Illness experiences in middle-aged adults with early-stage knee osteoarthritis

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Purpose:
• Nurses lack understanding of the illness experiences of middle-aged patients who were confirmed to have early knee osteoarthritis and of how they manage the disease in Taiwan.
• To understand the illness experiences of middle-aged adults with early knee osteoarthritis.

Methods:
• A qualitative descriptive design was applied.
• Participants with knee osteoarthritis, aged 40-55 years, were recruited by purposive sampling (n=17).
• The data were collected through semistructured interviews from July - December 2010. All interview transcripts were analysed using qualitative inductive content analysis to identify key themes.

Results:
• Illness experiences of the seventeen participants were classified into three major themes: (i) unfamiliarity with osteoarthritis; (ii) effects on daily life; and (iii) protection and alleviation.
• The three main themes occurred repeatedly and affected the life experiences of the patients.

Conclusion:
• This study indicates that patients with osteoarthritis have insufficient knowledge related to disease process and they do not know how to cope effectively.
• They need healthcare providers to supply them with adequate osteoarthritis disease information.
• Nurses should also develop interventions in their practices and guide patients to use suitable techniques to improve the functional status of their knee joint(s).

Keywords: knee joint, osteoarthritis, qualitative research, middle-aged, adult, nursing

Table: Themes and subthemes of illness experiences in early knee OA

<table>
<thead>
<tr>
<th>Unfamiliarity with OA</th>
<th>Effects on daily life</th>
<th>Protection and alleviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistency of the disease with age</td>
<td>Daily activity and exercise limitation</td>
<td>Changing lifestyles</td>
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<tr>
<td>Questioning why they have the disease</td>
<td>Reduction of work, affecting household income</td>
<td>Avoiding medicinal side effects</td>
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<tr>
<td>Inability to control the disease progression</td>
<td>Not knowing how to cope with OA</td>
<td>Using auxiliary devices</td>
</tr>
</tbody>
</table>

Figure: The illness experience in middle-aged adults with early knee osteoarthritis