

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



				<p>-Electrotherapy</p> <p>-Aids and devices (walking sticks, bracing, joint support, insoles)</p> <p>Pharmacological treatments</p> <p>-Oral analgesic (Paracetamol)</p> <p>-Topical NSAIDs</p> <p>-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)</p> <p>-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)</p>	
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				<p>Referral for consideration of joint surgery</p> <p>-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</p>	
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REFERENCES

Osteoarthritis: care and management
Clinical Guideline
Published: 12 February 2014 ([nice.org.uk/guidance/cg177](https://www.nice.org.uk/guidance/cg177))
Last updated: 11 December 2020

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	<p>Southern Philippines Medical Center</p> <p>CLINICAL PRACTICE GUIDELINES</p> <p>Title: Guidelines for Patients with Osteoarthritis</p>	
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