Aaboe J, Bliddal H, Alkjær T, Henriksen M.

Losing weight to reduce knee joint loads in knee osteoarthritis. A good investment? Obesity Reviews 2010; 11 (suppl 1): 159 (T1:PO.236)

Abstracts of the International Congress on Obesity, Stockholm, Sweden, July 2010

Losing weight to reduce knee joint loads in knee osteoarthritis. A good investment?

¹Jens Aaboe MSc, ¹Henning Bliddal DMSc, ²Tine Alkjær PhD, and ¹Marius Henriksen PhD

¹Clinical Motor Function Laboratory, Parker Institute, Frederiksberg Hospital, Frederiksberg, Denmark. ²Department of Neuroscience and Pharmacology, University of Copenhagen, Copenhagen, Denmark.

Introduction

Obesity is a primary risk factor for knee osteoarthritis progression. The combination of increased load and changed joint biomechanics may explain this. Thus, to reduce deterioration of the health status in knee osteoarthritis (OA) patients, joint loads must be reduced. The aim of the study was to investigate the effect of weight loss on the knee joint loads during walking.

Methods

177 obese (BMI>30) symptomatic knee OA patients were studied before and after a 16 weeks weight loss intervention obtained using the Cambridge Weight Plan ®. Gait analyses were obtained at self-selected walking speed. Joint loads were calculated using standard inverse dynamics, and a knee model (1).

Results

A mean weight loss of 12.1kg (12%) was observed. The change in the knee joint loads was 186.6 N (SE 14.7N). The reduction in body mass corresponded to 118.7 N resulting in an average 1.6 times reduction in knee joint loads compared to the weight loss.

Conclusion

The weight loss resulted in a larger reduction of the knee joint loading than could be explained by the corresponding loss in body mass. These results suggest that weight loss may be very effective in prevention of disease progression.

1. Conflict of interest None disclosed

2. Funding

The study was supported by grants from the Oak Foundation; the Velux Foundation; the Cambridge Weight Plan, UK; the Danish Rheumatism Association; the Augustinus Foundation; the A.P. Møller Foundation for the Advancement of Medical Science; the 'Aase og Ejnar Danielsens fond' and the Hoerslev Foundation.

Reference (1) Schipplein OD, Andriacchi TP. J Orthop Res 1991; 9(1):113-9.