# Medical Management of Adults with Osteoarthritis

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

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<th>Eligible Population</th>
<th>Key Components</th>
<th>Recommendation and Level of Evidence</th>
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| Adults with clinical suspicion or confirmed diagnosis of osteoarthritis | Initial evaluation | Detailed history (aspirin and other anti-platelet use, pain control with over-the-counter medications, narcotic use, activity tolerance and limitations)  
Physical examination, with emphasis on musculoskeletal examination  
Assess gastrointestinal (GI) risk:  
- History of GI bleeding  
- History of peptic ulcer disease and/or non-steroidal induced GI symptoms  
- Concomitant use of corticosteroids and/or warfarin [A]  
- High dose, chronic, or multiple NSAIDs including aspirin  
- Age > 60 yrs  
Assess behavioral health status including depression and/or chronic pain syndrome |
| Non-pharmacologic modalities | Multi-faceted treatment plan should include:  
- Education and counseling regarding weight reduction and joint protection  
- Range-of-motion [B], aerobic and muscle strengthening exercises, aquatic exercises  
- For patients with functional limitations, consider physical and occupational therapy  
- Self-management resources (e.g., American Arthritis Foundation self-help tools and resources)  
For select patients:  
- Assistive devices for ambulation and activities of daily living |

## All Pharmacologic Therapy

**Initial drug of choice should be individualized:** consider acetaminophen at minimum effective dose, lower dose for patients with risk factors for toxicity (hepatic toxicity risk factors, aspirin, warfarin)\(^1\). Warn patients that many over-the-counter products and prescription analgesics contain acetaminophen and to monitor total dose carefully.

<table>
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<th>Low GI risk</th>
<th>High GI risk</th>
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| • NSAID  
• Add PPI\(^2\) if on aspirin, or if risk warrants GI protection |
| • NSAID plus PPI\(^2\)  
• If NSAID not tolerated, Cyclo-oxygenase-2 (COX-2) selective inhibitor  
• For those with prior GI bleed avoid all NSAIDs/COX-2. If must use, then COX-2 plus PPI\(^2\)[D].  
• Nonacetylated salicylate, tramadol, opioids, intra-articular glucocorticoids or hyaluronate, topical lidocaine, methylsalicylate or topical presentations |

\(^1\) Maximum recommended acetaminophen dose from all sources 2-4 g/d.  
\(^2\) Misoprostol at full dose (200 µg four times a day) may be substituted for PPI.

**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:  


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