Joint Pains in the Elderly

Differential diagnoses of joint pain in the elderly include osteoarthritis, crystal arthritis (gout and pseudogout), inflammatory arthritis such as elderly onset RA, polymyalgia rheumatica (PMR), infection (septic arthritis or viral arthritis), and the arthritis mimics such as capsular and periarthritis diseases. The pattern of joint involvement points to the diagnosis. Bilateral symmetrical small joint pain, swelling and stiffness should arouse the suspicion of RA. The wrist and knee are commonly affected by pseudogout and the first metatarsophalangeal joint or knee joint involvement may represent gout. Stiffness in the shoulder and hip girdles, worse in the morning, suggests polymyalgia rheumatica. Essential signs, laboratory and imaging tests leading to the correct diagnosis, followed by basic principles of management will be discussed.

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