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OSTEOARTHRITIS TREATMENT FOR AMERICA'S VETERANS



ALLIANCE FOR
Balanced Pain
Management



INTRODUCTION

Service to the nation leaves its mark on veterans in a number of ways. Among the most prevalent physical injuries experienced by service men and women is osteoarthritis. More than one in three veterans develops some form of arthritis, according to the Centers for Disease Control and Prevention.¹

Inflicting pain and inflammation in the hands, knees or hips, osteoarthritis can be the debilitating result of wear and tear on the body's joints. It can undermine service men and women's ability to fulfill their duties, as well as their ability to adjust to civilian life again after discharge.

Fulfilling the nation's debt of gratitude to veterans means acknowledging the burden of osteoarthritis – and ensuring access to proper treatment for those it affects.

OSTEOARTHRITIS & VETERANS

Veterans are more likely than nonveterans to develop osteoarthritis.²

The prevalence may stem from the physical demands of military service. Running and marching, carrying heavy equipment, or jumping down from structures or vehicles can put significant, repetitive strain on joints. Even just riding in military vehicles over rough terrain can cause joint damage that eventually leads to osteoarthritis.

Members of the military must meet high standards of physical fitness and health, but that does not protect them from the impact of osteoarthritis. Osteoarthritis is one of the leading causes of medical discharge from the military,³ and service members over age 40 are twice as likely to develop arthritis after returning to civilian life. The limitations of arthritis can present a major barrier to

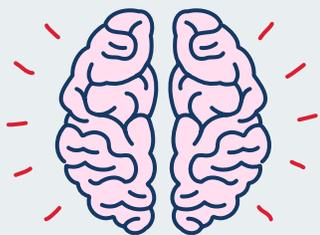
managing other common health issues that veterans may face, such as diabetes or cardiovascular disease.⁴

Without proper treatment, osteoarthritis can have a lifelong impact on veterans. People with osteoarthritis are 30% more likely to fall and at a 20% greater risk of fracture. As osteoarthritis worsens over time, cartilage may develop uneven edges and cracks. Bones may harden, change shape and get bumpy. The damage can be permanent; cartilage that has broken down does not grow back on its own.⁵

The disease is far more than a nuisance. Osteoarthritis puts people at a 55% greater risk of dying than the general population.⁶

Veterans debilitated by the pain and dysfunction of osteoarthritis have a serious disease that deserves education, treatment access and innovation.

LEADING CAUSES OF MEDICAL DISCHARGE



POST-TRAUMATIC
STRESS



BACK PAIN



OSTEOARTHRITIS

BALANCED PAIN MANAGEMENT

Osteoarthritis responds best to an integrative, personalized treatment approach known as balanced pain management.

The approach integrates pharmacologic and non-pharmacologic treatments into a safe and effective care plan that's tailored for each individual patient. Because the treatment approach is personalized, it also allows veterans and their doctors to take into account injuries from service or other comorbidities the patient may face.

Unfettered access to treatment options is critical.

Guidelines developed by the American College of Rheumatology in 2019 indicate that the traditional use of nonsteroidal anti-inflammatory drugs, or NSAIDs, is still the “mainstay” for managing osteoarthritis. NSAIDs come in pill or cream form. For people who risk ulcers and GI damage because they require regular, high doses of NSAIDs, the medications also come in a prescription formulation that includes a GI protectant.

Targeted injections of corticosteroids can also play a role in managing osteoarthritis.

Balanced pain management includes opioid-sparing treatment approaches. Opioids are effective at masking osteoarthritis pain, but they do not reduce inflammation. Limiting the use of opioids to treat osteoarthritis, when possible, also helps avoid the risk of addiction.

Medications' efficacy can be enhanced by incorporating other measures. These can include: physical therapy, strength training, aquatic activities and exercise such as walking. Patients can also benefit from a self-management program that helps them live with their condition.⁷

Depending upon the patient, balanced pain management also may include biologics, chiropractic care, massage therapy or medications for pain-related sleep disturbances or mental health conditions.

Veterans' health coverage policies should allow patients to work with their physicians to find the combination of medications, services and lifestyle changes that enables them to manage their symptoms and carry on with their lives.⁸

ELEMENTS OF BALANCED PAIN MANAGEMENT



CORTICOSTEROIDS



PHYSICAL THERAPY



NSAIDS



CHIROPRACTIC



OTHER MEDICATIONS



STRENGTH TRAINING

BARRIERS TO TREATMENT

AWARENESS

Awareness is often the first barrier to treatment. Some people think osteoarthritis is just normal wear and tear and don't recognize it as a disease that must be treated. The stigma of admitting to being hurt or asking for help leads many veterans to try and "tough it out" in a military culture where seeking treatment for an injury may be perceived as a sign of weakness.⁹

WAIT TIMES

Even when veterans seek help, they don't always get the timely osteoarthritis care they need. A Journal of the American Medical Association study revealed that wait times for different types of medical care at U.S. Department of Veterans Affairs medical centers improved from 2014 to 2017, except when it came to orthopedics.

Although VA wait times improved over the three years studied, veterans seeking orthopedic treatments still had to wait significantly longer than private-sector patients. Veterans across multiple regions waited an average of 21 days to see a caregiver, compared to just a 12-day wait for private-sector patients.¹⁰

TREATMENT SATISFACTION

When veterans do receive care, they are less likely to be satisfied with treatment

outcomes. The VA is the largest provider of orthopedic care in the United States. But a 2018 study found that the nature of military culture resulted in an imbalance of power between physicians and patients and yielded lower-quality treatment decisions compared to civilians'. Perhaps because military culture emphasizes hierarchy and command, and also mandates some health care decisions, VA patients had less autonomy.

The imbalance put them at risk for lower treatment satisfaction and even unwarranted surgical procedures.¹¹

ACCESS TO MEDICATIONS

The Veterans Health Administration, which serves about 9 million of the estimated 22 million military veterans in the United States,¹² employs a list of approved drugs called a formulary. The approach is similar to that used by Medicare and private insurers.¹³ Formularies that fail to include needed medications, however, can restrict access to care.

Although the VHA can often leverage its buying power to negotiate lower drug prices and co-pays, some policymakers and health care experts argue that its formulary may be overly restrictive. In 2017, for instance, Medicare Part D formularies typically covered 85% of the top 200 drugs, while the VHA's formulary covered just 59%.¹⁴

The VHA also instituted new formulary management policies in 2019 that require prior authorization. Before veterans can receive

coverage for some prescribed drugs, their health care providers must request and receive permission from the VHA. The practice, which can require extensive paperwork or entail a series of back-and-forth communications between the doctor and the VHA, can delay or block veterans' access to treatment.



Medical innovation continues to offer new treatment options for veterans and others with osteoarthritis. New treatments first require

clinical trials, however, which researchers often struggle to fill with volunteer participants. Across the board, more than one-third of clinical trial sites do not meet their enrollment goals, and one site out of 10 cannot find a single patient willing to enroll.¹⁵

Veterans with osteoarthritis may be eligible for clinical trial studies. Their involvement in the trial process could help them manage the condition while also advancing researchers' knowledge of the disease and furthering new treatment options.

CONCLUSION

Ensuring that veterans with osteoarthritis can live full lives after service requires overcoming a number of challenges. Veterans need:

- Greater public awareness about the burden of the disease
- Continued innovation to expand treatment options
- Policies that protect access to balanced, patient-centered care for painful symptoms.

Veterans have done their duty to this country. Policymakers can, in turn, fulfill their responsibility to veterans by ensuring they can receive personalized, integrative treatment for osteoarthritis.



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