

# *Geriatrics Consulting Services of Greensboro, P.A.*

**Michele A. Haber, MD, MS, MPH**  
*Board Certified in Geriatric Medicine*

Mailing: P.O. Box 4529 (27404)  
Office: 1104 North Holden Road  
Greensboro, NC 27410-4828

Phone: 336-292-7622  
Fax: 336-294-1229  
E-mail: [mahaber@att.net](mailto:mahaber@att.net)

## CONVERSATIONS WITH "SILVER DOC"

### ***Issue #4: Doctor, My Knee is Killing Me***

A ninety-year old complained that her right knee was killing her. "It hurts all the time", she told her doctor. "Well," her doctor said, "what do you expect at your age? You're 90 years old!" "In that case," she retorted, "you'd better talk to my left knee, because it's the same age, and it's not bothering me at all!"

Painful joints, like some other medical problems, are *not* inevitable with age. Some body changes are. It is not always easy to know the difference. Being able to distinguish normal aging from disease helps us to understand what medical science can diagnose and treat, and what it cannot. Once we understand normal aging, we can take appropriate action to slow, or at least avoid hastening, potentially negative changes. More importantly, we can take steps to anticipate and minimize the impacts of normal aging, that is, how to maintain functional status in the face of bodily changes over which we have limited control.

For example, joints commonly stiffen with age as the composition of water and chemicals changes. Blood supply to the joints decreases resulting in slower healing of injuries. Other changes occur with the accumulated effects of small repeated joint injuries sustained during ordinary activities. These are very difficult to distinguish from true age changes. Alterations in the structure of spinal joints contribute to decreasing height with age. These changes are inevitable and are not disease.

In contrast, arthritis is a disease of joint inflammation that results in injury and pain and is, in fact, the most common disease among the elderly, second only to heart disease in causing older people to visit a physician. More than half of all arthritis occurs in people over age 65; the most common type is osteoarthritis. Although osteoarthritis cannot be prevented or cured, risk factors include injury to joints, inadequate treatment of injured joints, and extreme overuse of joints. Medical treatment is directed generally toward slowing the progress of the disease, and reducing pain and loss of ability. Interventions can be directed toward performance of activities to minimize abuse of diseased joints, use of assistive devices (such as canes to support some of the body weight that relies on diseased joints), mild exercise to reduce stiffness and loss of range of motion, and medications and other modalities to relieve pain. There is also some evidence that dietary supplements of glucosamine and chondroitin, both components of normal joint tissue, may relieve some of the pain and disability associated with arthritis. However, the precise dosages, expected benefits and long-term risks of these supplements are not yet certain.

So how might one minimize the effect of normal aging on joints? Specialized exercises that stretch and increase flexibility and strength may preserve mobility, increase blood circulation to the joints, reduce fracture risk, and promote better balance, greater independence and improved well-being. Caution is advised, especially with advanced age, to avoid joint injury. Your doctor should be able to direct you to the appropriate therapist, gym, or literature to learn more about options suitable for you. He or she also should be able to distinguish between normal aging changes and disease and, if not, to direct you to someone who can.

The take-home message here is that symptoms of joint pain in a senior citizen should not be attributed automatically to “old age”; consideration first must be given to differentiating the effects of normal aging from specific disease entities. The same arguments can be made for changes in the brain, heart, lungs, and every other system in the body. We will discuss these in future columns.

Silver Doc

January 2004  
© 2004 Michele Haber