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Original Research Article

Prevalence of Knee Osteoarthritis in Rivers State University Teaching Hospital within the Period of 2020-2022

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Abstract: Knee osteoarthritis (OA) is a chronic degenerative joint disease characterized by progressive cartilage breakdown, joint pain, stiffness, and reduced mobility. It is a leading cause of disability worldwide, particularly among older adults. This study aimed to determine the prevalence of knee osteoarthritis among patients attending Rivers State University Teaching Hospital (RSUTH), Port Harcourt, Nigeria, between January 2020 and December 2022, and to assess its association with selected socio-demographic factors. A retrospective cross-sectional hospital-based study design was adopted. Data were obtained from patients' medical records in the orthopedic and medical records departments of RSUTH. A total of 606 cases diagnosed with knee osteoarthritis within the study period were included in the study. Relevant information such as age, sex, occupation, marital status, religion, body mass index (BMI), and year of diagnosis were extracted using a structured data collection form. Data were analyzed using Statistical Package for Social Sciences (SPSS) version 25. Descriptive statistics and chi-square tests were used, with a p-value of less than 0.05 considered statistically significant. The overall prevalence of knee osteoarthritis was 8.51%. The condition was more prevalent among females (64.3%) compared to males (35.6%). Prevalence increased with age, peaking in the 60–69 years age group (32.5%). Higher prevalence was observed among homemakers (44.5%), married individuals (67.1%), and those with higher BMI levels, indicating a strong association with obesity. Statistical analysis revealed significant relationships between knee osteoarthritis and socio-demographic variables such as age, sex, occupation, BMI, religion, and marital status ($p < 0.05$). In conclusion, knee osteoarthritis is prevalent among adults attending RSUTH, with higher occurrence in females, older individuals, and those with increased body weight. The findings highlight the need for early diagnosis, public health awareness, weight management, and targeted interventions to reduce the burden of the disease. Further large-scale, population-based studies are recommended to better understand the epidemiology and risk factors of knee osteoarthritis in the region.

Keywords: Knee osteoarthritis; prevalence; socio-demographic factors; obesity; Rivers State; Nigeria.

INTRODUCTION

Osteoarthritis (OA) is a chronic, progressive musculoskeletal disorder characterized by degeneration of articular cartilage, remodeling of subchondral bone, osteophyte formation, and varying degrees of synovial inflammation. It is the most common form of arthritis and represents a major cause of pain, disability, and reduced quality of life worldwide [1]. Osteoarthritis can affect multiple joints in the body, including the hands, hips, spine, and knees, but the knee joint is one of the most commonly affected due to its weight-bearing function and susceptibility to mechanical stress.

Knee osteoarthritis is a major public health concern globally. It contributes significantly to physical disability, particularly among older adults, and is ranked among the leading causes of years lived with disability

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worldwide [2]. According to epidemiological reports, millions of people suffer from knee osteoarthritis, and its prevalence continues to rise due to population aging, increasing rates of obesity, sedentary lifestyles, and longer life expectancy [3]. The progressive nature of the disease often leads to chronic pain, stiffness, joint deformity, and reduced mobility, thereby affecting the functional independence of affected individuals.

The pathophysiology of knee osteoarthritis involves complex biochemical and biomechanical processes that lead to the gradual breakdown of cartilage and changes in surrounding joint structures. Degeneration of articular cartilage reduces the joint's ability to absorb shock and maintain smooth movement, resulting in pain and inflammation. Additionally, structural changes such as subchondral bone sclerosis, osteophyte formation, and narrowing of the joint space further contribute to joint dysfunction [4]. These pathological changes often progress slowly over time, making early detection and management crucial in reducing long-term complications.

Several risk factors have been associated with the development of knee osteoarthritis. Age is considered one of the most significant risk factors, as the likelihood of cartilage degeneration increases with advancing age [5]. Other contributing factors include obesity, female gender, genetic predisposition, prior joint injury, occupational stress on the knee joint, and abnormal joint alignment. Obesity, in particular, increases mechanical loading on the knee joint and promotes inflammatory processes that accelerate cartilage breakdown [6]. Studies have also shown that women, especially after menopause, have a higher prevalence of knee osteoarthritis compared to men.

Beyond its physical impact, knee osteoarthritis also poses substantial socioeconomic burdens. The disease often leads to increased healthcare utilization, long-term medical treatment, loss of productivity, and increased healthcare expenditure for individuals and healthcare systems [3]. In severe cases, patients may require surgical interventions such as total knee replacement to restore mobility and relieve pain. The economic implications extend beyond healthcare costs to include indirect costs associated with disability, reduced work capacity, and the need for long-term care.

In developing countries, including Nigeria, the burden of knee osteoarthritis is gradually increasing due to demographic and lifestyle changes. However, there is limited epidemiological data on the prevalence and demographic distribution of knee osteoarthritis in many regions. Understanding the prevalence and associated sociodemographic characteristics of patients with knee osteoarthritis is essential for effective healthcare planning, prevention strategies, and improved management of the disease.

Hospitals play an important role in documenting disease patterns through patient records, which can be used to determine prevalence rates and identify associated risk factors. Rivers State University Teaching Hospital serves a large population in Port Harcourt and surrounding communities, making it an important center for studying musculoskeletal disorders such as knee osteoarthritis. Evaluating hospital records can provide valuable insights into the magnitude of the disease within the population.

Therefore, this study aims to determine the prevalence of knee osteoarthritis among patients attending Rivers State University Teaching Hospital between 2020 and 2022. The findings from this study will contribute to existing knowledge on knee osteoarthritis and may assist healthcare professionals and policymakers in developing strategies for early diagnosis, prevention, and effective management of the disease.

MATERIALS AND METHODS

This study adopted a retrospective descriptive study design to determine the prevalence of knee osteoarthritis among 606 patients (216 male, 390 female) Adults, aged 30-80 Years, participated in the study who attended Rivers State University Teaching Hospital between January 2020 and December 2022. The retrospective design involved reviewing previously documented medical records of patients diagnosed with knee osteoarthritis during the study period.

The study was carried out at Rivers State University Teaching Hospital (RSUTH) located in Port Harcourt, Rivers State, Nigeria. The hospital is a tertiary healthcare institution that provides specialized medical services to patients within Rivers State and neighboring states. It serves as a referral center for orthopedic and musculoskeletal disorders, including osteoarthritis, and has well-maintained medical records used for clinical and research purposes.

The study population consisted of all patients diagnosed with knee osteoarthritis who attended Rivers State University Teaching Hospital between January 2020 and December 2022. These patients were identified from hospital medical records within the orthopedic unit and medical records department.

Inclusion Criteria

The following criteria were used for selecting patients included in the study:

1. Patients diagnosed with knee osteoarthritis within the study period (2020–2022).
2. Patients whose medical records contained complete information relevant to the study.
3. Patients managed or diagnosed at Rivers State University Teaching Hospital.

Exclusion Criteria

The following records were excluded from the study:

1. Patients with incomplete or missing medical records.
2. Patients diagnosed with other forms of arthritis such as rheumatoid arthritis or septic arthritis.
3. Patients diagnosed outside the study period.

Data Collection Method

Data were collected from patients' medical records and hospital registers in the orthopedic department and medical records unit of Rivers State University Teaching Hospital. Information extracted included:

- Age of patients
- Sex
- Year of diagnosis
- Clinical diagnosis of knee osteoarthritis
- Other relevant demographic information

A structured data extraction form was used to systematically record the required information from the medical records.

Ethical Consideration

Ethical approval for the study was obtained from the Research Ethics Committee of Rivers State University Teaching Hospital. Permission was also obtained from the hospital management before accessing patients' records. Confidentiality of patient information was maintained throughout the study by ensuring that no personal identifiers were recorded or disclosed.

Data Analysis

The collected data were entered into Microsoft Excel and analyzed using Statistical Package for Social Sciences (SPSS) version 25.0. Descriptive statistics such as frequency, percentage, tables, and charts were used to summarize and present the data. The prevalence of knee osteoarthritis was calculated based on the number of diagnosed cases within the study period.

RESULTS

Table 1: Socio-Demographic factors and individual prevalence. (606)

Variables	Frequency	Percentage (%)
Sex		
Male	216	35.6
Female	390	64.3
Age		
30-39	47	7.7
40-49	117	19.3
50-59	157	25.9
60-69	197	32.5
>70	88	14.5
Occupation		
Farmer	162	26.7
Civil servant	110	18.7
Homemakers	270	44.5
Traders	45	7.4
Others	19	3.1

Frequency distribution of the socio-demographic distribution of the total population of OA.

Table 2: socio-demographic characteristics of the total population (606)

Variables	Frequency	Percentage (%)
Marital status		
Married	407	67.1
Single	92	15.7
Widow	74	12.2
Divorced	33	5.4
Religion		
Christians	461	75.9
Islam	91	15.0
Traditional rule	54	8.9
BMI		
<18	56	9.2
18.5-24.9	172	28.3
25.0-29.9	290	47.8
>30	88	14.5

Frequency distribution of socio-demographic of the total population and percentages.

Table 3: Table Showing Prevalence of Knee Osteoarthritis in Rivers State University Teaching Hospital.

Years	Frequency	Prevalence (%)
2020	161	26.6
2021	202	33.3
2022	243	40.1
Total	**606**	**100.0**

This is the frequency distribution table of the yearly prevalence of Knee OA from 2020-2022.

Table 4: Table Showing Relationship Between Social-Demographic, And Prevalence of Knee Osteoarthritis In Rivers State University Teaching Hospital.

Variables	Chi-square Value	P-value
Sex	54.985	0.01
Age	505.848	0.03
Occupation	373.702	0.02
BMI	434.103	0.01
Religion	66.079	0.01
Marital Status	117.142	0.02

This table shows the Chi-square values and the P-value of the variables. P-value less than 0.05, shows that there is a relationship between the Socio-demographic variables and prevalence of Knee Osteoarthritis.

Data Analysis

Table 1: A total of 606 samples were used in this study from 2020 to 2022, with a yearly prevalence of 26.6%, 33.3%, & 40.1% respectively. A total of 169 male, 437 female Adults, aged 30-80 Years, participated in the study. Most participants were Homemakers, with no formal education. The majority (407) were Married, and most (461) practiced Christianity. Participants' mean Body Mass Index were higher at the obese level.

The prevalence of OA was obtained to be 8.51%. The prevalence of knee Osteoarthritis (OA) was 64.3% for female, and 35.6% for male, giving a female to male ratio of 2:1. All the 606 participants with Knee OA experienced knee pain, and over 90% presented with joint tenderness, joint stiffness and absence of palpable warmth.

DISCUSSION

606 samples were eligible for the study. In this study, the prevalence of knee Osteoarthritis (OA) is 8.51%, according to the total statistics from the 2020-2022 period of study. In this study, a gradual increase was observed from 2020 which had a prevalence of 26.6%, 2021, which has a prevalence of 33.3% and 2022 with 40.1%. This shows a 33.3% incidence yearly at Rivers State University Teaching Hospital. In Northern Nigeria, [7] reported a prevalence of knee OA of 16.3%. This is higher compared to the prevalence in this study. This could be as a result of sample size of the population, and the general population in total. If the sample used is high to the total population, this could lead to a high prevalence. In Africa, [8] reported that OA has the highest prevalence in South Africa 55.1%, which increases progressively up to 82.7% among adults in the country. This progressive increase, could be as a result of increase in the population, and the study was conducted with samples from the whole country. While this study covers only a little portion of the state. In Ballabgarh, (India) [9] reported a prevalence of knee OA to be 65.6%. This prevalence is higher to the one reported in this study. Also, the sample size used to the total population can also lead to a high prevalence. In UK, [10] reported a prevalence of knee OA of 10.7%, with a population of 494716. This is similar to the prevalence reported in this study. The low prevalence might also be due to proper Health Care Availability in the Country. A finding from India reported prevalence of knee OA in five cities. Agra, Bangalore, Kolkate, Dehradum, and Pune, with a prevalence of 35.5%, 26.6%, 33.7%, 27.2%, 21.7% respectively, [11]. This study varies in prevalence across the Country, which the study Area and sampling method and the total population size could cause the variation in the prevalence of those cities. Hong et al, [12] reported a prevalence of knee OA among the population in Korea as 35.1%. This prevalence is not far from the prevalence of this study. This also depends on the sampling method used or the total population of knee OA used in this study.

Relationship between Socio-Demographic and Prevalence of Knee Osteoarthritis, in Rivers State University Teaching Hospital.

Sex: The majority 390 were female given a prevalence of 64.3%compared to the male with a prevalence of 35.6%. This study shows that females are more prone to OA than men. This could be because of their body structure and the activities they engage in. study shows that men undergo more exercise, which helps reduce their probability of having knee OA than female, who undergo less exercise. This does not support the study by [7] conducted in northern Nigeria, which had higher prevalence in male (89.5%). This could be as a result of the sample participants may be higher in male than female. It could also be caused by the type of religion practiced in that area, due to the fact that 90% of the population in the north are Islam which could cause a restrictive access to women in confinement. In other words, this supports the study conducted in the UK

which reported the highest prevalence of OA in females more than in male [10]. This study is also similar to the study in Ballangerd(India) which reported the highest prevalence in female adults than in male [9]. A similar study was conducted in fifth Korean national health, which reported higher prevalence in females 19.2% than in male 4.4% [13].

Age: The prevalence increases with age, peaking at the 60-69 years age group (32.5%). This study is similar to that of [7] who reported a peaking prevalence of knee OA for 60-60 years age group. This study is also similar to that reported in South Africa [8] which reported a prevalence of 82.7% among adults over the age of 60years. This study is also similar to the finding by [14] who reported a peaking at 60 among the Japanese. But in Korean adults, [12] reported a high prevalence of knee OA at 80 years. This could be due to the Korean Age system, where they calculate age from the womb before being born. This could also be as a result of the sample size in age range collected in the study. This could also be as a result of the kind of special food they eat called KIMCHI, described as miracle food, which contains Vitamin, pulp, minerals, and antioxidants. A similar finding was also reported in the US, that approximately 37% of participants with knee OA were 60 years or older [15]. These findings support the fact that OA is age related and more common among the older population [16]. The finding that prevalence of OA is 8.9% for age group 30-39 years and 35.7% for age group 60-69 years support the finding of [15] deduced that clinical OA in persons age 60years or older is approximately five times that of persons aged 30years and below. This shows that OA is Age related, and increases with increase in Age.

Occupation: The prevalence of OA is higher among Homemakers, (44.5%) than in any other occupation in this study. The high prevalence could be because Homemakers are generally women and they stay indoors more often, this could cause an increase in fat level in the body, and be at risk of obesity. Obesity causes an increase in weight of the body; this can cause more stress to the knee which bears the entire weight of the body. Excess stress to the knee can damage the ligaments leading to OA. This study is similar to the findings of [7] who reported the highest prevalence among Homemakers.

Religion: In this study the prevalence was higher among Christians (75.9%) than any other group. This could be due to the study area, and the study population had more of Christians than any other religion. But by frequency, it was observed that among every 3 of the Islams, one had Knee OA. This could be due to their mood of worship, which involves kneeling and bowing periodically five times daily, this could affect their joint ligaments causing them to have more knee OA. A similar study was conducted in the northern part of Nigeria, which reported the highest prevalence 97.4% among islams, [7].

1) Marital status and Obesity

The study also showed a higher prevalence among married couples 76.5%. This could be because of the age range used 30-70 years, which majority of that population is said to be married. The findings in this study, showed a high prevalence among overweight and obese people. Study showed that obese individuals are at higher risk of knee OA than non-obese individuals. This could be due to excess stress on the knee ligaments. This study supports the finding of [17] who reported the symptomatic knee OA increase due to increased rate of obesity in the general population. A study in Spain [18] reported that knee OA increases with high obesity in the population. This finding corroborated those of many previous studies [19,20] reported that reduction in percent body fat resulted in a decrease in mean knee OA severity of the disease. The implication of these findings is that weight reduction combined with well programmed moderate exercises may be a remedy for reducing the symptoms of knee OA and improving functions in an established disease. Obesity and overweight have long been recognized as potent risk factors for OA, especially OA of the knee [21]. The results from the Framingham Study demonstrated that women who had lost about 5 kg had a 50% reduction in the risk of development of symptomatic knee OA [21]. The same study also found that weight loss was strongly associated with a reduced risk of development of radiographic knee OA. Weight-loss interventions have been shown to decrease pain and disability in established knee OA [22] .The Arthritis, Diet, and Activity Promotion Trial showed that weight loss combined with exercise, but neither weight loss nor exercise alone, were effective in decreasing pain and improving function in obese elders who had symptomatic knee OA [23] Results from a meta-analysis concluded that while the effects of weight loss on pain were less consistent, weight reduction by about 5% was associated with an improvement of physical function [22] . The relationship between overweight and hip OA is inconsistent and, if it exists, is weaker than that with knee OA [24]. There is, however, more consistent evidence that obesity increases the risk of bilateral radiographic as well as symptomatic hip OA [25]. In the Nurses' Health Study, higher BMI, especially BMI at age 18, was strongly associated with an increased risk of total hip replacement therapy [26]. Increased loading on the joint is probably the main, but not only, mechanism by which obesity causes knee or hip OA. Overloading the knee and hip joints could lead to synovial joint breakdown and failure of ligamentous and other structural support.

CONCLUSION

The prevalence of symptomatic knee OA, in Rivers State University Teaching Hospital, Rivers State Nigeria is 8.51%. For adult age >30 years 7.7% which increases with age peaking at 60-69 years (32.5%). One in seven of either Rivers in peripheral regions or women aged 30 years or more in RSUTH with clinical diagnosis Arthritis, has a clinical diagnosis of OA in 2022. OA is

likely to increase with an ageing population and an obesity pandemic. Women are more affected and burdened by OA than men. Our findings call for improvement in the registration of OA diagnosis codes in the outpatient setting if a more accurate picture of the OA burden is to be achieved. Further prospective population-based studies in the Southern zone are warranted to identify modifiable risk factors for timely intervention.

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