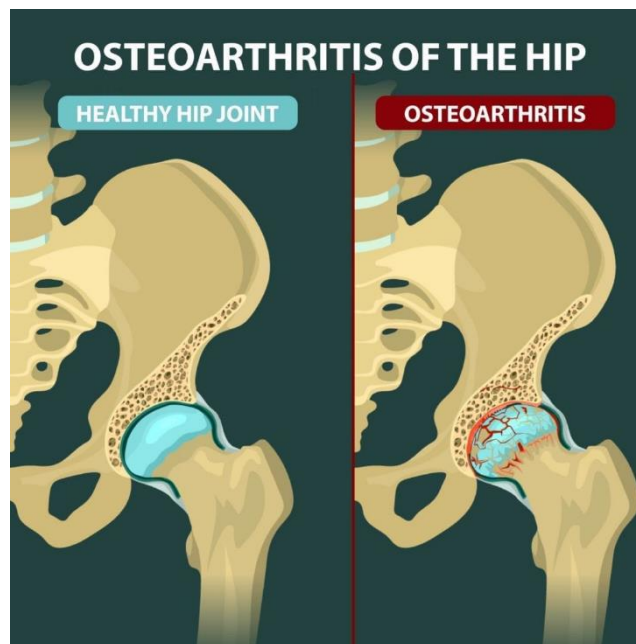


SELF-CARE INFORMATION ON HIP OSTEOARTHRITIS



Osteoarthritis (OA) of the hip is a common condition that affects both men and women, of all ages, equally.

When a joint develops osteoarthritis, part of the cartilage thins, and the surface becomes rougher. This means the joint doesn't move as smoothly as it should. If the cartilage becomes badly worn, the bones may begin to rub against each other and eventually wear away. When cartilage becomes worn or damaged, all the tissues within the joint become more active or inflamed than normal.

The pain experienced from OA of the hip may be felt in the buttock region, groin, and front of the thigh. Also, pain from the hip is sometimes felt in the leg and around the knee area, this is called referred pain.

With OA of the hip, stiffness and reduced range of movement are common. It has been suggested that for most people, OA in the hip develops slowly and only a minority of people will then go on to develop the 'severe' condition. Recent evidence suggests that it may take anywhere between three months to three years for 'severe' OA of the hip to occur.

Mild to moderate disease

Many people with OA of the hip, particularly younger men, manage well for many years. With OA of the hip, it is beneficial to wear shoes with shock absorbing insoles and, if you are overweight, to *lose weight*.

Gentle exercise is very important to maintain your range of movement. Exercises that keep the muscles around the hip strong are important. One good exercise is to stand with your good hip by a table, leaning on the table with your hand, letting your outside leg swing backwards and forwards. It is also good to exercise the hip whilst lying down on the floor or bed.

Swimming, cycling and hydrotherapy can be particularly beneficial in stretching and building the muscles. When walking, you may find it best to start with short strides, gradually lengthening the strides as you loosen up. Also, you may find occasional *physiotherapy* sessions helpful.

Drugs have a limited role in mild arthritis but analgesics, when used sparingly can be useful. There can be periods of either days or weeks, when your symptoms are particularly acute and you may respond well to taking a non-steroidal anti-inflammatory drug (NSAID), such as Ibuprofen, Naproxen etc. However, most doctors discourage continuous or extensive use of NSAIDs, due to side effects such as gastrointestinal bleeding. It is advisable to discuss with your doctor the type of NSAID that would be appropriate for you. Side effects such as gastrointestinal bleeds can be avoided by taking a pro-proton inhibitor (PPI) such as Esomeprazole (Nexium), Omeprazole (Losec) etc as that can protect your stomach.

Sometime orthopaedic or pain clinic doctors may recommend an injection with corticosteroids, although frequent injections may damage the cartilage and bone so should generally be avoided if possible. They may help with symptoms for a short time, however.

Severe disease

People with severe OA of the hip often have severe pain which can also affect them at night. Leg shortening may occur and there can be muscle wastage around the joint. It becomes much more difficult to carry out routine activities. You may notice greater difficulty in walking up steps or find putting on socks/stockings due to increased stiffness of the hip. You may also experience pain at night when changing positions during sleep. Greater use of NSAIDs may therefore be needed. Physiotherapy and hydrotherapy will be very useful at this stage.

If you have severe OA in your hip, *surgery* could be an option. Most people find *total hip replacement* operations successful and hip prostheses are becoming more robust and long-lasting, with shorter recovery periods.

Useful contacts

- Ask your pharmacist
- Patient UK - www.patient.co.uk
- NHS Choices, www.nhs.uk/conditions/

If you have further questions:

Call the **practice** on *01285 653184 or 01285 653122*
If you require **urgent** medical advice, call *111 (24 Hrs)*
In an **emergency** call **999**