Arthritis Alliance of Canada
Alliance de l'arthrite du Canada

Best Practices in the Diagnosis and Management of OA

Disclosure

- None

Objective

- To provide an approach to identify and treat people with OA in *primary care* clinical practice
  - American College of Physicians (ACP) OA “Home Builder’ module
  - 2014 OARSI guidelines for hip and knee OA

Getting to the correct diagnosis

- Diagnosis enables patient education & self-management
- OA diagnosis requires:
  - Standardized approach to screening for persistent joint complaints
    - e.g. self-complete ***joint homunculus*** at visits of patients 40+ years
  - Joint examination & possibly aspiration / injection
    - Identify a ***practice champion*** as the 'go to' person

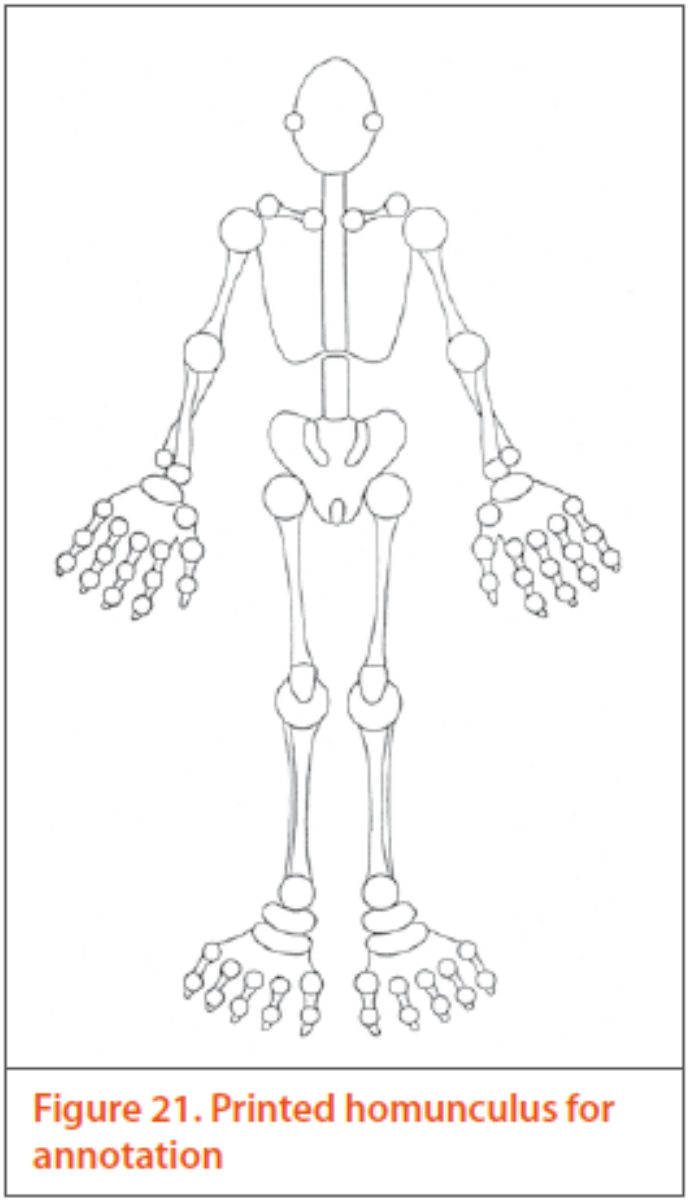

Figure 21. Printed homunculus for annotation

Indicate with an ‘X’ the joints that have been painful, swollen, aching or stiff on most days of the prior 3 months.

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Comprehensive management approach

- Recognize OA is a chronic condition
  - Informed, activated patient & prepared, proactive health care team
- Thorough patient assessment
  - Comorbid conditions
  - Patients' priorities for care
- Inter-disciplinary approach
  - Non-pharmacological + pharmacological modalities provided by a team

Education

- Elements of arthritis self-management & treatment objectives
- Multiple formats, e.g. paper, online
- Appropriate to individual patient's needs
  - preferred language & level of health literacy

Non-Pharmacologic Management

- Initial focus: self-help & patient-driven treatments
- Requires team members skilled at:
  - Assessment / recommendations for *weight loss* / weight maintenance
  - Prescribing / monitoring adherence to *exercise / physical activity*
  - Assessment for *biomechanical factors*
    - Recommendations regarding aids and devices, e.g. canes, walkers and appropriate footwear*
  - Education re alternative and complimentary therapies

Pharmacologic Management

- Once *non*-pharmacologic therapies tried / failed
- Comorbidity & patients' preferences for care
  - Close coordination of care between the patient/family or other providers
- Team members who are skilled at:
  - Medication management, e.g. a nurse or pharmacist
  - Chronic pain management
  - Mental health assessment / management

2014 OARSI Knee OA Treatment Guidelines

Evidence-Based OA Care & Comorbidity

Core treatments

Appropriate for all individuals

Land-based exercise
Water-based exercise
Weight management
Self-management & education
Strength training

Knee OA *without* other health problems

Biomechanical interventions
Intra-articular corticosteroids
Topical NSAIDs
Capsaicin
Oral Cox-2 inhibitors (selective NSAIDs)
Duloxetine
Acetaminophen

Multi-joint OA *without* other health problems

Biomechanical interventions
Intra-articular corticosteroids
Oral non-selective NSAIDs
Oral Cox-2 inhibitors (selective NSAIDs)
Duloxetine
Acetaminophen

Knee OA *with* other health problems

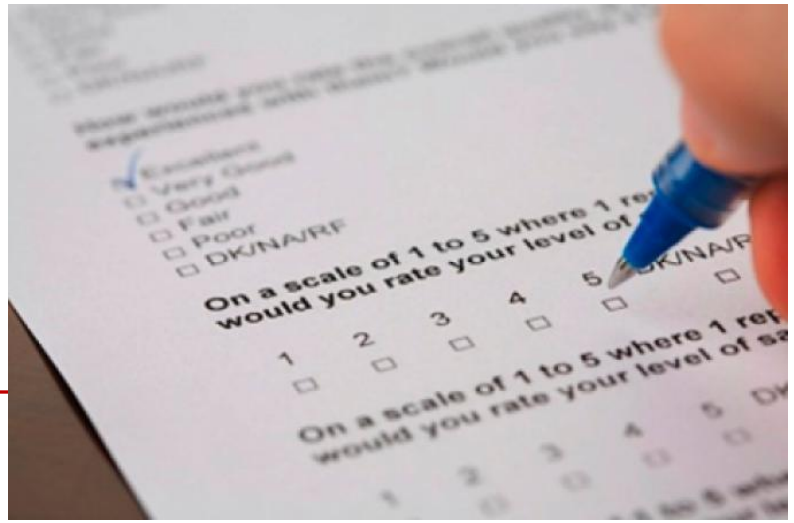
Biomechanical interventions
Intra-articular corticosteroids
Topical NSAIDs

Multi-joint OA *with* other health problems

Biomechanical interventions
Intra-articular corticosteroids
Oral Cox-2 inhibitors (selective NSAIDs)
Duloxetine

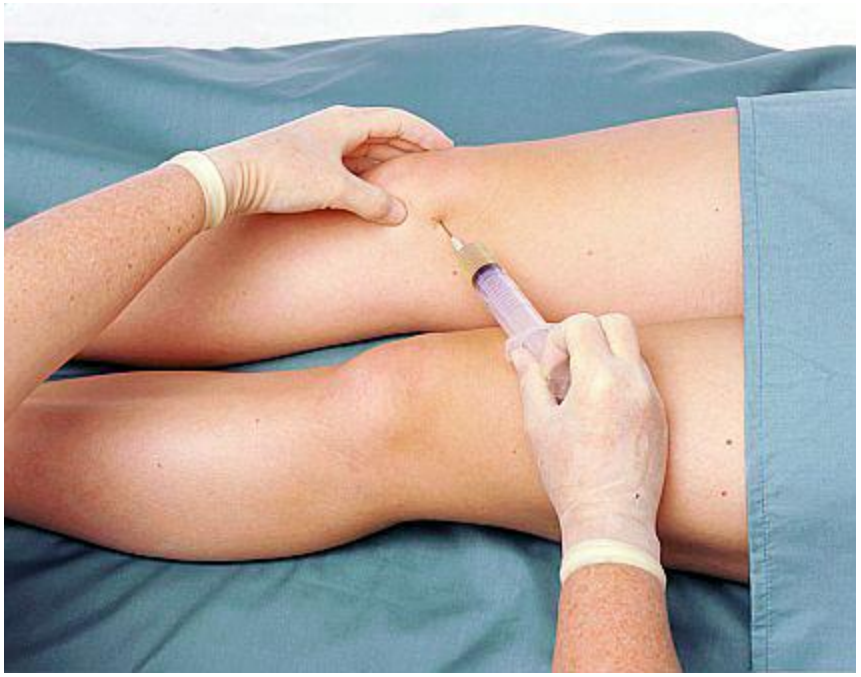
Monitoring Treatment Response

- Patient self-report questionnaires (PROMs)
- Performance measures
  - Assess performance of a standardized maneuver, e.g., walking or rising from a chair, in a controlled setting
  - Encouraged for comprehensive OA care



Joint Aspiration & Injection

- Able to aspirate / inject knee
  - Rule out infection / other diagnoses in persistently swollen joints
  - Deliver intra-articular therapies



Key Referral Relationships

- Rheumatology
  - Concern about inflammatory arthritis
  - Complex management
- Orthopedic surgery
  - Symptoms of instability (locking, giving way)
  - Tibial osteotomy
  - Joint replacement
- Mental / behavioural health
  - Psychiatrist, Behavioral health specialists, Case Managers, Social Workers

Summary: Best Practices in the Diagnosis & Management of OA

Recommendation:	Evidence for the recommendation
Standardized screening for OA	OA symptoms ascribed to aging
Clinician who can perform a joint examination	Essential to diagnosis and management of OA
Clinician who can aspirate and inject a knee	Rule out other diagnoses & for treatment
Clinicians who can assess / recommend biomechanical therapies	Excessive joint load is a risk factor for OA progression
Standardized self-management program	Improves symptom management
Appropriate OA education materials (health literacy and language)	Effective communication / education improves treatment adherence / informed decision making
Valid / reliable questionnaires to assess OA symptoms	Evaluate response to therapy
Screening for depression if chronic OA pain	Depression exacerbates OA symptoms / reduces adherence to therapies
Established referral / liaison arrangements with a multi-disciplinary team of health providers	Required for evidence-based OA care

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