guidelines for Osteoarthritis. Driban et al. Osteoarthritis and Aging: Young Adults with Osteoarthritis. Curr Epidemiol Rep 7, 9–15 (2020). https://doi.org/10.1007/s40471-020-00224-7

MYTH 2: My parent had osteoarthritis, so I am likely to get it too.

FACT: Your genetics accounts for about 30% of your risk of developing osteoarthritis!

A family history increases your chance of developing osteoarthritis but it is still not definite. If you have a family history of osteoarthritis, lifestyle choices such as regular exercise and maintaining a healthy weight will reduce your risk of developing osteoarthritis or slow it down.

Source: NICE (UK) Clinical Guidelines for Osteoarthritis. Valdes, A., Spector, T. Genetic epidemiology of hip and knee osteoarthritis. Nat Rev Rheumatol 7, 23–32 (2011). https://doi.org/10.1038/nrrheum.2010.191

MYTH 3: Exercise can cause osteoarthritis.

FACT: Exercise is good for your joints.

The assumption that exercise damages your joints has been proven to be false. In fact, exercise is more likely to prevent you getting the disease. Studies over the past decade have shown that exercise, including running, benefits your joints, helping to build healthy cartilage (the surface between bones) and healthy muscles around the joint, keeping them stronger for longer.

Source: Abbasi J. Can Exercise Prevent Knee Osteoarthritis? JAMA. 2017;318(22):2169–2171. doi:10.1001/jama.2017.16144

MYTH 4: Exercise is bad when you have osteoarthritis.

FACT: Exercise is recommended when you have osteoarthritis.

Both aerobic and strengthening exercises have been shown to reduce pain and improve your everyday activities such as walking or climbing stairs when you have osteoarthritis. If you do not exercise, try to increase how much you walk gradually and work towards achieving at least 30 minutes of physical activity, 5 days a week. And if you like to run, don't be tempted to stop. Contrary to popular belief, recreational running does not cause osteoarthritis to develop or get worse!

Source: NICE (UK) Clinical Guidelines for Osteoarthritis. Alentorn-Geli et al . The association of recreational and competitive running with hip and knee osteoarthritis: a systematic review and meta-analysis. J Orthop Sports Phys Ther 2017;47:373–90. doi:10.2519/jospt.2017.7137

MYTH 5: Surgery is inevitable if I have osteoarthritis.

FACT: Only 14-30% with osteoarthritis end up having a total joint replacement.

Surgery is a last resort treatment for osteoarthritis and will only be necessary when symptoms are severe and all other treatments have failed. First line treatment recommendations are exercise, education and weight loss (where necessary). A programme of exercise supervised by a healthcare professional such as a physiotherapist is preferred. Second line treatments include the addition of medications and other treatments (hot/cold, orthotics) if helpful, but should not replace first line treatments. Surgery is a third line treatment and only offered to a few, if other recommended treatments have been tried but are not improving symptoms. One of the biggest risk factors for having joint replacement is increased body weight.

Source: NICE (UK) Clinical Guidelines for Osteoarthritis. Burn et al. Lifetime risk of knee and hip replacement following a GP diagnosis of osteoarthritis: a real-world cohort study. Osteoarthritis Cartilage. 2019 Nov;27(11):1627-1635

MYTH 6: An X-ray is needed to diagnose osteoarthritis.

FACT: X-rays are no longer recommended for diagnosis of osteoarthritis – diagnosis can be made based on your clinical symptoms and risk factors instead.

There is a poor link between imaging, such as x-rays and MRI scans, and symptoms of osteoarthritis. For every 10 people with an X-ray that shows osteoarthritic changes, only 4 of these people will actually have pain and symptoms. Changes on X-ray are a normal sign of ageing and should not be used alone to decide if you have osteoarthritis or which treatment you should use. Instead, the nature of your pain, symptoms and function and risk factors (e.g. female, joint injury, overweight, inactivity etc.) can be used by your healthcare professional to diagnose osteoarthritis.

Source: NICE (UK) Clinical Guidelines for Osteoarthritis. Sakellariou G, et al. EULAR recommendations for the use of imaging in the clinical management of peripheral joint osteoarthritis. Annals of the Rheumatic Diseases 2017;76:1484-1494

MYTH 7: My osteoarthritis will inevitably get worse.

FACT: Osteoarthritis doesn't necessarily get any worse over time and it can sometimes gradually improve.

Pain can fluctuate for many reasons but a pain flare does not mean your osteoarthritis is getting worse. Some pain coping strategies or medications can help you to manage pain flares when they occur. Sometimes pain can temporarily get worse when you start a new exercise or activity but this lessens over time. Remember pain does not mean damage. Pain is like an alarm system that can get over-sensitised. Your physiotherapist can help to guide and modify your activities if you are experiencing pain that is not acceptable.

Source: NICE (UK) Clinical Guidelines for Osteoarthritis. Sandal et al. Pain trajectory and exercise-induced pain flares during 8 weeks of neuromuscular exercise in individuals with knee and hip pain. Osteoarthritis Cartilage. 2016 Apr;24(4):589-92. doi: 10.1016/j.joca.2015.11.002.