

## What is osteoarthritis of the hand and wrist?

Everyone with osteoarthritis (OA) in their hands and wrists is affected differently. Some people do not experience much discomfort while others may notice that it is difficult to grip and lift things properly.

If you have OA in your hands, you will probably have noticed stiffness in your fingers. There may be bumps known as nodules in the joints of your fingers. These occur because the healthy cartilage protecting the bone-ends in the joint is wearing out.

The two bones in the finger joint rub together causing pain and inflammation. Bony outgrowths build up, making the joint look knobby. The fluid in the joint can increase, making it swell and feel stiff and painful to move.

A similar process happens with osteoarthritis in the wrist. Injury such as a bad sprain or a fracture can sometimes lead to osteoarthritis.

One common form of osteoarthritis (nodal osteoarthritis), which affects the hands, is hereditary.

## What is the treatment?

Once your GP has diagnosed your OA, he or she may prescribe medication. You could be given painkillers — drugs such as paracetamol, or stronger, combined painkillers such as co-codamol (paracetamol combined with codeine). Painkillers will not affect the progression of the arthritis but should help relieve the pain and stiffness.

If you have inflammation in your joints you may be prescribed non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Nurofen), diclofenac (Voltarol), celecoxib (Celebrex), and many more. Ask your doctor to explain any possible side effects and benefits to you.

Pain-relieving and anti-inflammatory creams and gels are often used for OA in the hands and wrists — avoiding the disadvantages of taking pills, such as possible stomach irritation. However, you should discuss with your doctor what treatment is best for you.

## REAL LIFE STORY

‘ I was diagnosed with OA in my hands in 2006. I used to work as a copier engineer in a workshop, which involved using my hands a lot. I had to give up work because it became too difficult.

My hands are stiff and painful and it can make day-to-day tasks such as gardening quite difficult.

Photography is a hobby of mine and I have switched to a lighter camera so that there is less of a strain on my hands. It does stop you from doing some things but you get used to it. I have good days and bad days. ’



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### Can I wear anything to support my joints?

You may want to try using a splint to either rest your joints (overnight, or briefly in the day), or support them while your hands are working. Splints will ensure your wrist and hand are positioned correctly.

Splints are usually made out of a light synthetic fabric and have Velcro straps. Different types of splints include:

- resting splint (to rest and support your wrist and hand in the right position when you are resting)
- wrist working splint (secures over the wrist to stabilise the joint in a good position when you are using your hands)
- wrist wrap working splint (a lighter wrap-around splint covering less of the forearm, giving light support to the wrist)
- thumb spica working splint (wrap-around splint which goes around the thumb and wrist. Some provide extra support to stabilise the thumb).

You can buy splints in pharmacies, sports shops, mobility equipment outlets, or online — or they should be available through a physiotherapist or occupational therapist. Splints come in different fittings and are designed to provide different kinds of support. Make sure you obtain one appropriate for your needs. Sometimes they are made specifically for you by an occupational therapist. Speak to your doctor, physiotherapist or occupational therapist if you need help finding a suitable type.

### Is surgery an option?

Surgery is rarely necessary for people with hand OA. However, it can be an option for people with OA of the thumb or wrist, or those who have developed carpal tunnel syndrome. It is important that you are referred to a specialist hand surgeon.

#### Thumb OA

If arthritis is badly affecting the joint at the base of the thumb you may find yourself unable to do quite simple activities, such as opening a door — you may feel quite clumsy. If the pain is ongoing and unpleasant despite trying other treatments, you may need an operation.

The surgeon might advise one of three options.

- Reconstructing the thumb ligaments to give the joint more strength.
- Permanently fusing the bone at the base of the thumb (the trapezium) with the small wrist bone it is next to (the scaphoid). While this should provide good pain relief and enable you to maintain your strength, it will probably limit the motion of the thumb.



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- Removing the joint and the deteriorated bone at the base of the thumb (called a trapeziectomy). To fill the space left you may be given an artificial metal and plastic joint, or a silicone rubber spacer. Sometimes the thumb ligaments are reconstructed too.

You will need to talk through with your surgeon what is the best option for you.

### **Wrist OA**

If you need surgery to your wrist, talk to your surgeon. There are a number of types of surgery which can be offered. For example, the fusion on the thumb, pain and strength can improve, but movement in that joint is prevented. The feeling is similar to wearing a wrist support — you can still rotate the hand and forearm and manage quite well.

It is not common, but another option could be a joint replacement. While a wrist replacement may enable you to recover wrist movement, you won't be able to move the wrist as you could prior to the arthritis developing. You may well need further surgery. However, if you are also experiencing arthritis in the elbow and shoulder on the same side, it could make a significant difference to your quality of life.

### **Carpal tunnel syndrome**

Carpal tunnel syndrome can occur as a result of osteoarthritis, if one of the main nerves to the hand is squeezed by swelling in the wrist joint or in the tendons next to the nerve. You might experience pins and needles, numbness, weakness and/or pain at night. You will undergo a test on the nerves in your hand to diagnose it properly.

Surgery is not always necessary — sometimes a splint holding your wrist straight can improve the condition. This expands the tunnel the nerve travels through, giving it more room. Alternatively, a steroid injection into the wrist can give rapid relief.

If you do need surgery, you should be able to have the operation and come home the same day. The pressure on the nerve is relieved by the surgeon cutting the tight ligament lying on top of the nerve. Once the bulky bandage is removed after a day or two you should have full use of your fingers and thumb — it is important to move them about as normal to help your recovery. You should recover from the effects of the surgery within a month.

For more general information, see Arthritis Care's booklet *Surgery and Arthritis*.

### **What can I do to help myself?**

#### **Hot and cold treatments**

Many people find that exercising the hands gently in a bowl of soft warm wax — or even warm water — can help. Other people prefer cold to warmth and use ice packs. For more information, see Arthritis Care's factsheet: *Home treatment for pain relief: heated pads and cold packs*.



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## For managing day to day

Be kind to your hands and wrists by thinking about how you use them — this could save you time and pain.

## REAL LIFE STORY

‘ I’ve usually got the right gadget. I use a voice-activated computer and I use a dishwasher instead of washing pots. I have four sets of thick-handled cutlery, so I don’t keep running out. I use an adapted tin-opener, soap dispensers – not fiddly soap – an extra-long shoe-horn, things to hold books and thick pens. I have a microwave combination oven and grill so I don’t need to bend low. Even if things cost more, it’s worth it. ’

## Here are a few ideas to make simple tasks less fiddly, awkward or heavy.

- Avoid clothes and shoes with difficult buttons and buckles — Velcro is a good alternative, or even magnetic buttons.
- If zips are tricky ask someone to attach a keyring to each of your zips to give you a better grip.
- Organise your kitchen, study and bedroom so that things you need most often are in easy reach.
- Invest in gadgets to help you in the kitchen, such as lightweight and easy-grip cutlery and cups, lightweight two-handed pans and an electric can opener.
- Look out for thicker pens so that your grip doesn’t need to be as tight when you are writing — alternatively, wrap rubber bands around a pen until it is the right thickness for you.
- If you use a keyboard and mouse, consider getting an ergonomic design suitable for your needs.
- Carrying a rucksack on your back should distribute weight more evenly and take the strain off your fingers.
- Don’t be afraid to ask for help with your shopping — many supermarkets will pack your bags for you and carry them to the car — or buy online.

You can find more ideas in Arthritis Care’s booklets *Independent living and Arthritis* and *Working with Arthritis*. Gadgets or suitably designed equipment can be found in regular shops, your local Disabled Living Centre, specialised equipment stores or through an occupational therapist.



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### Exercise and diet

There is some evidence that links being overweight with developing hand OA. Maintaining a healthy diet and taking appropriate exercise will help maintain a sensible weight. For more information, see Arthritis Care's booklet on healthy eating at : [www.arthritiscare.org.uk/what-is-arthritis/resources](http://www.arthritiscare.org.uk/what-is-arthritis/resources)

It is important not to overdo things — rest your hand rather than exercise it if the finger joint, wrist or hand is swollen and inflamed. However, under-use can also create difficulties as joints can stiffen up and muscles waste. If you need exercises to rebuild and protect the range of motion in your hands and wrists, a physiotherapist, occupational therapist or hand therapist can advise you. You can ask your GP for a referral or in some areas of the UK you can self-refer.

The exercises described below may be useful to build up strength and range of motion, repeating the movements between 3 and 10 times, twice a day — but check with your doctor first. This is especially important if you have had a joint replaced. If there is no pain, gradually increase the number of repetitions.

- **Finger bends** — Relax your hands first. Hold your hand up straight with fingers close together. Slowly and smoothly, bend the end and middle joints of your fingers down, keeping wrist and knuckles straight. Return to the starting position. Repeat several times if you can.
- **Make a fist** — Start with fingers straight and spread out wide. Make a gentle fist, wrapping your thumb around the outside of your fingers. Don't squeeze. Return to the starting position and repeat.
- **Open your hand wide** — Spread your fingers apart as wide as you can and hold. Slowly relax your fingers and bring them together. Return to the open hand position.
- **Finger tip touch** — Straighten out your fingers and thumb. Bend the thumb across your palm, touching the thumb tip to the pad of your hand below the little finger (or stretch as far as you can in that direction). Spread your thumb back out.
- **To strengthen wrist and forearms** — Rest your forearm on a flat surface with your fingers hanging over the edge. Keeping your fingers relaxed, bend your wrist up and down as if you are waving slowly.
- **Open flap** — Rest your forearm on a flat surface with your palm down. Keep your little finger on the table and turn your hand so the palm faces up.
- **Thumb movement** — Hold your wrist straight and gently touch the thumb to each fingertip, holding for ten seconds. After each touch straighten and spread your fingers.

## Where can I get more information and support?

**Arthritis Care** is the UK's largest charity working with and for all people who have arthritis.

We are here to help you make positive choices through our information, website, self-management training, and professional helpline. Call the free helpline for confidential support on 0808 800 4050 (09:30-17:00 weekdays) or email: [Helplines@arthritiscare.org.uk](mailto:Helplines@arthritiscare.org.uk)

You can find support from others with arthritis by joining our online discussion forums.



Arthritis Care and Arthritis Research UK have joined together to help more people live well with arthritis. Read how at [arthritiscare.org.uk/merger](http://arthritiscare.org.uk/merger). All donations will now go to Arthritis Research UK and be used to help people with arthritis live full and active lives in communities across England and Wales, Scotland, and Northern Ireland.

Registered Charity Number 207711, SC041156.

**[www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)**

**Our factsheets are reviewed every three years. Please check our website for up-to-date information and reference sources or call 020 7380 6577.**

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### Note

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## Contact us

For confidential information and support about treatments, available care and adapting your life, contact the Arthritis Care Helpline

**Freephone: 0808 800 4050**

09:30-17:00 (weekdays)

Email: [Helplines@arthritiscare.org.uk](mailto:Helplines@arthritiscare.org.uk)

For information about Arthritis Care and the services we offer, contact us at: **[www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)**

You can also talk to other people who are living with arthritis, through the discussion forums on our website.

### Arthritis Care in England

Tel: 0844 8888 2111 or 020 7380 6509/10/11

Email: [englandoffice@arthritiscare.org.uk](mailto:englandoffice@arthritiscare.org.uk)

### Arthritis Care in Northern Ireland

Tel: 028 9078 2940

Email: [Nireland@arthritiscare.org.uk](mailto:Nireland@arthritiscare.org.uk)

### Arthritis Care in Scotland

Tel: 0141 954 7776

Email: [Scotland@arthritiscare.org.uk](mailto:Scotland@arthritiscare.org.uk)

### Arthritis Care in Wales

Tel: 029 2044 4155

Email: [Wales@arthritiscare.org.uk](mailto:Wales@arthritiscare.org.uk)