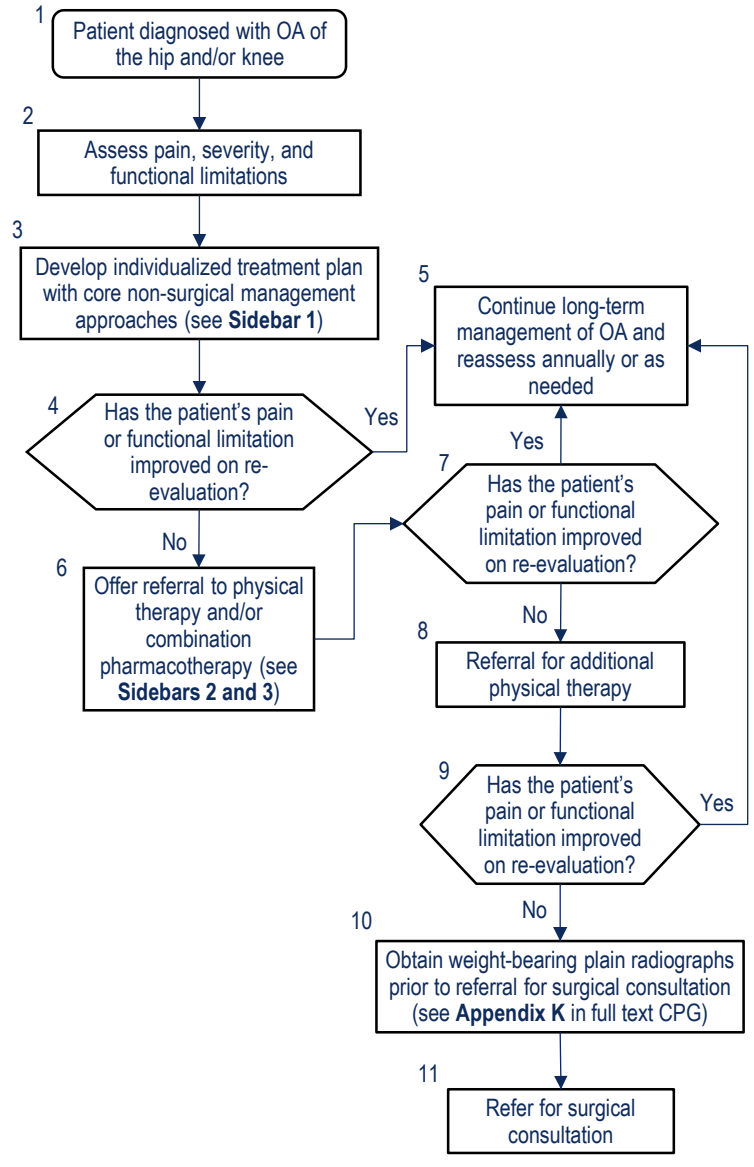
The Non-surgical Management of Hip and Knee Osteoarthritis



Sidebar 1: Initial Individualized Treatment Plan

Discuss a self-management program:

- Regular self-directed exercise
- Comprehensive lifestyle intervention for weight reduction: refer to the current VA/DoD CPG for the Management of Adult Overweight and Obesity[a]
- Bracing for OA of the knee (prescription of adaptive equipment such as a cane and knee braces may also be offered in conjunction with the above to help decrease weight burden/provide stability for knee OA)
- Offer referral for physical therapy[b]

Pharmacotherapy:

- Initial treatments:
  - Topical agents for OA of the knee (e.g., NSAIDs or capsaicin)
  - Acetaminophen
  - NSAIDs or COX-2 inhibitors

[a] See the VA/DoD Clinical Practice Guideline for the Management of Adult Overweight and Obesity. Available at: https://www.healthquality.va.gov/guidelines/CD/obesity

[b] Consider early referral to physical therapy based on pain severity, functional limitations, and adherence

Sidebar 2: Second-line and Combination Pharmacotherapy

Second-line or combination treatments:

- Consider combining two initial treatments (see **Sidebar 1**)
- Consider intra-articular CSI for knee and hip OA:
  - CSI should be avoided for the three months preceding joint replacement surgery
  - CSI for the hip should be image-guided
- Duloxetine: consider adding duloxetine as an alternative or adjunct to initial treatments (see **Sidebar 1**)
- Consider intra-articular VSI in patients with inadequately controlled knee pain with core pharmacologic and non-pharmacologic treatments

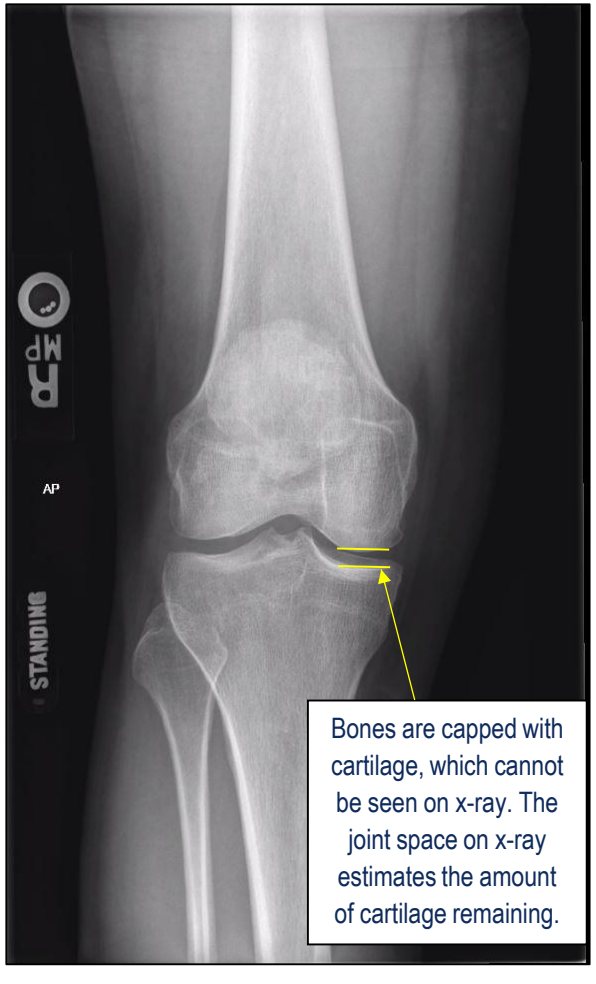
Sidebar 3: Pharmacotherapy Considerations

- Acetaminophen: because of safety concerns (e.g., hepatotoxicity), the lowest clinically effective dose should be used; in addition, a maximum of 4 g/day should never be exceeded
- NSAIDs or COX-2 inhibitors: should generally be avoided in patients with or at risk for CVD, CKD, and in those patients at risk for serious 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 eGFR <30 ml/min/1.73 m^2
- Opioids: in most patients, treatment with an opioid should be avoided; for those already on opioids, refer to the current VA/DoD CPG for the Management of Opioid Therapy for Chronic Pain[c]

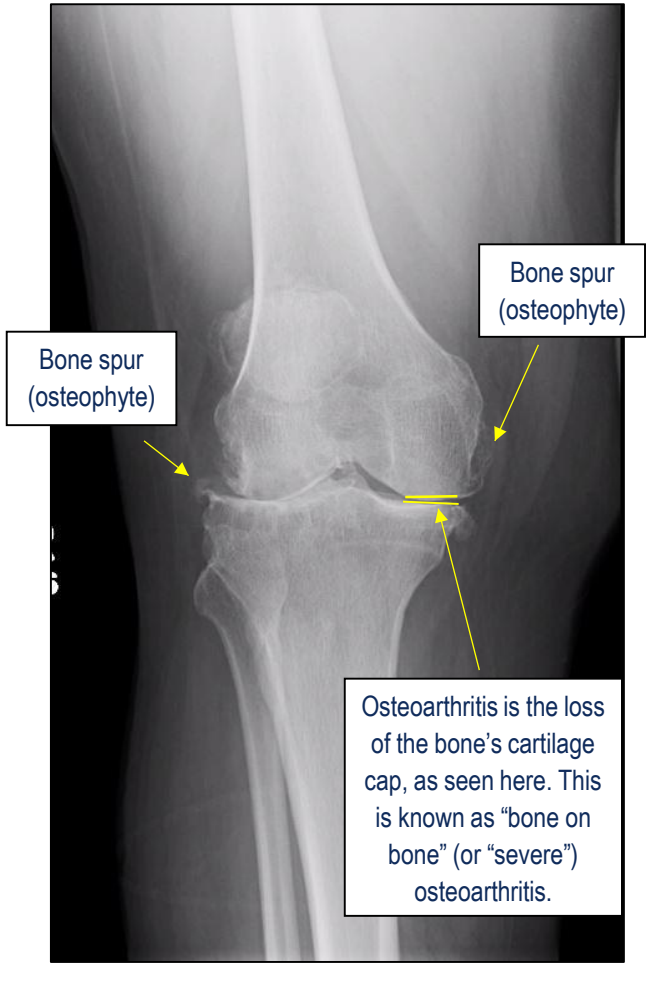
[c] See the VA/DoD Clinical Practice Guideline for the Management of Opioid Therapy for Chronic Pain. Available at: https://www.healthquality.va.gov/guidelines/Pain/cot/

Abbreviations: CKD: chronic kidney disease; COX-2: cyclooxygenase-2; CPG: Clinical Practice Guideline; CSI: corticosteroid injection; CVD: cardiovascular disease; DoD: Department of Defense; eGFR: estimated glomerular filtration rate; g: grams; m^2: square meters; min: minute; ml: milliliters; NSAIDs: nonsteroidal anti-inflammatory drugs; OA: osteoarthritis; PPI: proton-pump inhibitor; UGI: upper gastrointestinal tract; VA: Department of Veterans Affairs; VSI: viscosupplementation injections

Normal Knee



Knee with Osteoarthritis



Notes

Access to the full guideline and additional resources are available at the following link:
https://www.healthquality.va.gov/guidelines/cd/oa/