

# Finger joint pain getting worse

**Q** I am a 57-year-old woman who suffers from finger joint pain. I noticed a year ago that when I wake up, all my fingers feel painful.

Usually, the pain goes off after I do some finger exercises. Now, it is more intense and lasts till noon. What is the cause?

**A** It sounds like you may be dealing with a condition known as arthritis or inflammation of the joints.

This can cause your finger joints to become painful, stiff and swollen.

With arthritic joints, activities of daily living such as writing, turning keys or opening a jar can be difficult.

In joints affected by arthritis, the cartilage becomes worn, damaged or is lost. Cartilage is a substance that lines the surface of the bone ends and allows them to glide easily over one another.

When the cartilage wears off, the bones begin to rub against one another. As a result, the joints become painful, especially after a person does activities such as heavy gripping or grasping.

Morning joint pain and stiffness are not unusual. Many people suffering from arthritis also notice increased pain with rainy weather.

Other associated symptoms include joint swelling and crepitation (grating sensation when affected joints are moved).

Over time, the joint pain occurs with less use and may even wake one up at night.

If the arthritis is left untreated, the bones that make up the joint can become deformed. This leads to more pain and further restricts motion.

There are several types of arthritis and they include osteoarthritis, rheumatoid arthritis and gouty arthritis. The most common form is osteoarthritis, followed by rheumatoid arthritis. The former is caused by ageing or wear and tear of the joints.

Patients with osteoarthritis of the hand may also develop arthritis in the spine, hips and knees.

Rheumatoid arthritis, on the other hand, is the consequence of a defective immune system whereby the body produces antibodies against its own normal cells. It has systemic symptoms, such as fatigue, fever and weight loss. It most frequently affects the hands and wrists first and



Exercise to increase flexibility in finger joints: First, open your hands and extend all fingers – spacing them apart; then close them to form a fist. Do this at least 10 times with each hand, at least twice a day, preferably upon waking up and at night, before going to bed.

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then continues to involve other areas of the body.

Joint involvement is classically symmetrical, which means the same joints on both sides of the body are affected.

Diagnosis of arthritis of the hand can be established by physical examination as well as radiographs.

To ascertain the cause, we will usually order some blood tests that measure the body's inflammatory process. There is no single sign or test that confirms rheumatoid arthritis.

If this is clinically suspected, we will involve the rheumatologists to decide upon the best treatment approach for the patient.

In general, management options include medication, splinting, injections and surgery.

The appropriate treatment plan will require an understanding of what your activities demand, a home support structure, the ability to commit to a therapy programme and the progression of your

condition.

Medication treats symptoms but cannot restore joint cartilage. We commonly prescribe non-steroidal anti-inflammatory drugs (NSAIDs), which inhibit the body's production of chemicals that cause joint pain and swelling.

Glucosamine and chondroitin are popular dietary supplements, but their use as a form of treatment for hand and wrist arthritis has yet to be studied.

In recent years, treatment of rheumatoid arthritis has become much more proactive and aggressive. The patient is usually started on a combination of drugs to get the disease under control as quickly as possible.

There are many choices to help alleviate symptoms and manage the disease in the long term.

When initial treatment with anti-inflammatory medication is not effective, injections may be

given. These usually contain a local anaesthetic and a steroid and can relieve pain for weeks to months.

The injections may be repeated but one needs to bear in mind the possible side effects, such as infection, hypopigmentation (loss of colour) of the skin and tendon ruptures.

Splints may be worn to rest the painful joints, but not for long periods as they can lead to muscle atrophy (wasting away).

Patients should also refrain from activities during the day which could cause or aggravate pain.

I also teach my patients an exercise to increase flexibility in the finger joints, protect them and ease the discomfort of morning stiffness.

It is done simply by opening the hands, extending all fingers and spacing them apart, then closing them to form a fist. Do this at least 10 times with each hand.

The exercise should be performed at least twice a day – upon waking up and at night, before going to bed.

When these conservative measures fail, I will discuss the available surgical options, such as joint fusion or joint replacements, with the patient.

Arthroscopy – a minimally invasive procedure done using small instruments and camera inserted through a tiny incision – of the finger joints is now possible because of advances in technology.

The choice depends on one's lifestyle demands and should be one that has a reasonable chance of providing long-term pain relief and return to desired activities.

I recommend that you seek help soon so that treatment can begin before the joint surfaces become damaged, and so that you can return to doing what matters most to you.



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