

Many U.S. seniors may need better knee arthritis care

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Just a fraction of older Americans with arthritic knees try physical

therapy, pain-relieving injections or other more conservative measures before undergoing knee replacement surgery, new research shows.

And this may be driven by what type of doctor they see to treat their achy knees, as well as where they live, the study findings suggest.

Knee osteoarthritis occurs when the cartilage between your bones breaks down, causing pain, stiffness and swelling. Risk of knee arthritis increases with advancing age, [excess weight](#) and the presence of old knee injuries, among other factors, according to the Arthritis Foundation.

"Most people over 65 with [knee osteoarthritis](#) have a knee replacement without first having physical therapy or a visit to a nonsurgical specialist, such as a rheumatologist," said study author Dr. Michael Ward. He is a rheumatologist at the U.S. National Institute of Arthritis and Musculoskeletal and Skin Diseases.

"Conservative care should be used in cases first," Ward said. "Exercise and [weight loss](#) in those who are overweight can be very helpful in lessening knee pain and improving mobility."

Nonsurgical specialists may also be able to provide [steroid injections](#) that can help with pain and swelling, or hyaluronic acid injections to lubricate the knee joint, reducing pain and improving mobility, he added.

Surgery should always be the last resort as it confers its share of complications, including infection. "Always ask whether there are other treatments that should be tried first if your doctor recommends surgery early on," Ward suggested.

Dr. David Pisetsky agreed. He is a professor of medicine at Duke University School of Medicine, in Durham, N.C.

"The tendency is to focus on surgery, but much can be done before surgery to reduce the need for surgery," said Pisetsky, who was not involved in the new research. If you lose weight, not only does your knee pain improve, but if or when you do have surgery, the results are often better, he noted.

And many people are also very happy with joint injections. "They don't want surgery and can get relief from these injections," Pisetsky explained.

In the study, Ward analyzed [insurance claims](#) from over 988,000 U.S. Medicare beneficiaries who had knee osteoarthritis in 2005 through 2010. The information he examined included rates of doctors' visits, physical therapy, knee injections and/or other procedures until the patients either had knee replacement surgery or the study ended in 2015.

Slightly more than 33% of the patients had knee replacement surgery during the study period. Some parts of the United States, including the upper Midwest and Mountain West regions, had higher rates of knee replacement surgery, while other regions had much lower rates, Ward found.

Surgery was more common in folks who often complained to their doctor about knee pain. Those who tried [physical therapy](#), saw nonsurgical specialists (such as physiatrists, rheumatologists or pain specialists), or received injections were less likely to undergo [knee replacement surgery](#), the study found. This could be due to a desire to avoid surgery as opposed to improvements in pain, Ward noted.

The study was published online recently in the journal *Arthritis & Rheumatology*.

More information: [The Arthritis Foundation](#) has more on knee

osteoarthritis including its causes and treatments.

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