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MD MPH FACP FACR

Nicole Saddic Thomas
MD FACR




# What is the difference between osteoarthritis and rheumatoid arthritis?

*By Nicole Saddic Thomas, MD*

There are more than 100 different types of arthritis. Osteoarthritis (OA) is the most common type of arthritis and affects approximately 27 million Americans. Osteoarthritis can occur at any age but is most common in people over 65. It is characterized by "wear and tear" and breakdown of the cartilage that overlies the bone.

Cartilage is a slippery, hard tissue that allows for nearly frictionless joint motion. When the cartilage deteriorates, the bones may rub against each other, causing pain and stiffness. Most people experience symptoms upon first arising in the morning or using the joint after a prolonged period of rest. Bone spurs, also known as osteophytes, may develop and damage surrounding tissue. Ligaments and menisci also may be damaged in association with OA.

The most commonly affected joints are in the lower back, hips, knees, hands, particularly the base of the thumb, and feet. OA has no single specific cause, but genetic factors, obesity, repetitive use, and prior injury to a joint commonly are associated with the development of this disease.

Maintaining regular exercise habits and stretching and strengthening an involved joint are proven ways to manage OA symptoms. If patients are overweight, weight loss is a cornerstone of treatment.

Common OA medications include NSAIDs (non-steroidal anti-inflammatory drugs, which target inflammation); analgesics (which treat pain only); topical treatments such as capsaicin; and injectable treatments, like corticosteroids or hyaluronic acid therapy. Ultimately, surgery to repair or replace damaged joints may be necessary.

Unlike osteoarthritis, rheumatoid arthritis (RA) is an autoimmune condition. The immune system mistakenly attacks the healthy tissue, called synovium, that lines joints. Without treatment, this can lead to damage of the cartilage and bone and loss of function of the joint. This disease affects 1.5 million Americans and is three times more common in women than men. The age of onset is usually earlier than osteoarthritis, generally between 30 and 60, but it can begin at any age.

There is no single blood test to diagnose RA and diagnosis can be tricky. It often requires a careful physical exam and history, blood tests to look for inflammation and certain antibodies that can be associated with the disease, and radiographs, which can have classic findings associated with RA.

RA most often involves the small joints of the hands and feet, though wrists, elbows, hips, knees, ankles, the neck and the jaw also may be involved. The joint involvement is usually symmetrical. Fatigue and prolonged stiffness in the morning can occur. It is thought that a combination of genetic and environmental factors, such as smoking, contribute to the development of this disease. As of now, there is no cure for RA, but highly effective treatment exists and can prevent joint damage if started early in the disease process. ■