

HAND OSTEOARTHRITIS – SCOPE OF THE PROBLEM

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Although there is a large body of research on the topic of knee and hip osteoarthritis, there is a relatively dearth of research on the topic of hand osteoarthritis. Hand osteoarthritis is very common with radiographic hand osteoarthritis being present in up to 60% of the elderly population. Only a subset of these patients are symptomatic with prevalence's ranging from 6-15% depending on age and gender of the population. Osteoarthritis is a heterogeneous disease with three major subsets:

1. Thumb based (first) carpometacarpal osteoarthritis (CMC OA) and Scaphotrapezotrapezoidal (STT) joint,
2. Interphalangeal joint - proximal and distal
3. Erosive osteoarthritis (EOA)

These subsets have different risk factors, rates of progression and effects on quality of life. It is therefore very likely that they will have different responses to treatment modalities. Erosive osteoarthritis is the least common of these phenotypes, but is associated with greater pain, lower grip strength and more rapid structural progression. All phenotypes increase with age and are more common in women than men, especially after the menopause. There are also association with reduced quality of self-reported

health.

Despite an increasing number of treatments for osteoarthritis under research and an increasing number of trials in the field of hand osteoarthritis, none have yet produced strong evidence of efficacy. As such there is no current licence pharmacological therapy for hand osteoarthritis in the European Union. More standardised definitions of disease and design of clinical studies will help the pipeline of drugs from discovery through to the market.