

rheumatoid arthritis and osteoarthritis— what’s the difference?

Written by **KATIE MARKEY MCLAUGHLIN**

IF YOU’RE A BABY BOOMER EXPERIENCING PAIN IN YOUR joints, you might be wondering about arthritis, which is the umbrella term used to describe painful inflammation and stiffness in the area where two bones meet.

There are many different types of arthritis; however, each has its own set of symptoms and treatment options, so having an accurate diagnosis is important.

Below are the key similarities and differences between rheumatoid arthritis and osteoarthritis, plus doctor-recommended steps to take if you’re currently experiencing pain in your joints.

Causes and Risk Factors

The main difference between rheumatoid arthritis and osteoarthritis is the source of the joint pain.

“Rheumatoid arthritis is an autoimmune condition, meaning the body

attacks itself,” explained Dr. Sandhya K. Adusumilli, a physician with Lancaster General Health Physicians Arthritis & Rheumatology. “Basically, the body’s immune system becomes overactive and attacks the joints, causing the pain.”

The condition has a strong genetic component, meaning it often runs in families, and it is significantly more common in women than men. Doctors believe there are also some environmental triggers to rheumatoid arthritis; for example, it is more likely to occur in smokers than non-smokers.

Osteoarthritis, on the other hand, does not involve the immune system at all.

“It’s more of a degenerative joint disease from wear and tear,” said

Dr. Adusumilli of Lancaster General Health Physicians Arthritis & Rheumatology examines the hand of a patient.



Adusumilli. "Sometimes it's even called 'wear-and-tear-arthritis.'"

The disease is characterized by a breakdown of the cartilage that cushions a joint; this causes the bones to rub against one another, which accounts for the pain and inflammation. As with rheumatoid arthritis, osteoarthritis is more common in women, and both heredity and environmental factors (such as obesity and injury) can cause its onset.

Being a baby boomer does not necessarily make you more or less likely to develop rheumatoid arthritis, as it can begin at any time in life. This is in stark contrast to osteoarthritis, which is closely tied to aging because the constant use of the joints over the years can cause damage to the cartilage.

Symptoms

A key difference between rheumatoid and osteoarthritis is the speed at which symptoms begin. With the former, the onset is relatively rapid—over the course of just a few weeks or months. With the latter, the painful inflammation builds slowly and gradually over the course of several years.

Additionally, Adusumilli explained that rheumatoid arthritis is a symmetric disease.

"Both sides of the body are equally affected," she said. "It isn't more pronounced on one side than the other, as with osteoarthritis."

The experience of morning joint stiffness—a common symptom for most types of arthritis—also differs depending on the specific type of

condition you're experiencing.

"People with both types of arthritis can have morning stiffness," Adusumilli said. "With osteoarthritis, it usually lasts half an hour or less; with rheumatoid arthritis, it can last for a couple of hours."

Finally, many people suffering from rheumatoid arthritis complain of symptoms affecting the entire body, fatigue being the most common. In osteoarthritis, the symptoms are usually limited to the affected joints.

Treatment Options

Neither rheumatoid arthritis nor osteoarthritis is curable, but the symptoms of both can usually be managed through a combination of medication and behavioral changes.

With rheumatoid arthritis, there are

anti-rheumatic medications that can help slow or even stop the progression of the disease by keeping the body's immune system from continuing to attack itself.

"But you need to find a balance," Adusumilli warned, "so that you're not suppressing the immune system too much."

Prescription-strength anti-inflammatory drugs can also be used to reduce pain, and a doctor may recommend steroid injections when severe symptoms flare. In extreme cases, some patients opt for joint-replacement surgery.

With osteoarthritis, your doctor might also prescribe anti-inflammatory drugs, but "it's more symptomatic care, with patients taking the meds only as needed," said Adusumilli.

Steroid injections are an option as well for severe joint pain, along with a regimen of applying cold and heat to the affected joints.

With both types of arthritis, your doctor might recommend physical and/or occupational therapy to

strengthen the joints. Eating a nutritious diet, maintaining a healthy weight, and engaging in regular exercise are also important for managing symptoms.

Steps for Boomers to Take

If you're experiencing joint pain, Adusumilli suggests seeing your family

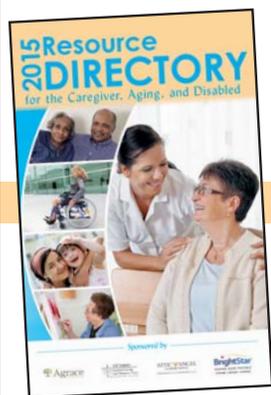
doctor first, who will conduct a medical history and physical exam and will possibly order tests to determine if you have arthritis and, if so, which type it is.

For boomers in particular, she cautions against assuming you have osteoarthritis because of your age—despite the fact that it is 10 times more common than rheumatoid arthritis—and then trying to manage it yourself with over-the-counter painkillers.

"Because of the long-term effects of rheumatoid arthritis, you should never assume you have osteoarthritis," she said. "If you have rheumatoid arthritis and are only taking painkillers, you could end up with crippling deformities."

The painful stiffness and inflammation associated with both types of arthritis can severely hinder your quality of life, but with the right treatment plan, you can likely manage your symptoms and continue to engage in your hobbies and everyday activities.)))

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