



Michigan Quality Improvement Consortium Guideline

Medical Management of Adults with Osteoarthritis

The following guideline recommends initial evaluation, nonpharmacologic and pharmacologic interventions for the management of osteoarthritis.

Eligible Population	Key Components	Recommendation and Level of Evidence	
Adults 18 years or older with clinical suspicion or confirmed diagnosis of osteoarthritis	Initial evaluation	<ul style="list-style-type: none"> Detailed history (aspirin use, pain control with over-the-counter medications, activity tolerance and limitations) Physical examination Assess GI risk: <ul style="list-style-type: none"> History of ulcer disease and/or GI bleeding Concomitant use of corticosteroids and/or warfarin [A] High dose or multiple NSAIDs Age > 60 yrs 	
	Nonpharmacologic modalities	Treatment plan should include: <ul style="list-style-type: none"> education and counseling regarding weight reduction, joint protection and energy conservation range-of-motion, aerobic and muscle strengthening exercises physical therapy and occupational therapy for patients with functional limitations assistive devices for ambulation and activities of daily living appropriate footwear, orthotics (e.g., wedged insoles) self-management resources (e.g., American Arthritis Foundation self help course and book) complementary alternative medicine [B] (e.g., acupuncture, glucosamine and chondroitin) 	
Pharmacologic Therapy			
Non-NSAID analgesics	Initial drug of choice: Acetaminophen 4 g/day Note patients with hepatic toxicity risk factors, especially those on aspirin. Reassess and taper as tolerated.		
Other pharmacologic agents	<ul style="list-style-type: none"> Nonacetylated salicylate, tramadol, opioids, intra-articular glucocorticoids or hyaluronate, topical capsaicin or methylsalicylate 		
NSAID analgesics	Patients who are not using aspirin	<u>Patients at no or low GI risk:</u> <ul style="list-style-type: none"> Use a traditional NSAID [A] If GI symptoms develop, add an antacid, H₂ blocker or proton pump inhibitor (PPI) [A] <u>Patients at GI risk:</u> <ul style="list-style-type: none"> If on PPI, use a traditional NSAID If not on PPI, use a COX-2 selective inhibitor If on a COX-2 and GI symptoms develop, add an antacid, H₂ blocker or PPI 	
	Patients who are using aspirin	<u>Patients at no or low GI risk:</u> <ul style="list-style-type: none"> Use traditional NSAID with a PPI or gastroprotective agent [A] <u>Patients at GI risk:</u> <ul style="list-style-type: none"> Avoid NSAID! Reconsider acetaminophen and other pharmacologic agents If absolutely must use an NSAID, consider use of a PPI plus either a COX-2 selective inhibitor or a traditional NSAID 	

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps and is based on the following sources: The 2000 American College of Rheumatology Subcommittee on Osteoarthritis Guidelines: Recommendations for the Medical Management of Osteoarthritis of the Hip and Knee (www.rheumatology.org) and Fendrick AM, Garabedian-Ruffalo SM. A Clinician's Guide to the Selection of NSAID Therapy. P & T 2002;27:579-582. Individual patient considerations and advances in medical science may supersede or modify these recommendations.