

Overdiagnosis of OA as a cause of pain in the hands of women over 45 years.

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Introduction: OVERDIAGNOSIS???



The incidence of symptomatic HOA is 4-5 times lower than the detection of X-ray.

Materials and Methods:

90 women 45-75 years with ACR criteria of hand osteoarthritis (HOA)

45 women 45-75 years without any symptoms (Controls)

VAS for pain in the hands

AUSCAN pain, stiffness and functional impairment

Ultrasonography of 22 joints – CMC, 1 IP, 2-5 PIP and 2-5 DIP; synovitis, erosions and osteophytes were evaluated.

Cause of the pain in non-HOA patients:

- referred pain from the neck and shoulder
- algoneurodystrophy
- tendinitis due to prolonged computer work
- ???

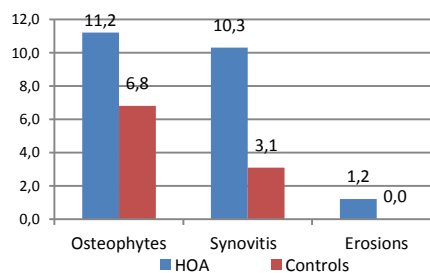
In clinical practice in handling such patients to the therapist the most likely diagnosis would be OA, which could be confirmed by minimal changes on US and X-ray.

Results:

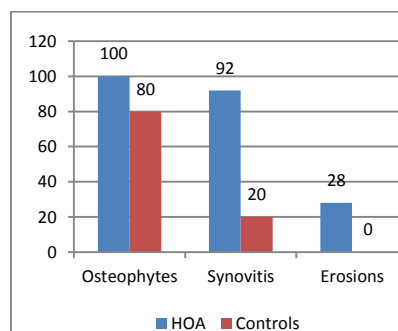
Clinical characteristics

	HOA	Controls
VAS for pain in the hands	45.5 (21.0)	14 (10.3)
AUSCAN pain, mm	211 (92.5)	36 (28.4)
AUSCAN stiffness, mm	48 (25.8)	2.5 (2.7)
AUSCAN functional impairment, mm	323 (150.7)	33 (26.7)

No. of joints in an individual



No. of patients with modified joints, %



15% of patients with OA have defined tenosynovitis and carpal tunnel syndrome

Suggestions:

1. Thorough clarification of the characteristics of the pain.
2. Combination of X-ray and ultrasound examination with detection of synovitis and erosions as evidence of OA.
3. Inspection of a neurologist.