

Information sheet, degenerative joint disease

Degenerative joint disease (DJD), often called “osteoarthritis”, is common in dogs and cats as a wear-and-tear issue, or following orthopaedic injury, joint pathology or joint surgery. The classic symptom of DJD is stiffness or lameness on rising from prolonged rest or recumbency, which tends to improve with time and movement. Animals appear to “warm” into exercise. We most commonly see DJD problems in elbows, hips, stifles (knees) and hocks (ankles) but it can affect any joint.

There are a number of different aspects to the management of DJD and your vet can advise you of which are most appropriate for your pet. Management of DJD often involves combinations of the following:

Weight control

This is really important. The joints and limbs have to carry the pet around – if we make them carry less load they will find it, much easier to perform well. Weigh your pet regularly – ask if your vet/nurse run regular mobility clinics where your pet can be regularly weighed and checked.

Activity

Short periods of regular light exercise are best to maintain the range of movement, muscle mass, and to help keep the weight under control. Three or four short walks are much preferred to one long one. If your pet is really stiff after rising after exercise try doing half the exercise but twice as often. Encouraging regular movement is helpful – putting water/food bowls on the other side of the room from your pet’s bed can encourage them to rise and stretch periodically.

Choose activity that minimises impact; carefully watch to see if rough and tumble, tug games etc leads to increased stiffness after subsequent rest/rising. If it does, try to tone the exercise intensity down or avoid the most vigorous aspects of it altogether. There will probably need to be a compromise between letting your pet have some fun while minimising aggravating the DJD. Use parks/flat grassland for exercise rather than pavements/roads/concrete. Be cautious of woodland / river banks with muddy slippery slopes, obstacles that require jumping etc.

Jumping up into cars or onto furniture, going up stairs/steps increases load on the hind limbs and lower back.

Jumping down out of cars or off garden walls, or going down stairs/steps increases load on the fore limbs.

Physiotherapy and hydrotherapy (see separate information sheets)

Passive flexion and extension of the joint(s) for a few minute several times a day can help to maintain the joint’s range of motion. Be careful to only work the joints in the direction that they normally work in!

Hydrotherapy can help maintain the range of joint motion and muscle mass. We only recommend the use of a hydrotherapy centre that is approved by the Canine Hydrotherapy Association or NARCH.

Laser therapy (see http://www.wm-referrals.com/case_studies_ortho/laser-therapy/)

Degeneration can be balanced by repair and regeneration. Treatment with a class 4 laser is easily done conscious on an outpatient basis. It increases blood flow and cell metabolism, and these promote repair and regeneration.

Stem cell and platelet intra-articular therapy (see http://www.wm-referrals.com/case_studies_ortho/)

These minor surgical procedures involve stem cells or platelet concentrate injection into the affected joint(s) under general anaesthetic. Degeneration can be balanced by repair and regeneration. These therapies are intended to enhance local repair and regeneration.

Medication

Non-steroidal anti-inflammatories (NSAIDs):

Commonly used anti-inflammatories include carprofen (tablets given twice daily), or meloxicam (a liquid given once daily). There are many others and different ones sometimes suit individual animals better than others. Only one should ever be given at a time, and give them with food. They occasionally cause vomiting or diarrhoea, in which case seek prompt advice.

Analgesics:

Tramadol to dogs, (tablets given twice daily) for a few days post-operatively. For cats we often dispense buprenorphine, a liquid, to be given by mouth.

Chondroitin/glucosamine supplements provide the building blocks for cartilage. These are given with food. There is evidence that these can reduce the need for NSAIDs).

Pentosan Polysulphate Sodium is a semi-synthetic polymer with anti-inflammatory activity, and modulating effects on cartilage and synovial metabolism and an affinity for cartilage. It is given by injection by your vet at intervals.

Diets designed for patients with joint disease. Anecdotally, these diets may help some patients though many vets remain sceptical.

Rechecks and the future

See your vet / nurse for check ups, and for weight monitoring. Degenerative changes are irreversible and DJD usually progresses with time.

For further advice please contact us by phone on 07944 105501 or at mail@wm-referrals.com

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