



# Hand and wrist issues

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## The challenge is to differentiate between:

- Osteo-arthritis for which supportive care, reassurance and education is the key
- Inflammatory arthropathy – which requires early therapeutic intervention
- Neuropathic symptoms – including CRPS after trauma

### Osteo-arthritis

#### Distribution

- Base of thumb, 1st CMC joint or MCPs
- DIP's – only OA and Psoriatic Arthritis affect these joints
- Primary Nodal OA – symmetrical, strong genetic influence, especially in females

#### Prognosis

- Good – rarely significant long-term disability but mild nodular deformity
- Often transiently painful for a few months before settling

#### Management

- Keep hands mobile
- Simple analgesics, NSAID gels, capsaicin, regular CV exercise

### Inflammatory arthropathy

- Prolonged EMS > 30 mins / Joint warmth / soft tissue swelling / systemic symptoms
- Good response to NSAIDs
- Raised inflammatory markers – not always in seronegative arthritis
- Symmetrical – affecting both hands – consider RA
- Asymmetrical – consider seronegative arthropathy

#### Investigations

- Inflammatory markers / ANA / anti-CCP antibodies
- X-Rays – in prolonged disease