

HEALTHCARE MATTERS

Written by
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Hip problems – Prevention and treatment

THERE are many reasons why people are born with – or develop – hip problems, some of which I will outline shortly. It's worth being aware of the fact that prevention is possible for some problems of the hip (and all the other joints as well).

Not all hip problems are preventable, but many hip problems can be moderated by appropriate lifestyle decisions. Most hip problems can be cured completely, improved, or moderated with appropriate treatments – either self administered, or in conjunction with an appropriate health care worker.

At this point it is worth stating that the most common cause of a painful hip is arthritis (of which osteoarthritis is the most common form). Osteoarthritis is common in the over-50 age group, much like arthritis of the knee (which was discussed in a previous article). Hips are also affected by a less common type of arthritis called rheumatoid arthritis, which is an "autoimmune disease" (it is a manifestation of the body's own immune system attacking the joints – we still do not really know the cause).

Rheumatoid arthritis is "familial" – which means there is a greater chance of having rheumatoid arthritis if a blood relative has the disease. It is a disease causing swelling of the affected joint(s), pain, and stiffness. Sufferers often have other manifestations of the disease with effects on the skin, bones, lungs and even the heart. Because it is a disease which affects many tissues of the body and is fundamentally an unnatural inflammation of the tissues, it is usually associated with abnormalities of certain specific blood tests.

The much more common form of arthritis – known as osteoarthritis – is a "wear and tear" problem. It starts as a disease of the

articular cartilage (the gristle which covers the gliding parts of the bone in joints). It can be caused by injuries – or even infections – which have damaged the articular cartilage. It can also be caused by an abnormal joint shape or orientation which has developed poorly (before or after birth), or by an inherited tendency to have articular cartilage which is less durable than the average person.

Overstressing joints can also cause osteoarthritis. Obesity is a very significant risk factor (particularly in women, who are likely to have smaller hip joints than men), and certain strenuous jobs – such as farming and manual work – are associated with a greater chance of developing hip osteoarthritis.

To shed more light on the things we can all do to avoid arthritis of the hip (and other hip problems), or the treatments available for hip problems, I got together with Mr Andrew Waterfield, a consultant orthopaedic surgeon working both privately and within the National Health Service in Hertfordshire, in the South East of England. Mr Waterfield is referred many patients from Hertfordshire, Bedfordshire, Buckinghamshire and Essex – as well as from London. The key parts of our question and answer discussion are listed below:

Idai Makaya: Mr Waterfield, what would you say are the most common problems of the hip you encounter?

Andrew Waterfield: There are two halves to my job. I am a consultant in trauma and orthopaedic surgery. So a significant part of my workload involves the management of the elderly who have broken their hips because they have fallen over and have brittle bones.

In young adults, the most common hip

This week Idai Makaya discusses hip problems with specialist Orthopaedic Surgeon Mr Andrew Waterfield and looks at some of the prevention and treatment options sufferers have at their disposal.

problems are sports-related injuries or "over-use phenomena" – with symptoms felt in the groin, the front or inner aspect of the thigh, or radiating to the knee. Less commonly, in the young, I see problems which have become apparent as a result of abnormalities present at birth, or which have been caused by problems during growth in childhood and adolescence. Young adult patients, or their older relatives, might remember an episode years before involving symptoms caused by a hip problem which appeared to get better at that time, but which have now come back to haunt them.

With increasing age the degenerative conditions such as osteoarthritis become the major issue.

The occasional rheumatoid patient has usually already been under the care of a rheumatologist, who feels the time is right for a surgical opinion.

Bone disease and growth disturbances are rarer causes – still in the older age group.

Q: What proportion of hip problems would you estimate could have been avoided?

A: The 'unlucky' slim, active and fit patient can

still develop osteoarthritis, particularly if their ancestors or siblings suffered from the condition, but most of the patients I see are significantly overweight – and that is an avoidable risk factor. Many overweight patients will say that they have always been "big" as though that were an excuse, but it is more likely to be the cause the longer one has been overweight. Alcoholism is one of the possible causes of a bone disease called "avascular necrosis" – which can affect the hip joint as well as other joints.

Q: What are the most common causes of hip pain and other hip problems?

A: It is important to distinguish between pain arising in the hip, and pain which people think is coming from the hip. Pain in the buttock or back of the thigh is more likely to be coming from the spine, whereas pain in the groin or front of the thigh could be coming from the hip. Again, sports injuries – or arthritis – are the common causes of 'true' hip pain.

Q: What proportion of the local population would you estimate to either have serious hip problems or to be at a high risk of developing them?

A: The United Kingdom has a population of about 60 million. Each year we perform at least 50,000 hip replacements. A quarter of people with a hip replacement have both hips replaced, eventually. We live an average age of 80 years. Simple mathematics suggests that we each have a greater than one in twenty chance of needing a hip or both hips replaced.

Q: What can people do to avoid developing hip problems?

A: Choose different parents! Seriously, a small number of patients will develop problems because of their genes – about which they can do nothing. However, staying slim and active is a good start. There is some (not strong) evidence that some supplements reduce the



symptoms of moderate osteoarthritis – and might even delay slightly the progression of the disease. I am referring to the food supplements glucosamine sulphate, chondroitin sulphate and cod liver oil. Not everyone can take these supplements, owing to diabetes, allergy problems, or interference with other crucial medicines (such as warfarin).

Q: What are the most effective treatments for hip problems (especially arthritis) and how successful are the various treatments?

A: In a roughly ascending order of scale of effect: paracetamol, anti-inflammatory drugs, alteration of activity levels, use of walking aids (walking sticks, etc.), physiotherapy, codeine or codeine-based drugs, arthroscopic (key-hole) surgery and hip replacement. Steroids are rarely a good idea, other than the occasional joint injection, as they are associated with weakening of the bone – but steroids can be an important part of the management of rheumatological conditions. When steroids have been prescribed, it would normally have been preceded by a specialist opinion.

Q: As a specialist hip surgeon, what recommendations would you make for alleviating hip problems of your patients – especially arthritic hip problems?

A: Try every appropriate non-operative treatment mentioned in answer to the previous question before committing to surgery. Before surgery, the worst that can happen – if there have been no adverse reactions to drugs – is that the problem continues to deteriorate at the same rate as before. If the symptoms are bad enough I might well recommend surgery – and the type of surgery will depend upon age, activity levels, general fitness, and stature.

Q: Would you say surgical options apply to rheumatoid arthritis as well as to osteoarthritis – or do surgical interventions mainly apply to osteoarthritis alone?

A: Despite the fact that many with rheumatoid arthritis can be managed for years with different drugs, rehabilitation, and walking aids, once a hip joint fails it is sensible to proceed to hip replacement before the bone destruction around the hip makes a reconstruction much more difficult.

Q: On average, how many patients would you manage who suffer from hip problems – just to give readers an understanding of the magnitude of the challenge locally?

A: Not including those patients who present as emergencies with hip fractures, I would expect to see two or three new patients in each orthopaedic clinic with a hip problem (up to five such clinics each week), the follow-up patients who have come back after scans or surgery, and I would be operating on three or four hips a week. But I do go on holiday sometimes!

Q: Hip replacements are a very common treatment for hip problems these days – what sort of patients would you say would benefit from such a radical surgical intervention and what are the main benefits of surgical hip replacement?

A: Pain coming from the hip joint is the main indication for hip surgery. By the time most people are offered a hip replacement they are taking regular painkillers without adequate relief of pain, they cannot walk as far as they feel they need to because of pain and their sleep is being disturbed by the pain. Some will, for perfectly reasonable reasons, be offered a hip replacement before reaching this stage. There is good evidence now that if people wait until they are a lot worse than I have described, particularly if as well as the pain they have disabling stiffness (or joint deformity), they have a worse result from surgery.

Q: Do you have any interesting facts about hip problems and their treatment which you think most readers may be surprised to learn?

A: I regularly see patients referred with a "knee" problem, who have nothing wrong with their knee – the pain is all coming from their hip. They might attend having been referred for a knee x-ray which has caused puzzlement because the report comes back that the x-ray is normal. This is particularly so in children. It is especially important to examine the hip of any child complaining of knee pain.

The content of this article is provided for general information only, and should not be treated as a substitute for the professional medical advice of your doctor or other health care professional.

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