**Southern Philippines Medical Center**

**CLINICAL PRACTICE GUIDELINES**
**Title: Guidelines for Patients with Osteoarthritis**

**OBJECTIVE:** To provide efficient and cost – effective management choices for the family medicine resident or consultant dealing with patients diagnosed with osteoarthritis

**SCOPE:** This shall apply for the management of patients with a diagnosis of osteoarthritis

**GUIDELINES:**

| History | Physical Examination | Diagnostics | Diagnosis | Treatment | Recommendation |
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| Ask for:<br><br>-Joint Pain is activity-related, starting as episodic and progressing continuously with accompanying brief morning stiffnes (<30 minutes) that gradually resolves<br><br>-Varying degree of functional limitation<br><br>-Reduced quality of life | -Joint swelling<br><br>-Tenderness<br><br>-Crepitus<br><br>-Enlargement of joint margin causing deformity<br><br>-Decreased range of motion | -No blood tests are routinely indicated<br><br>-Markers of inflammation, such as ESR and CRP level, are typically normal<br><br>-Synovial fluid analysis reveals a non-inflammatory pattern<br><br>-Joint imaging correlates poorly with presence and severity of pain:<br><br>*May be normal in early stages<br><br>*Advanced stages may show joint space narrowing, subchondral sclerosis, osteophytes, and joint destruction | Diagnose Osteoarthritis without investigations if a person:<br><br>-is 45 years old or over and<br><br>-has activity related joint pain<br><br>-and has either no morning joint-related stiffness or morning stiffness that lasts no longer than 30 minutes | **Holistic Approach and Self Management**<br><br>-Agree a plan with the person and their family members or carers<br><br>-Discuss the risks and benefits of treatment options with the person, taking into account comorbidities<br><br>-Core treatments: information, exercise, and weight loss<br><br>**Non-pharmacological treatments**<br><br>-Thermotherapy<br><br>-Exercise and manual therapy (local muscle strengthening, general aerobic fitness, manipulation, stretching)<br><br>-Weight loss | Consider an annual review for any person with one or more of the following:<br><br>-troublesome joint pain<br><br>-more than one joint with symptoms<br><br>-more than one comorbidity<br><br>-taking regular medication for their osteoarthritis<br><br>**-Do not offer glucosamine or chondroitin products** for the management of osteoarthritis<br><br>**-Do not offer acupuncture** for the management of osteoarthritis |

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| | | | | -Electrotherapy<br><br>-Aids and devices (walking sticks, bracing, joint support, insoles)<br><br>**Pharmacological treatments**<br><br>-Oral analgesic (Paracetamol)<br><br>-Topical NSAIDs<br><br>-Oral NSAIDs, Highly Selective COX-2 inhibitors or Opioids (if paracetamol or topical NSAIDs are insufficient for pain relief, then the addition of oral NSAIDs, COX-2 inhibitors, or opioids should be considered)<br><br>-Intra-articular Injections (corticosteroid injections should be considered as an adjunct to core treatments for the relief of moderate to severe pain in people with osteoarthritis) | |

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| | | | | **Referral for consideration of joint surgery**<br><br>-Consider referral for joint surgery for people with osteoarthritis who experience joint symptoms (pain, stiffness and reduced function) that have a substantial impact on their quality of life and are refractory to non-surgical treatment | |

**REFERENCES**

Osteoarthritis: care and management
Clinical Guideline
Published: 12 February 2014 (nice.org.uk/guidance/cg177)
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