



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Medical Management of Adults with Osteoarthritis](#)

Released: August 2019

This alert provides a summary of only the recommendations which were updated. Refer to the complete guideline for all recommendations and level of evidence.

Updated recommendations include:

Eligible Population

Adults with clinical suspicion or confirmed diagnosis of osteoarthritis

Initial Evaluation

- Assess behavioral health status including depression, sleep disturbance, and/or chronic pain syndrome

Non-pharmacologic modalities

- Improved sleep hygiene may decrease perception of pain.
- Assistive devices for ambulation and activities of daily living for select patients.

Pharmacologic Therapy

- Initial drug of choice should be individualized based on age, comorbidities and affected joints.
- Avoid use of opioids including tramadol. If used, limit to 72 hours.

Other alternatives:

- Nonacetylated salicylate, intra-articular drugs (glucocorticoids, anesthetics, pain-modulating SSRI (venlafaxine, duloxetine), topical preparations (methyl salicylate, diclofenac, or capsaicin). Prescription topicals are costly.
- Consider NSAID, based on risk. Add proton-pump inhibitor if on aspirin.

NSAID analgesics: Use with caution in patients with HTN, CKD and stable CV disorders only when the individual clinical benefit outweighs the cardiovascular or renal risk. If aspirin is used daily, COX-2 offers no advantage over NSAID.