The 32 million people living with osteoarthritis – and those who treat them – now have guidelines for managing the condition.

Sometimes called “wear and tear” arthritis, osteoarthritis occurs when cartilage between bones deteriorates, usually from overuse. Osteoarthritis most frequently occurs in the hands, hips and knees. It has no cure, though it’s the most common form of arthritis. This means many patients are interested in the best ways to manage the condition.

Following a years-long process of evaluating research, a team of experts identified the best approaches for managing osteoarthritis. While every patient’s treatment plan should be determined with his or her health care provider, the 2019 American College of Rheumatology/Arthritis Foundation guidelines provide a framework for effective, patient-centered osteoarthritis care.
Q: How has osteoarthritis historically been treated?

Health care providers have been treating patients according to the 2012 American College of Rheumatology guidelines since they were released. But a lot has changed since then.

Even with recent medical advances, oral NSAIDs remain the “mainstay” for managing osteoarthritis, according to the 2019 guidelines. NSAIDs, or nonsteroidal anti-inflammatory drugs, are effective because they reduce pain and inflammation.

Q: Why are new osteoarthritis treatment guidelines necessary?

Medicine changes rapidly, so periodically reviewing research helps ensure that practice guidelines include new treatment options. Keeping guidelines current also allows providers to personalize patient care using the full range of approaches.

The 2019 guidelines differentiate pharmacologic approaches from physical, psychosocial and mind-body approaches.

Approaches are categorized in one of five ways:

- Strongly Recommended
- Conditionally Recommended
- No Recommendation
- Conditionally Recommended Against
- Strongly Recommended Against

The recommendation for an approach may depend upon where osteoarthritis affects the patient – in the hand, knee or hip. Topical NSAIDs are strongly recommended for managing osteoarthritis of the knee, for example, but only conditionally recommended for osteoarthritis of the hand. Similarly, steroids that are injected directly into the joint, called intraarticular steroids, are strongly recommended for the knee and hip, but only conditionally recommended for the hand.
Q: What management approaches are strongly recommended?

The guidelines strongly recommend three approaches for managing osteoarthritis in all three locations – the hand, knee and hip:

1. **EXERCISE**
   Such as walking, strengthening or aquatic exercise

2. **SELF-EFFICACY OR SELF-MANAGEMENT PROGRAMS,**
   Which help people learn to live with their condition

3. **ORAL NSAIDs**
   Such as aspirin, naproxen or ibuprofen

NSAIDs are often used to reduce the painful, inflammation and stiffness that accompany osteoarthritis. Some patients take NSAIDs so frequently that they reach a “maximally recommended” or “safely tolerated” dose.

The guidelines strongly recommend several interventions for two of the three joint areas.

Weight loss and cane use, for example, are strongly recommended for management of knee and hip osteoarthritis.

Q: What should patients consider when choosing a treatment?

Patients and their health care providers should work together to explore the benefits and drawbacks of different forms of osteoarthritis treatment.

While oral NSAIDs are effective at addressing osteoarthritis symptoms, they can sometimes cause gastrointestinal issues when taken in large doses. The guidelines recommend taking the lowest effective dose for as short a time as possible. Research found as many as one in four regular NSAID users can develop a GI ulcer. This can be mitigated by taking an NSAID with GI protectant or using a different medication.

In addition to oral NSAIDs, the guidelines strongly recommend other pharmacologic approaches, including intraarticular steroids and topical NSAIDs, which are creams, gels or sprays applied directly to the affected joint to help reduce inflammation and swelling.
The guidelines note that local therapy, when medication treats just the affected area, is preferable. A good example of this is putting topical NSAID cream directly on the knee, as opposed to taking medication orally, which would affect the entire body.

Opioids are good at masking osteoarthritic pain, but they aren’t effective at reducing inflammation. Patients who use opioids also risk becoming addicted to them.

**Q:** What do the guidelines say about comprehensive management of osteoarthritis?

It’s important for patients to work with their health care providers to develop a comprehensive management plan for their osteoarthritis.

Sometimes called balanced pain management, such an approach may include educational, behavioral, psychosocial and physical interventions in conjunction with pharmacologic approaches. For example, a patient with osteoarthritis of the knee may complete a self-management program to improve his or her education about osteoarthritis, and also take oral NSAIDs and use a cane.

Conversely, another patient may find that using only one type of treatment is necessary. Patient-centered osteoarthritis care means finding the personalized, comprehensive approach that works for each patient.

### Options for Patient-Centered Osteoarthritis Care

- **Topical NSAID Cream**
- **Exercise**
- **NSAIDs with a GI protectant**
- **Physical Therapy**
- **Self-Management Program**
CONCLUSION

There’s no cure for osteoarthritis, so finding the right treatment plan is important to patients. Effectively managing one’s condition can mean the difference between being homebound in pain and living a fulfilling life, spending time with loved ones and doing meaningful work.

Managing osteoarthritis may include aquatic exercise, completing a self-management program, taking oral NSAIDs or using a topical ointment. The new guidelines can help patients and health care providers determine which combination of approaches will work best.

REFERENCES

