Developing an Individualized Treatment Plan for Osteoarthritis of the Hip and/or Knee

For patients diagnosed with Osteoarthritis (OA) of the hip and/or knee. Assess pain, severity, and functional limitations of the individual to determine the best treatment plan.

For further information on the VA/DoD Clinical Practice Guideline for the Non-surgical Management of Hip & Knee Osteoarthritis, visit: https://www.healthquality.va.gov/guidelines/cd/oa/

Initial Individualized Treatments

a Self-management Program

- Regular self-directed physical activity
- Walking daily
- Doing laundry
- Gardening
- Riding a bike

b Comprehensive Lifestyle Intervention for Weight Reduction

- Set **SMART** goals: **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound
- Eat a healthy diet

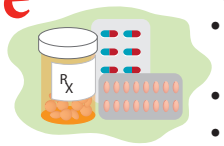
c Bracing the Knee to Provide Stability

- Prescribe adaptive equipment
- Cane or Braces

d Physical Therapy

Suggested/recommended as appropriate

e Pharmacotherapy Initial Treatments



- Topical agents for OA of the knee (e.g. Non-steroidal anti-inflammatory drugs (NSAIDs), capsaicin)
- Acetaminophen
- NSAIDs or Cyclooxygenase-2 (COX-2) inhibitors

Second-line or Combination Treatments

Combine two or more Initial Treatments

a + d

a + d + e

Addition of Duloxetine

As an alternative or adjunct to initial treatments

Intra-articular Corticosteroid Injection (CSI) for Knee & Hip OA

- CSI should be avoided for the three months preceding joint replacement surgery
- CSI for the hip should be image-guided
- Consider viscosupplementation in patients with inadequately controlled knee pain with core pharmacologic and non-pharmacologic treatments

Pharmacotherapy Considerations

Assess renal and liver functions

Acetaminophen

Lowest clinically effective dose should be used; in addition, a maximum of **4 g/day** **from all sources** should never be exceeded

Avoid NSAIDs or COX-2 inhibitors

- For patients with or at risk for Cardiovascular Disease (CVD), Chronic Kidney Disease (CKD), and in those patients at risk for serious Upper GI (UGI) toxicity
- Consider adding a PPI or misoprostol in patients at risk for UGI events who require treatment with NSAIDs or COX-2 inhibitors
- Assessment of renal function should occur and NSAIDs and COX-2 inhibitors should be avoided in patients with estimated glomerular filtration rate (eGFR) <30 ml/min/1.73 m2

Opioid Therapy

Generally, initiation of opioids should be avoided. For patients already on long-term opioid therapy, refer to the current VA/DoD Clinical Practice Guideline for the Management of Opioid Therapy for Chronic Pain at https://www.healthquality.va.gov/guidelines/pain/cot/