

## Health Plan of Michigan Clinical Practice 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"> <li>• Detailed history (aspirin use, pain control with over-the-counter medications, activity tolerance and limitations)</li> <li>• Physical examination.</li> <li>• <u>Assess gastrointestinal (GI) risk:</u> <ul style="list-style-type: none"> <li>▪ History of GI bleeding</li> <li>▪ Concomitant use of corticosteroids and/or warfarin [A]</li> <li>▪ High dose, chronic, or multiple NSAIDs including aspirin</li> <li>▪ Age &gt; 60 yrs</li> </ul> </li> </ul>		
	Nonpharmacologic modalities	Treatment plan should include: <ul style="list-style-type: none"> <li>▪ Education and counseling regarding weight reduction, joint protection</li> <li>▪ Range-of-motion [B], aerobic and muscle strengthening exercises               <ul style="list-style-type: none"> <li>○ For patients with functional limitations, consider physical and occupational therapy</li> </ul> </li> <li>▪ Self-management resources (e.g., American Arthritis Foundation self help course and book)</li> </ul> <u>For Select Patients</u> <ul style="list-style-type: none"> <li>▪ Assistive devices for ambulation and activities of daily living</li> <li>▪ Appropriate footwear, orthotics (e.g., wedged insoles)</li> </ul>		
	<b>Pharmacologic Therapy</b>			
	<b>Therapies other than NSAID</b>	<ul style="list-style-type: none"> <li>▪ <b>Initial Drug of Choice:</b> Acetaminophen 4g/day, modify dose for patients at risk for toxicity (Note patients with hepatic toxicity risk factors, especially those on aspirin. Reassess and taper as tolerated.)</li> <li>▪ <b>Topical capsaicin</b></li> </ul>		
	NSAID analgesics	<b>No or low NSAID GI risk</b>	<b>NSAID GI risk</b>	
<ul style="list-style-type: none"> <li>▪ No cardiovascular risk</li> </ul>	<ul style="list-style-type: none"> <li>▪ NSAID</li> <li>▪ Add PPI<sup>1</sup> if on aspirin, plus risk warrants GI protection</li> </ul>	<ul style="list-style-type: none"> <li>▪ NSAID plus PPI<sup>1</sup></li> <li>▪ If NSAID not tolerated, Cyclo-oxygenase-2 (COX-2) selective inhibitor</li> <li>▪ For those with prior GI bleed avoid all NSAIDs/COX-2, if must use, then COX-2 plus PPI<sup>1</sup> [D]</li> </ul>		
<ul style="list-style-type: none"> <li>▪ Cardiovascular risk</li> </ul>	<ul style="list-style-type: none"> <li>▪ Naproxen<sup>2,3</sup></li> <li>▪ Add PPI<sup>1</sup> if GI risk of aspirin /NSAID combination warrants GI protection</li> </ul>	<ul style="list-style-type: none"> <li>▪ Naproxen<sup>2,3</sup> plus PPI<sup>1</sup> if cardiovascular risk &gt; GI risk</li> <li>▪ COX-2 plus PPI<sup>1</sup> if GI risk &gt; cardiovascular risk</li> </ul>		
Other pharmacologic agents	Nonacetylated salicylate, tramadol, opioids, intra-articular glucocorticoids or hyaluronate, topical capsaicin or methylsalicylate			

**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 ICSI Diagnosis and Treatment of Adult Degenerative Joint Disease (DJD)/Osteoarthritis (OA) of the Knee, Institute for Clinical Systems Improvement, 2007 ([www.isci.org](http://www.isci.org)) and Scheiman JM. Summing the Risk of NSAID Therapy. Lancet 2007; 369:1580-1 Individual patient considerations and advances in medical science may supersede or modify these recommendations.

Approved by MQIC Medical Directors August 2007

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