Osteoarthritis is a major source of pain, disability, and financial loss all over the world [1]. People over the age of 60 will account for more than 20% of the overall population by 2050 [2]. Knee osteoarthritis affects 28.1 percent of the urban population and 25.07 percent of the rural population in Pakistan [3]. Elderly people are more affected as compared to younger population. Obesity and overweight are major risk factors of osteoarthritis [4]. Other contributing factors are smoking, gender, sarcopenia, regular stairs climbing and vitamin D deficiency [5]. Nowadays different studies are conducted to check the relation between lifestyle and dietary factors with the occurrence of osteoarthritis [6].

Losina E et al. observed in 2013 that individuals above the age of 50 have a 57.16 percent higher incidence rate of osteoarthritis [7]. According to the results of this study's statistical analysis, 61 percent of people having osteoarthritis were obese or overweight. 35 percent of these people were overweight, and 26% were obese. In 2017, Pereira D et al. found that 68.3 percent of the patients in their research were overweight or obese. Individuals with a BMI below 30 mg/m2 accounted for 43.3 percent of the overweight population, while those with a BMI more than 30 accounted for 24.9 percent [8]. When it came to knowledge, attitude, and habits, socioeconomic level was a crucial role. In one research, 45 percent of osteoarthritis patients were from the lower and lower middle classes, while 40 percent were from the middle class.

Individuals from metropolitan regions made up 75% of the total, whereas patients with osteoarthritis from rural areas made up 25%. Cleveland RJ and colleagues also discovered a link between socioeconomic position and knowledge, attitudes, and behaviours. It was established that socioeconomic position played a role in increasing discomfort caused by osteoarthritis among the lower class, who were more prone to developing osteoarthritis than the upper class, since they performed more hard household work [9].

In 2016, Perruccio AV et al. studied if knowledge had a significant influence, finding a link between lesser education and higher pain. Excessive exercise, which is directly connected to pain severity, should be avoided by someone with knowledge. In osteoarthritis, a lack of knowledge and education on how to cope with illness symptoms played a significant impact [10]. Jones AC et al., in 2017 concluded that carbonated beverages were shown to play a significant role in lowering bone mineral density (BMD) due to the presence of phosphoric acid, which leaches calcium from bones, leaving them weak and porous [11]. According to the findings, osteoarthritis is caused by a lack of information and awareness about nutrition, disease, lifestyle adjustments, overweight, low wage, gender, aging, low socio-economic status, and attitude and beliefs. The number of patients had insufficient understanding about the condition, which exacerbated the disease's symptoms. It was shown that the majority of patients have a negative attitude about sickness and engage in harmful behaviours.

Keywords: Knowledge, osteoarthritis, joint pain, attitude, dietary practices


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