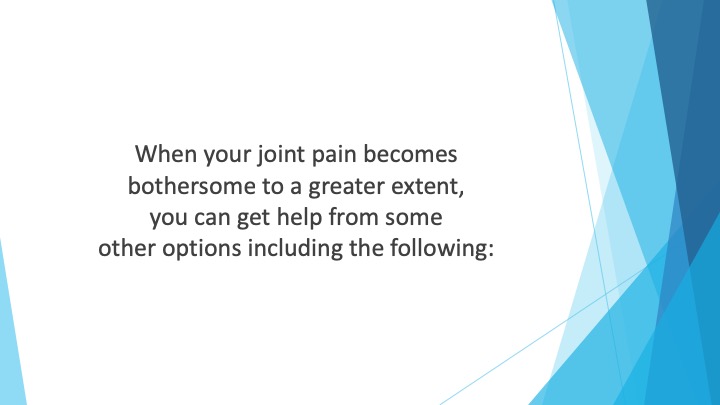
**Chapter 8: Other Options To Treat Joint Pain**

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**S1** : In this video, we’ll discuss about “Other Options To Treat Joint Pain”

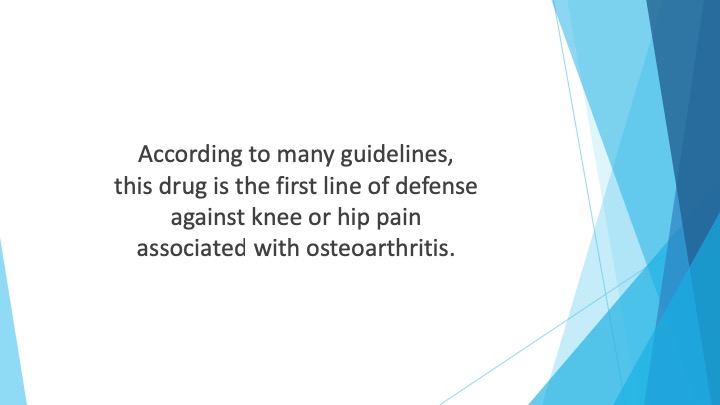


**S2** : When your joint pain becomes bothersome to a greater extent, you can get help from some other options including the following:

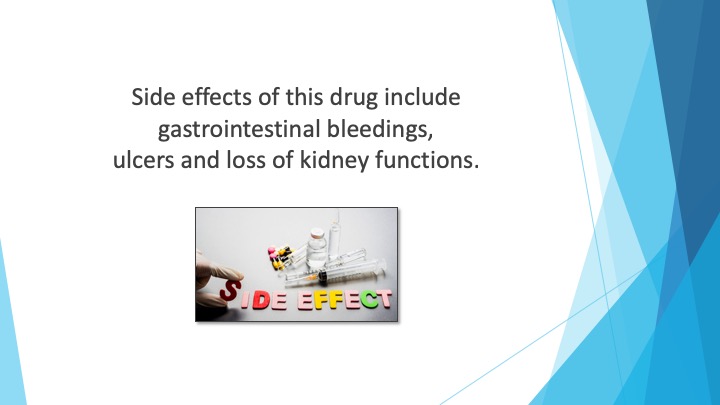


**S3** : **Medications**

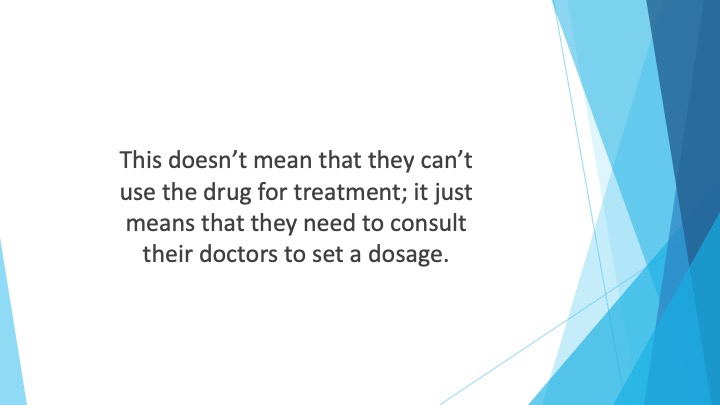
Analgesics or painkillers are the most common medications used for joint pain. Tylenol is a common drug which contains Acetaminophen.



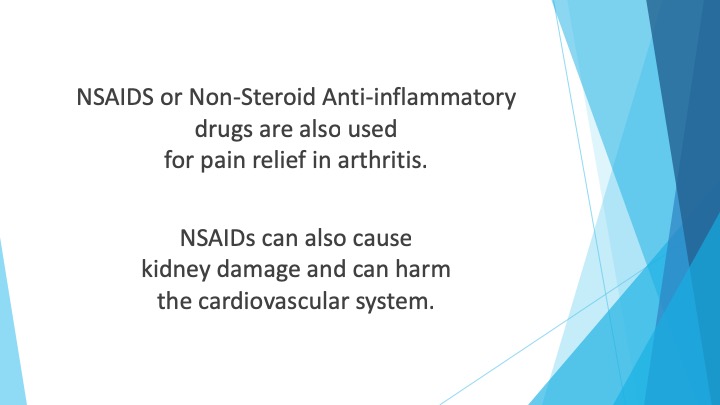
**S4** : According to many guidelines, this drug is the first line of defense against knee or hip pain associated with osteoarthritis. The one issues faced after extended use of Tylenol is side effects.



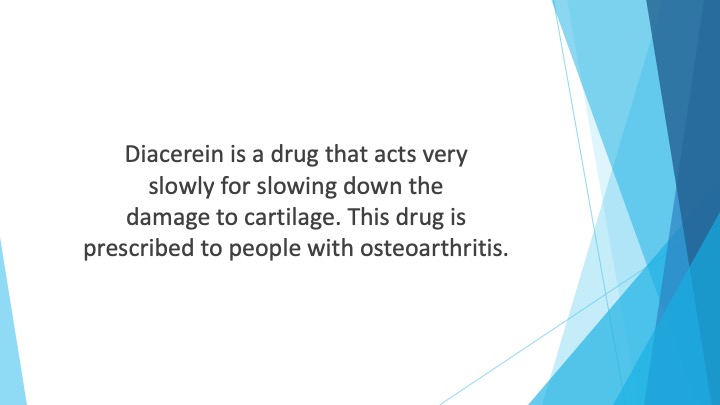
**S5 :** Side effects of this drug include gastrointestinal bleedings, ulcers and loss of kidney functions. It is recommended to lower the dosage or lessen the treatment time.



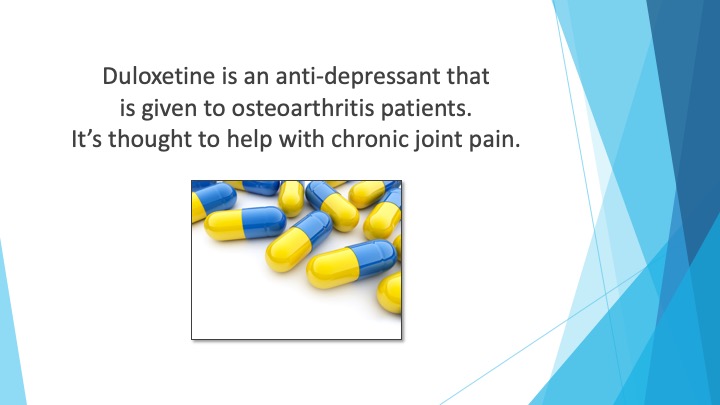
**S6 :** For people who are already suffering from diseases such as blood pressure, diabetes or cardiovascular diseases, the amount of Acetaminophen advised for them is uncertain. This doesn’t mean that they can’t use the drug for treatment; it just means that they need to consult their doctors to set a dosage.



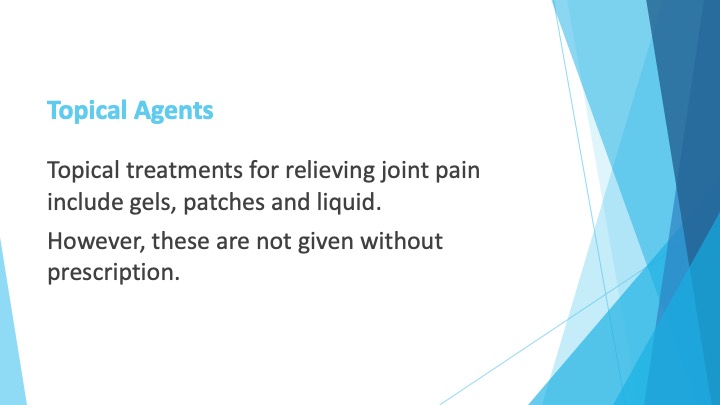
**S7 :** NSAIDS or Non-Steroid Anti-inflammatory drugs are also used for pain relief in arthritis. Some examples of these drugs include aspirin and ibuprofen. The problem, however, is that the likelihood of side effects is higher with NSAIDS as compared to acetaminophen. NSAIDs can also cause kidney damage and can harm the cardiovascular system.



**S8 :** Diacerein is a drug that acts very slowly for slowing down the damage to cartilage. This drug is prescribed to people with osteoarthritis. Although the drug is more effective than placebo, it increases the risk of diarrhea.

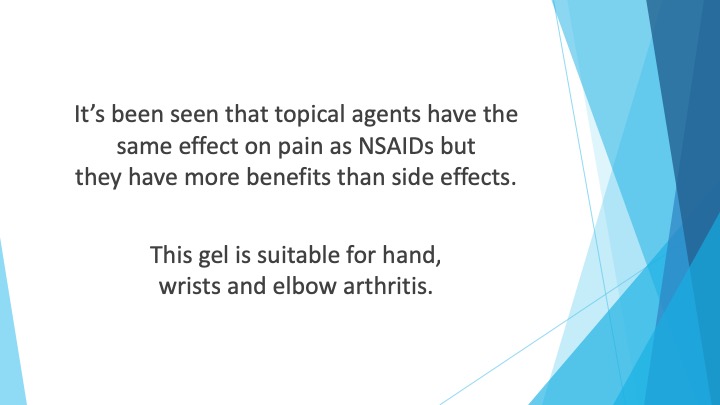


**S9 :** Duloxetine is an anti-depressant that is given to osteoarthritis patients. It’s thought to help with chronic joint pain. It also has side effects such as dry mouth, fatigue, sweating, nausea and constipation.



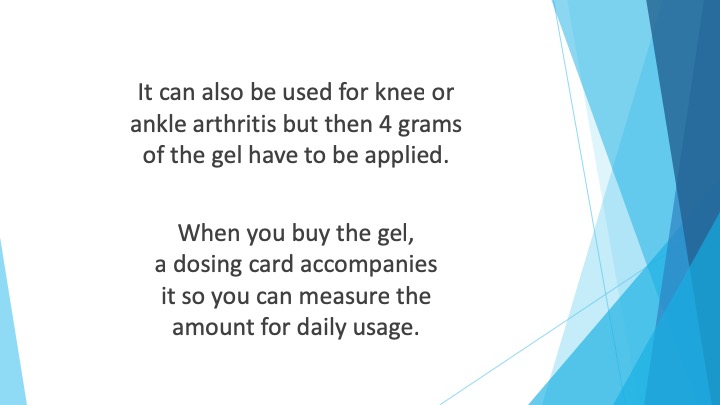
**S10 : Topical Agents**

Topical treatments for relieving joint pain include gels, patches and liquid. Topical agents have different strengths depending on whether the pain is low, moderate or high. However, these are not given without prescription.

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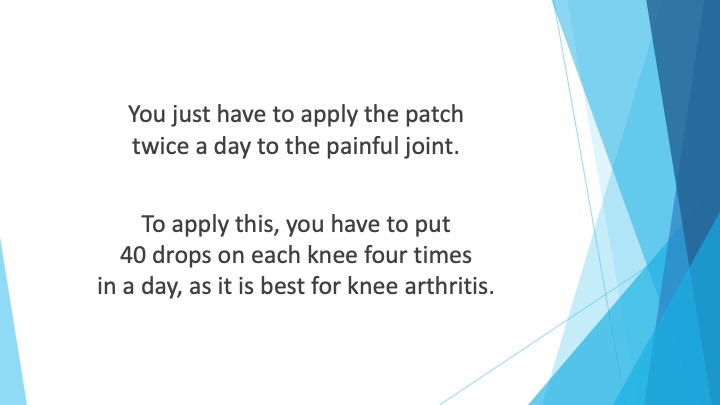
**S11 :** It’s been seen that topical agents have the same effect on pain as NSAIDs but they have more benefits than side effects. These agents might not be suitable for everyone but people who want to avoid oral treatments can benefit from them.

Diclofenac sodium 1% gel is a topical gel that is used for treating patients of osteoarthritis. This gel is suitable for hand, wrists and elbow arthritis.

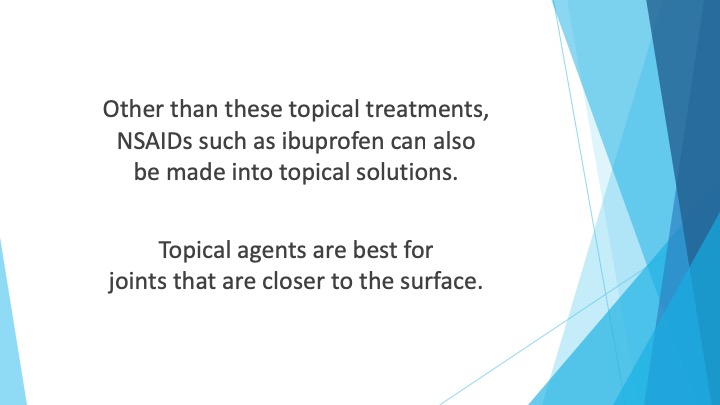


**S12 :** The patient has to apply 2 grams of the gel on affected area four times in a day. It can also be used for knee or ankle arthritis but then 4 grams of the gel have to be applied.

No matter where you’re using it, the amount used in a day should not be over 32 grams. When you buy the gel, a dosing card accompanies it so you can measure the amount for daily usage.



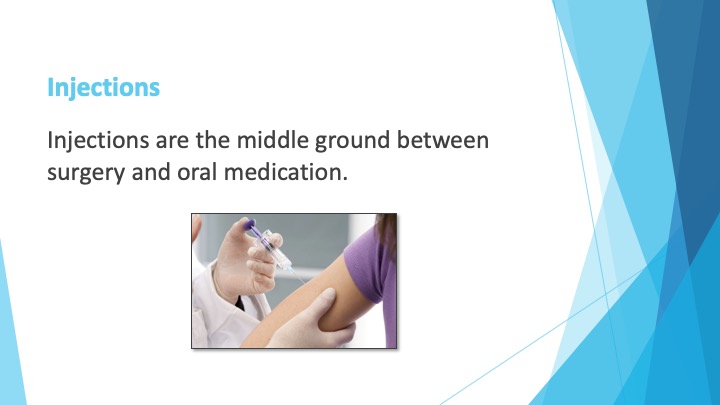
**S13 :** A diclofenac epolamine 1.3% patch is also available for pain relief. You just have to apply the patch twice a day to the painful joint. Topical treatments may also be in form of drops such as diclofenac sodium 2% liquid. To apply this, you have to put 40 drops on each knee four times in a day, as it is best for knee arthritis.



**S14 :** Other than these topical treatments, NSAIDs such as ibuprofen can also be made into topical solutions. You can find such treatments at a compounding pharmacy for a bigger price than normal NSAIDs. Topical agents are best for joints that are closer to the surface. So, they’ll help relieve pain that comes with hand, elbows and ankle arthritis.

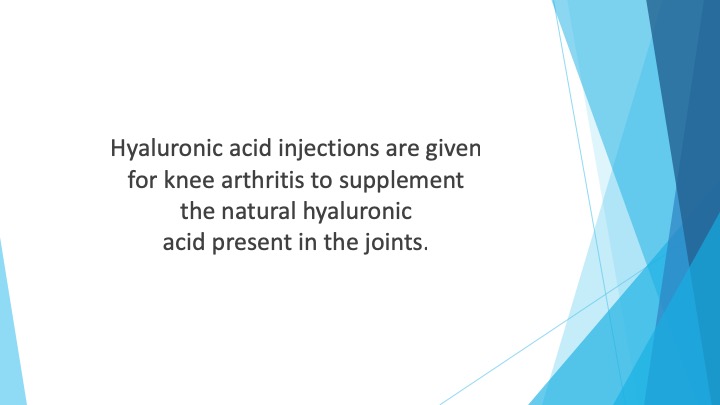


**S15 :** Those who can’t take oral medication because they are diabetic or have heart problems can use topical agents instead. Likewise, people who have a history of gastrointestinal problems or ulcers should opt for topical agents rather than oral NSAIDs.

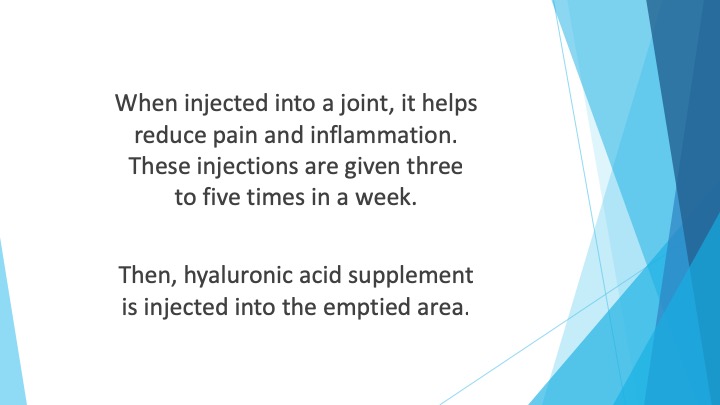


**S16 :**  **Injections**

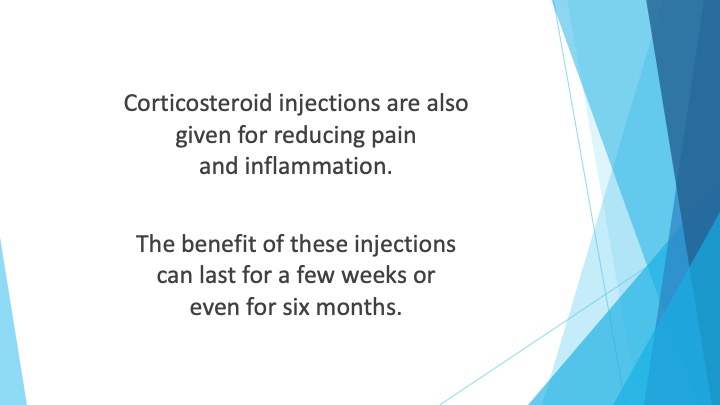
Injections are the middle ground between surgery and oral medication. If oral NSAIDs don’t work for you and you’re not yet ready for surgery, then injections are your fix.



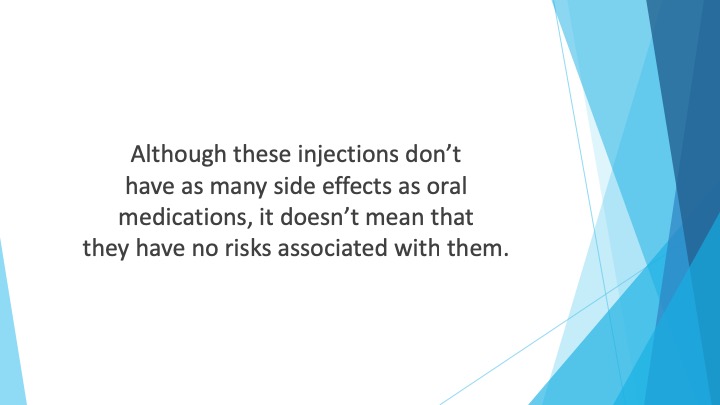
**S17 :** Hyaluronic acid injections are given for knee arthritis to supplement the natural hyaluronic acid present in the joints.



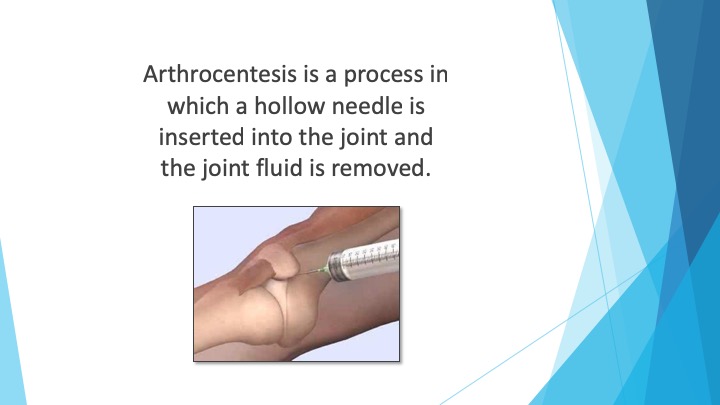
**S18 :** When injected into a joint, it helps reduce pain and inflammation. These injections are given three to five times in a week. The doctor would first insert an empty syringe into the knee to remove fluid from the knee to make room for hyaluronic acid. Then, hyaluronic acid supplement is injected into the emptied area.



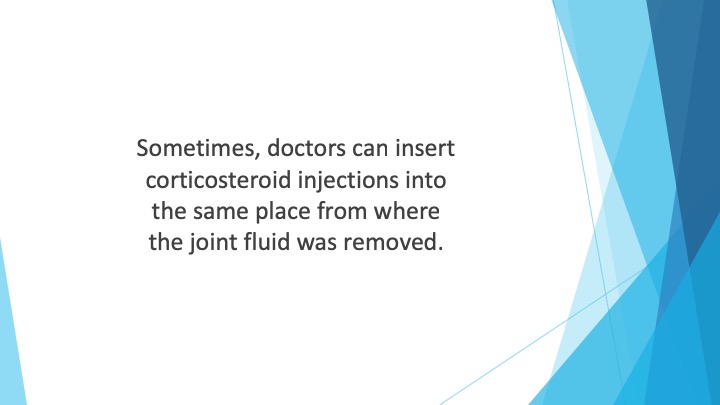
**S19 :** Corticosteroid injections are also given for reducing pain and inflammation. These injections are also given directly and are most suitable for knee osteoarthritis. The benefit of these injections can last for a few weeks or even for six months.



**S20 :** Although these injections don’t have as many side effects as oral medications, it doesn’t mean that they have no risks associated with them. Doctors normally limit the number of injections you get since excessive use of these injections can actually contribute to cartilage breakdown.

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**S21 :** Arthrocentesis is a process in which a hollow needle is inserted into the joint and the joint fluid is removed. Oftentimes, this fluid is removed so that it can be tested in labs but when excess fluid is removed, pain and inflammation is also sufficiently reduced.

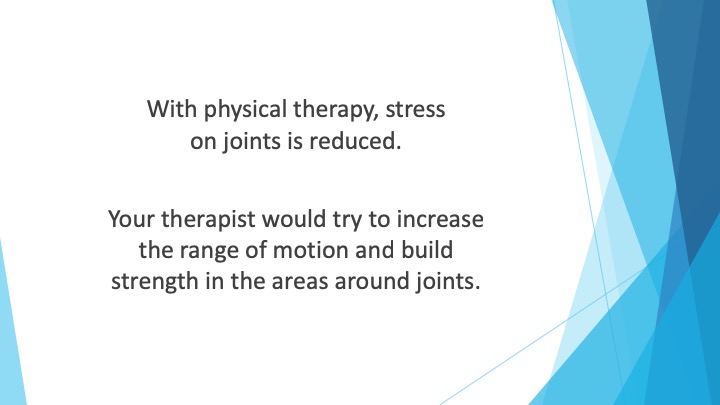


**S22 :** Sometimes, doctors can insert corticosteroid injections into the same place from where the joint fluid was removed.



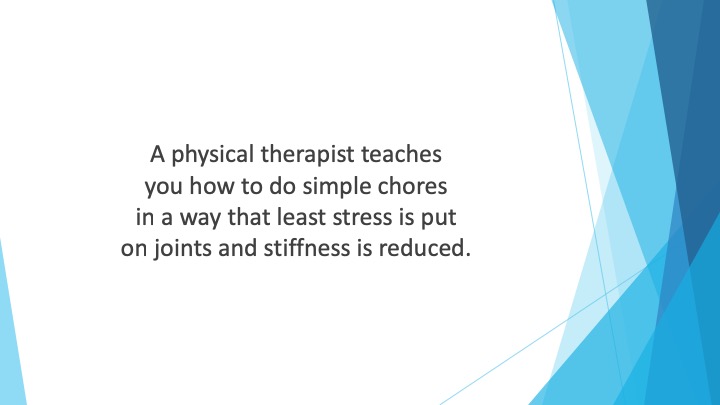
**S23 : Physical Therapy**

Physical therapy is a great tool for reducing stiffness that comes with joint pain. Occupational therapists can train patients to move their affected joints without increasing any pain. Also, they help patients change their homes to adapt to their needs.

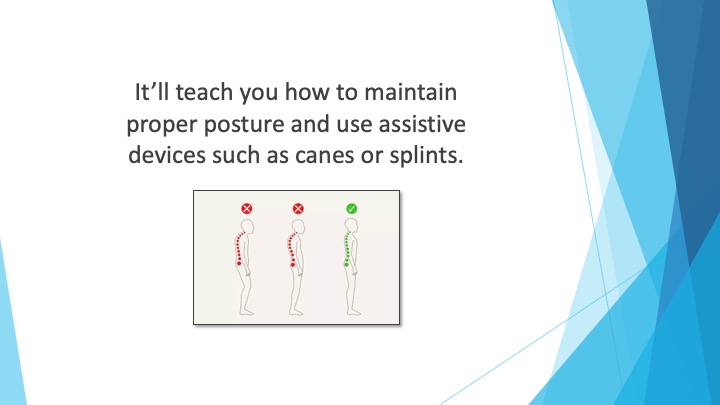
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**S24 :** With physical therapy, stress on joints is reduced. Sometimes, splints or other devices are also suggested to help the patient in daily tasks like dressing and driving.

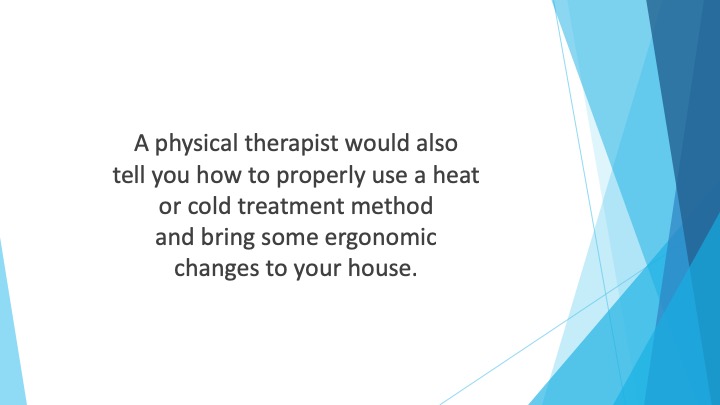
The aim of physical therapy is to ensure that you can perform daily chores without any difficulty. Your therapist would try to increase the range of motion and build strength in the areas around joints. This increases flexibility and motion.

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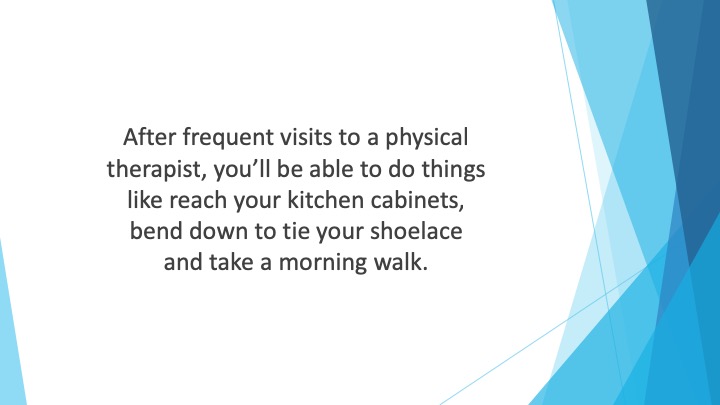
**S25 :** A physical therapist teaches you how to do simple chores in a way that least stress is put on joints and stiffness is reduced. Since every patient is different, a therapist would devise a personalized exercise plan for you.

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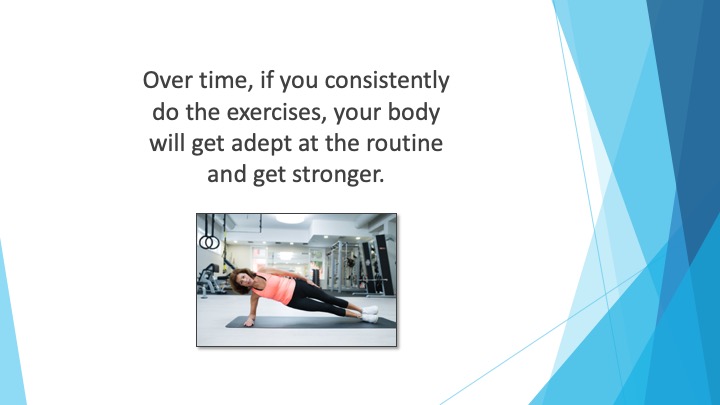
**S26 :** It’ll teach you how to maintain proper posture and use assistive devices such as canes or splints.

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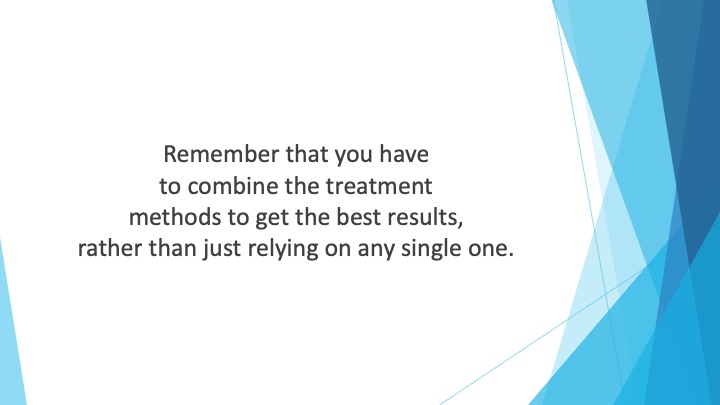
**S27 :** A physical therapist would also tell you how to properly use a heat or cold treatment method and bring some ergonomic changes to your house. For example, a therapist might suggest you to use cushioned mats or get special chairs.

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**S28 :** After frequent visits to a physical therapist, you’ll be able to do things like reach your kitchen cabinets, bend down to tie your shoelace and take a morning walk.

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**S29 :** Over time, if you consistently do the exercises, your body will get adept at the routine and get stronger. You can get recommendations from your doctor about a therapist or you can find one in your area who specializes in arthritis patients.

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**S30 :** Remember that you have to combine the treatment methods to get the best results, rather than just relying on any single one.