The Royal College of Chiropractors' Pain Faculty

Summary of Osteoarthritis: Care and Management in Adults (NICE guideline CG177)

Overview

Osteoarthritis is characterised pathologically by localised loss of cartilage, remodelling of adjacent bone and associated inflammation. A variety of traumas may trigger the need for a joint to repair itself. Osteoarthritis includes a slow but efficient repair process that often compensates for the initial trauma, resulting in a structurally altered but symptom-free joint. In some people, because of either overwhelming trauma or compromised repair, the process cannot compensate resulting in eventual presentation with symptomatic osteoarthritis; this might be thought of as 'joint failure'. Contrary to popular belief, osteoarthritis is not caused by ageing and does not necessarily deteriorate.

Diagnosis

Diagnose osteoarthritis clinically without investigations if a person:

- is 45 or over, and
- has activity-related joint pain, and
- has either no morning joint-related stiffness or morning stiffness that lasts no longer than 30 minutes.

Core Treatment

A holistic approach to osteoarthritis assessment and management should be taken in light of patients preferences and views:

- Access to appropriate information
- Activity and exercise
- Interventions to achieve weight loss if the person is overweight or obese
- Advice on footwear including shock absorbing properties for lower limb OA

Adjunct to core treatments

- Manual therapy: Both manipulation and stretching should be considered as an adjunct to core treatments (such as exercise), particularly for osteoarthritis of the hip
- Electrotherapy: consider the use of transcutaneous electrical nerve stimulation (TENS) as an adjunct to core treatments for pain relief
- Thermotherapy: The use of local heat or cold should be considered as an adjunct to core treatments
- Assistive devices: walking sticks and tap turners should be considered to maintain activity of daily living

Other

- Nutraceuticals: Do not offer glucosamine or chondroitin products for the management of osteoarthritis
- Acupuncture**:** Do not offer acupuncture for the management of osteoarthritis

Referral for consideration of joint Surgery

- Referral for surgical consideration should be based upon discussion with the patient
- Surgical consideration should take place before there is prolonged and established functional limitation and severe pain

Follow-up and review
Offer reviews to all people with symptomatic osteoarthritis. Agree the timing of the reviews with the person.

Access to appropriate information
As with all new NICE guidelines, patient-centred care is a fundamental principle. For patients to be involved fully in decision making we need to establish expectations, preferences, beliefs and concerns. The guidance on patient education is consistent with the 2008 pathway.

Offering relevant information is a continuous process to help patient understand osteoarthritis (OA).
A key part of this is to counter misconceptions and maladaptive beliefs shown to have a negative effect on prognosis. Such beliefs include the inevitable progression of pain and disability as well as the view that nothing can be done to help. Our influence as clinicians is very significant with patients forming beliefs based on communication with healthcare professionals that last several years (Darlow et al, 2013).

Conversely key messages to deliver to patients include-

- Pain is a complex biopsychosocial issue, related in part to person expectations and self-efficacy, and associated with changes in mood, sleep and coping abilities
- Pain does not always mean harm
- There is often a poor link between changes on an X-ray and symptoms. For example only half of adults aged 50 years and over with radiographic osteoarthritis of the knee have symptoms (Peat et al, 2006)
- Contrary to popular belief, osteoarthritis is not caused by ageing and does not necessarily deteriorate - symptomatic osteoarthritis is not an inevitable consequence of ageing
- There are a number of effective treatment and management options available
- Keep active - exercise is very helpful

Using individualised self-management strategies with patients with OA
The goal of self-management is to empower patients and improve self efficacy. This is now a fundamental part in the recommendation of the management of all long term conditions. For OA, NICE recommends exercise, weight loss, suitable footwear and pacing. Many other self management strategies can be used to help patients with persistent pain i.e. goal setting and relaxation. An excellent self management resource for patients with persistent pain is the pain toolkit available at www.paintoolkit.org

Activity and exercise
Exercise is a core treatment recommendation for the management of osteoarthritis irrespective of age, comorbidity, pain severity or disability.

Exercise advice should include both:

- local muscle strengthening , and
- general aerobic fitness

Exercises are beneficial in the management of osteoarthritis however clinicians need to make a judgement on how to effectively ensure patient participation. This will depend upon the patient's individual needs, circumstances, self-motivation and the availability of local facilities.

The NICE guidelines have not specified whether exercises should be provided by the healthcare professionals or whether the person should be given advice and encouragement to find and carry out exercises themselves.

Pharmacology

Note that NICE has stated that after feedback from stakeholders on this guideline, further work will take place on the role of pharmacology for the management of OA and this will be released later.

References

Darlow, B., Dowell, A., Baxter, G.D., Mathieson, F., Perry, M., and Dean, S. (2013) The enduring impact of what clinicians say to people with low back pain. *Annals of Family Medicine*, 11(6), 527-34.

Peat, G., Thomas, E., Duncan, R., Wood, L., Hay, E. and Croft P. (2006) Clinical classification criteria for knee osteoarthritis: performance in the general population and primary care. *Annals of the* Rheumatic Diseases,65(10):1363-1367.