

Argus Orthopaedic Zone

Progression and Risk Factors in Knee Arthritis

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Transforming patient information into patient understanding.

In our continuing course on knee arthritis I wanted to make you aware of certain aspects you otherwise might not know.

Primary Risk Factors

- Genetic predisposition

Current belief is that heredity and gene mutations are a factor in predisposing individuals to develop knee osteoarthritis.

- Aging

As people age there is a normal reduction in the ability of the joint surface (articular cartilage) to be able to repair itself. Arthritis in patients sixty years and older is four times that of persons age 20. But there are exceptions because I have seen many patients in their 70s and 80s who have no knee arthritis!

- Obesity

Generally, the more weight a person carries, the greater the pressure on weight bearing joints. But there is a higher incidence of knee arthritis in Chinese women than American women. You read it correctly. It's true. So maybe weight is not as big a factor as we thought.

- Gender

Women over the age of fifty are more likely to develop knee arthritis than men. I see this in the office all the time and I am doing more total knee joints in women than men.

- Bone Density

High bone density is a risk factor for developing knee osteoarthritis.

Secondary Risk Factors

Secondary arthritis of the knee results from chronic or sudden injury to a knee joint.

- Trauma

Previous injury to the knee including sports injuries can lead to osteoarthritis.

- Repetitive Stress Injuries

Associated with certain occupations and activities.

Kneeling or squatting

Lifting over fifty pounds frequently

Walking more than 2 miles per day

- High Impact Sports

Soccer

Long distance running

Football

- Repeated gout or septic arthritis

Progression

There is no accepted classification of the stages of arthritis of the knee. The rate of progression varies from patient to patient. "Flares" of arthritis are common in terms of temporary increase in pain and stiffness, but we don't know why it happens. Progression of the disease varies widely. In some it worsens rapidly and in other patients arthritis seems to stand still.

I think we have set the stage fairly well and next time can go on with what treatment works for arthritis of the knee.

Please log on to our office teaching website www.orthopodsuegeon.com, which can take you to Your Orthopaedic Connection for more information about knee arthritis.

Our goal is simple - To help people return to more pain free, functional lives.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush