



What's Wrong with Prevalence of Knee Osteoarthritis?

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Editorial

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Abstract

Osteoarthritis (OA) is the most frequent type of arthritis. It is also regarded as degenerative arthritis or degenerative joint disease. OA is ranked as one of the main causes of disability amongst the elders. Worldwide estimation suggested over one hundred million humans globally suffer from OA, which is one of the most frequent reasons of disability. As per the WHO report on disability (2011), the prevalence of average and severe disability (in millions) due to OA in high-income nations was 1.9 and 8.1 in the age crew of 0–59 and above 60 years, respectively. Globally there are a number of treatments, number of new guidelines, medicine, diagnosis tools and research available for Knee OA. Still at some point the medical profession fails to reduce Knee OA prevalence. So what will happen after 20 Years? Does Medical Science reduce knee OA prevalence? Or will it keep increasing? Does our current research will help or in a correct way to reduce it?.

Keywords: Osteoarthritis; Knees; WHO

Introduction

In the last few decades, awareness and knowledge of osteoarthritis has increased. Additionally, advanced diagnostic and treatment techniques are being researched and used for better results. New guidelines are being developed for prevention and treatment of knee osteoarthritis. Despite all the efforts by medical professionals the prevalence of knee osteoarthritis is still not reduced. So, a question is asked about why there is still an increase in knee osteoarthritis and how it can be prevented?.

Literature found that osteoarthritis knee is one of the leading causes of disability in elder population [1]. Osteoarthritis knee is seen more in females than males [2]. Moreover, it is common after the age of 50 and prevalence is affected by lifestyle of the person [3,4]. In 2005 a study was conducted to evaluate the knowledge, awareness and utilization of patients with different treatment modalities for KOA. Most of the people (75%) were aware about the existence of different treatment options. They were commonly aware

about different drugs, physiotherapy and surgery. They were least aware about dietary modification, health food habits and/or viscosupplements. Further the study investigated about the utilizations of the options. They found that most people prefer medications such as analgesics, NSAIDs etc over physiotherapy, dietary modification and pool therapy [5,6]. A study in 2013 aimed to know the reasons for delay assessing health care for knee osteoarthritis from the stakeholders. Following are the reasons:

1. Lack of knowledge for risk factors.
2. Knowledge gaps.
3. People believe knee pain is expected with age.
4. Long waiting time and difficult appointments sometimes.
5. Television promotion of knee osteoarthritis is less compared to heart disease and cancer.

Systematic review has found that people perceive living with osteoarthritis negatively. Four reasons to perceive living are severity of symptom, how symptoms affect the functional capacity, persons attitudes towards the condition and how other people's belief towards the condition. Their study also

concluded that there is increased awareness of knowledge of condition and management of symptoms in the last few decades [7]. Exercise is one of the recommended treatment for symptom management in the OA knee. But there are certain barriers for the exercise which are as follows: inadequate instruction, inconsistency in recommendations, negative belief that exercise will increase pain and excess weight and comorbidities leads to inability to exercise [6,8]. Populations throughout the world are ageing and with ageing comes an increase in knee osteoarthritis. The prevalence of obesity is also rising and this further contributes to an increased risk of disease. Not surprisingly, the demand for knee replacements is rising quickly and is projected to increase further. While the increase in osteoarthritis may be due in part to ageing and obesity of the population, there may be other causes. In a recent study, cadavers whose age and weight at the time of death were known were examined for evidence of knee osteoarthritis. It was found that, after adjustment for age and weight, knee osteoarthritis in our current postindustrial era was twice as common as knee osteoarthritis in the early industrial era. Reasons for this increase include changes in diet or in physical activity. They might also include changes in effects or severity of obesity. Understanding the increase in prevalence might provide new clues to osteoarthritis prevention.

- Aging
- Population increasing
- Increasing prevalence of obesity, which is one of the risk factors of KOA.
- Treatment or Guidelines not focus on Modifiable Risk factors.
- Reduction in Physical Activity.

There is a conflict as the awareness of the Osteoarthritis knee and treatment options are now advanced but still the prevalence of the condition is not decreasing. The increase in OA knee is due to reduced physical activity which leads to obesity. Additionally, as the healthcare facilities are improving elderly population is increased which ultimately leads to increased population with knee osteoarthritis. The dietary preferences of the population is also changed which will affect the prevalence and also the current treatment is mainly focused on symptom management. Some changes in guidelines like to focus on modifiable risk factor could be helpful the reduction of incidence issue in knee osteoarthritis.

- What's Change in the last few decades?
- Increasing Knowledge & Awareness regarding KOA
- Increasing New medical Treatment
- Increasing new diagnosis tool to detect AKOA
- Advance Medicine for OA
- Advance Physiotherapy Treatment
- Developed new guidelines for KOA Treatment
- New & advance research in the field of KOA

After all this medical facility, Medical field fails to reduce the prevalence of KOA. A strong research will be needed to control or to reduce prevalence of KOA otherwise KOA will be a major contributor for Global Burden of Disease.

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