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

Figure 21. Printed homunculus for annotation
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
- Weight management
- Strength training
- Water-based exercise
- Self-management & education

Knee OA without other health problems
- Biomechanical interventions
- Intra-articular corticosteroids
- Topical NSAIDs
- Capsaicin
- Oral Cox-2 inhibitors
  (selective NSAIDs)
- Duloxetine
- Acetaminophen

Knee OA with other health problems
- Biomechanical interventions
- Intra-articular corticosteroids
- Topical NSAIDs

Multi-joint OA without other health problems
- Biomechanical interventions
- Intra-articular corticosteroids
- Oral non-selective NSAIDs
- Oral Cox-2 inhibitors
  (selective NSAIDs)
- Duloxetine
- Acetaminophen

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

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Evidence for the recommendation</th>
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<tbody>
<tr>
<td>Standardized screening for OA</td>
<td>OA symptoms ascribed to aging</td>
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<tr>
<td>Clinician who can perform a joint examination</td>
<td>Essential to diagnosis and management of OA</td>
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<tr>
<td>Clinician who can aspirate and inject a knee</td>
<td>Rule out other diagnoses &amp; for treatment</td>
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<tr>
<td>Clinicians who can assess / recommend biomechanical therapies</td>
<td>Excessive joint load is a risk factor for OA progression</td>
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<td>Standardized self-management program</td>
<td>Improves symptom management</td>
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<td>Appropriate OA education materials (health literacy and language)</td>
<td>Effective communication / education improves treatment adherence / informed decision making</td>
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<tr>
<td>Valid / reliable questionnaires to assess OA symptoms</td>
<td>Evaluate response to therapy</td>
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<tr>
<td>Screening for depression if chronic OA pain</td>
<td>Depression exacerbates OA symptoms / reduces adherence to therapies</td>
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<tr>
<td>Established referral / liaison arrangements with a multi-disciplinary team of health providers</td>
<td>Required for evidence-based OA care</td>
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AND DON'T LET HIM SWEET-TALK YOU ABOUT DIET AND EXERCISE. I WANT PILLS!