

Update on Osteoarthritis: Addressing Common Questions About Managing OA

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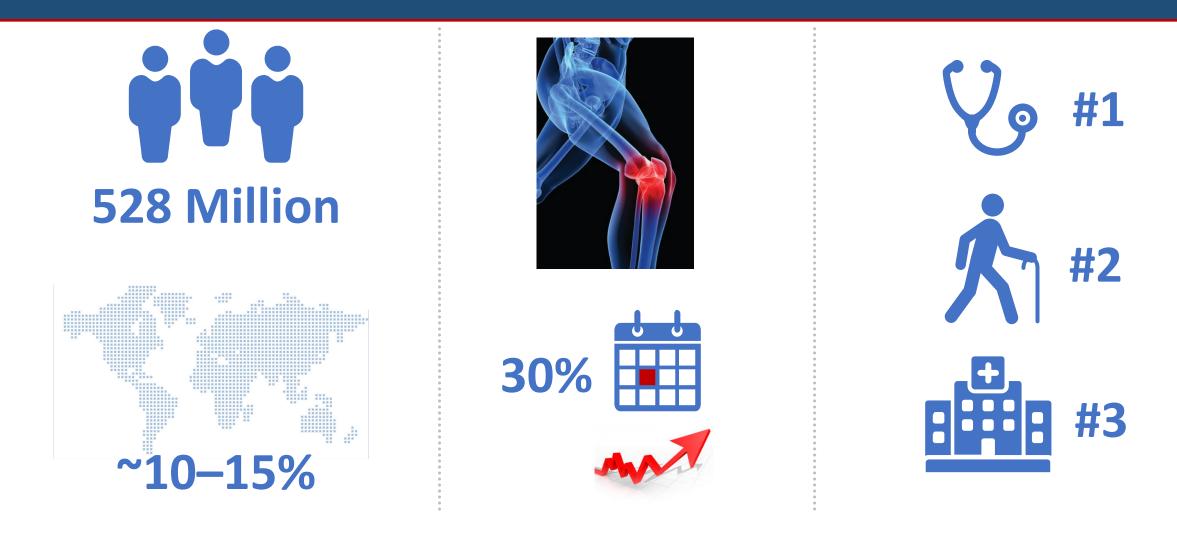
Disclosures

- Consultant: EMD Merck-Serono, Flexion, Novartis, Pfizer/Lilly, Regeneron
- Core Team for 2019 American College of Rheumatology Arthritis Foundation OA Treatment Guideline
- NIH grants focused on OA, pain





Osteoarthritis Epidemiology







Clinical Knee Osteoarthritis

Pain is Primary Clinical Symptom

People Are Living Longer with Knee OA

Limited Management Options

Joint Replacement: "Definitive Treatment"





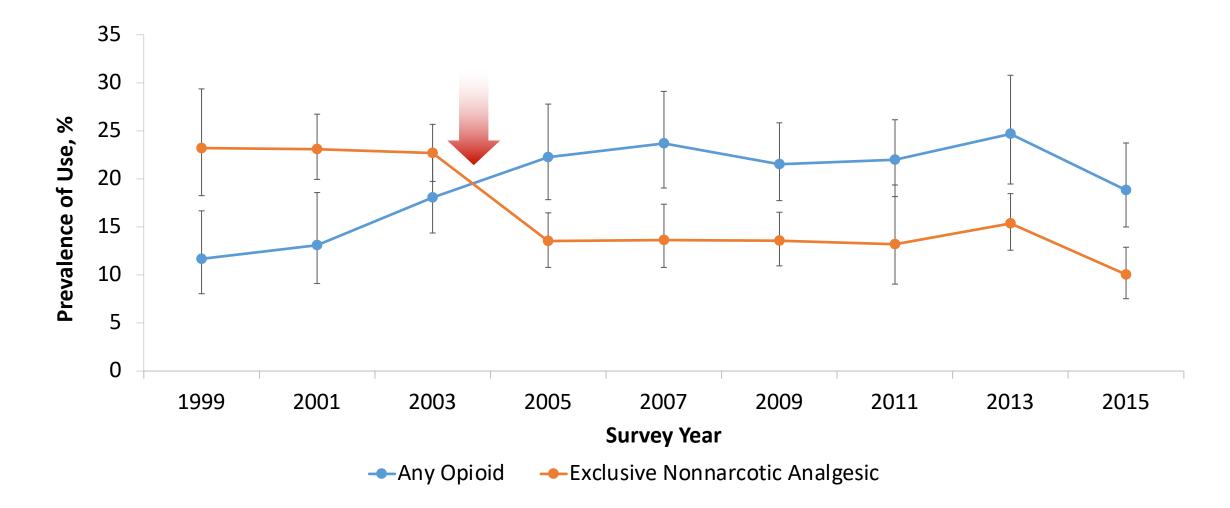








Unintended Consequences





Stokes, et al. JAMA Network Open 2019

Scope of the OA Problem

Prevalence Burden

- >500 million adults globally
- 15% adult population

Cost Burden

- >\$100s billion annually
- >900,000 hospitalizations

Lack of (use of) Effective Therapies

- Disability
- Quality of Life
- Opioid Epidemic







54 Year-old Woman







Questions for you



Asking About













Osteoarthritis Guidelines

AMERICAN COLLEGE of RHEUMATOLOGY Empowering Rheumatology Professionals

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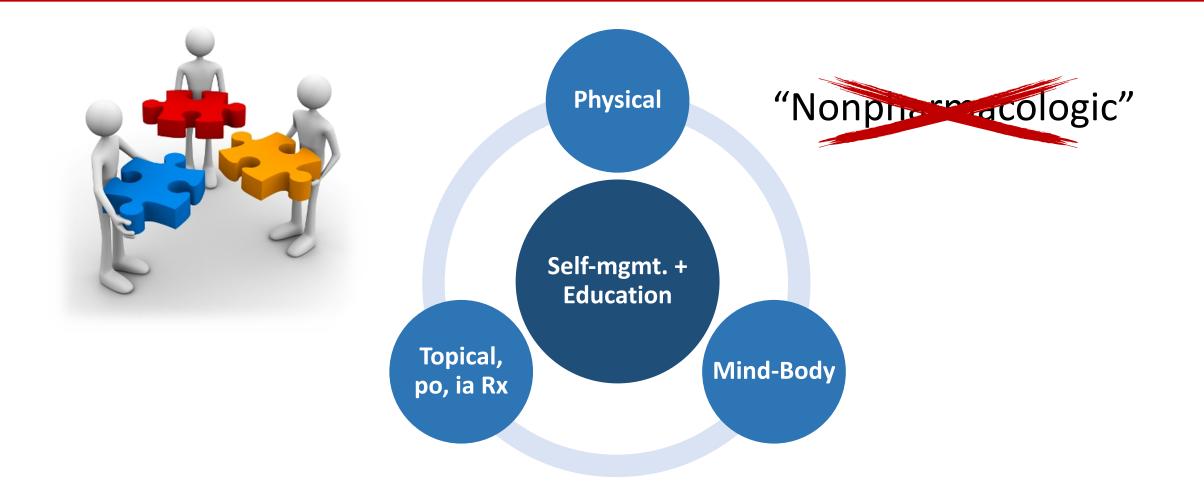
2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee

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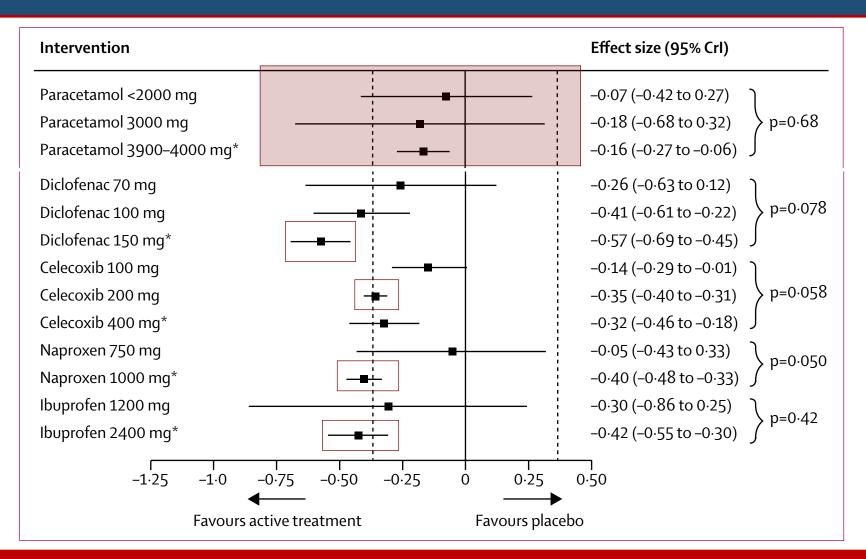
General Approach to OA Management







Single agent acetaminophen not effective





daCosta, et al. Lancet 2017 🛛 🕅



Topical NSAIDs



SMD -0.3 (-0.4 to -0.2) vs. placebo Minimal systemic absorption Fewer AEs





Back to the patient









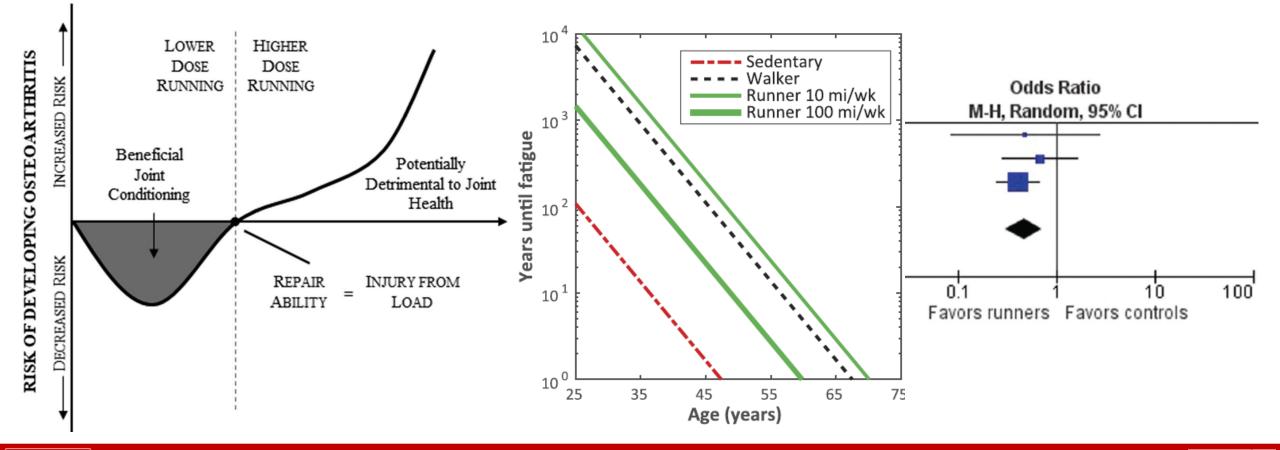






Is Running Bad for Knee OA?

No increased risk for recreational running

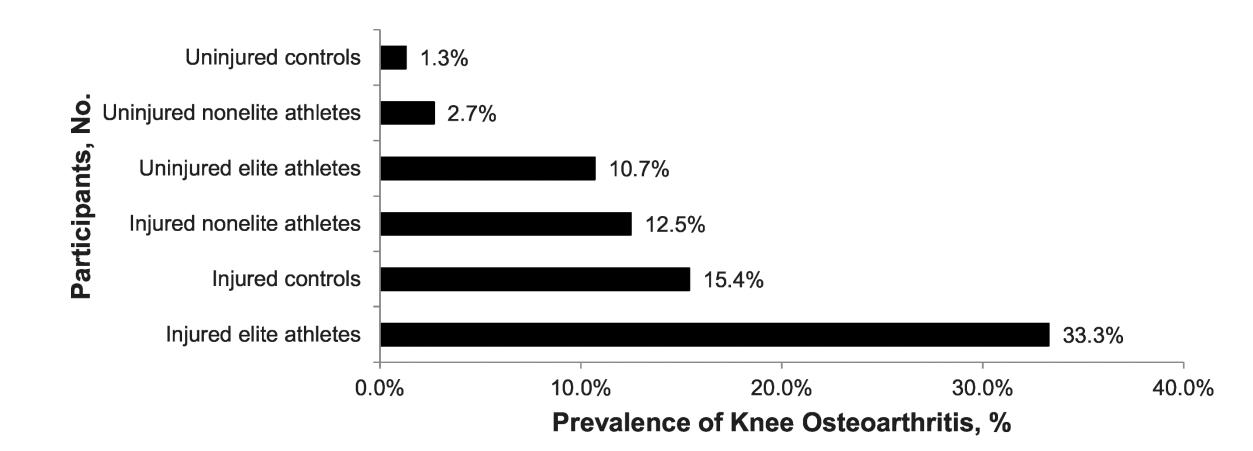


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Gessel, et al. CSMR 2019

Timmins, et al. ASJM 2016

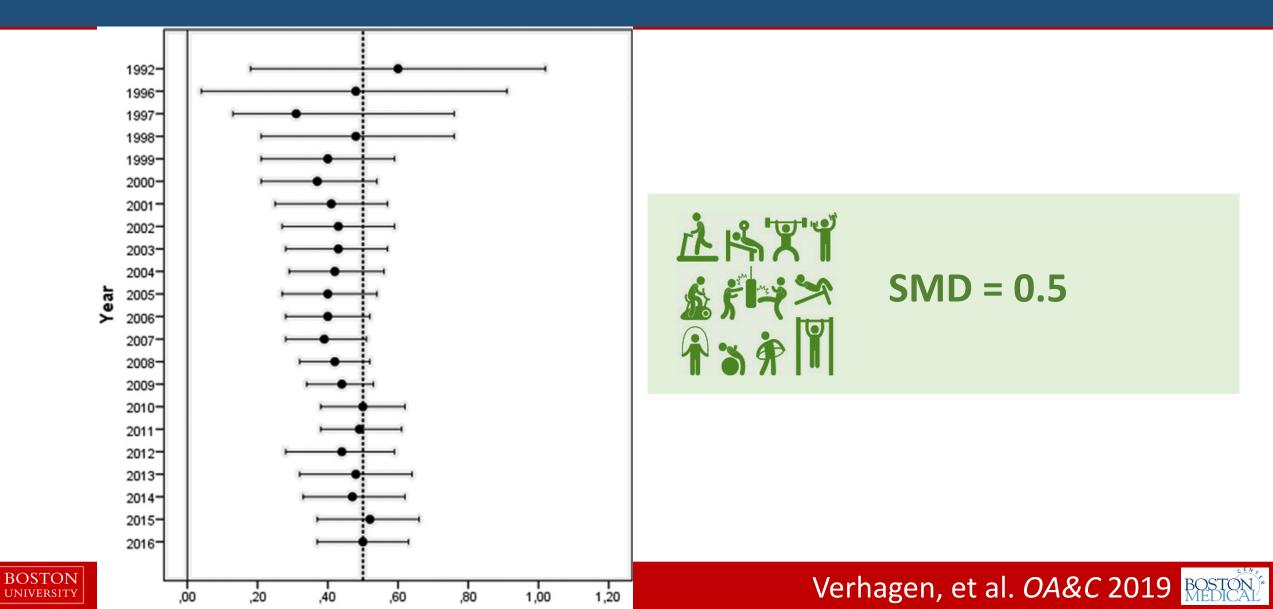
Key: Avoid Knee Injury





Driban, et al. JAthlTrain 2017

Exercise is Effective for Knee OA Pain



Many Forms of Exercise

Strong Recommendation For:

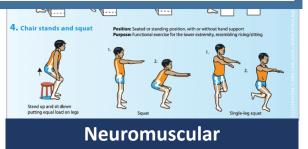


6000 Steps/day reduces incident functional limitations











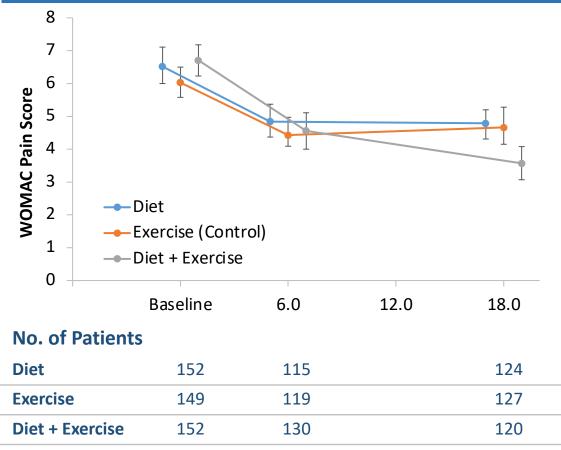


Weight Loss

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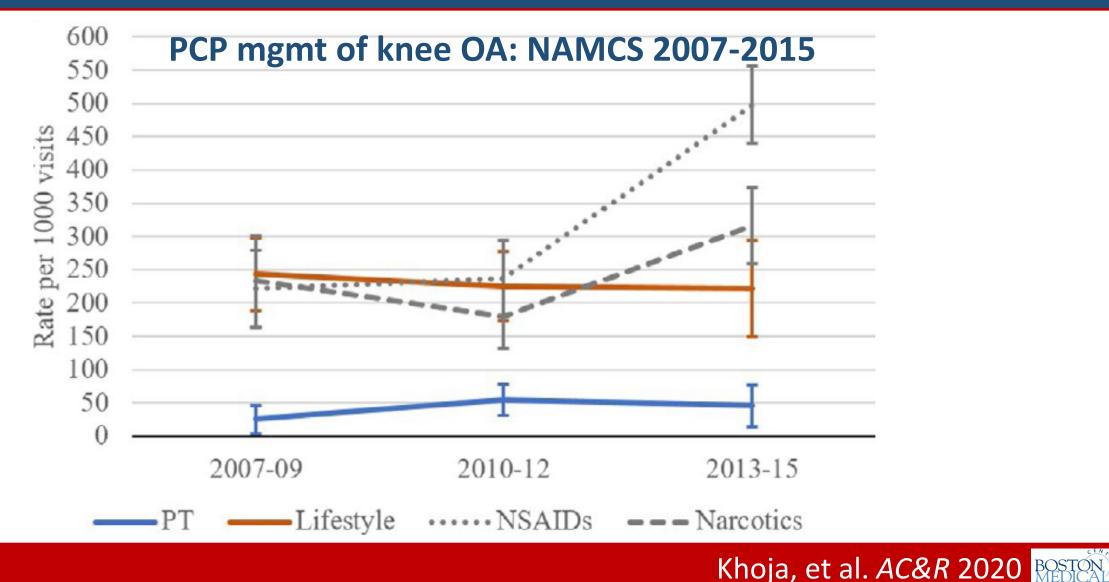






- D and D+E lost more weight than E alone
- Weight loss:
 - Less pain, improved function, faster walking speed, decreased knee loading

PT Referral & Lifestyle Counselling by PCPs is Underutilized





Back to the patient















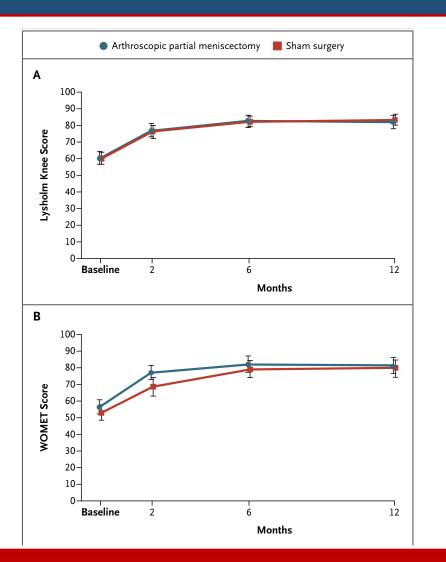
Does she need a knee MRI?

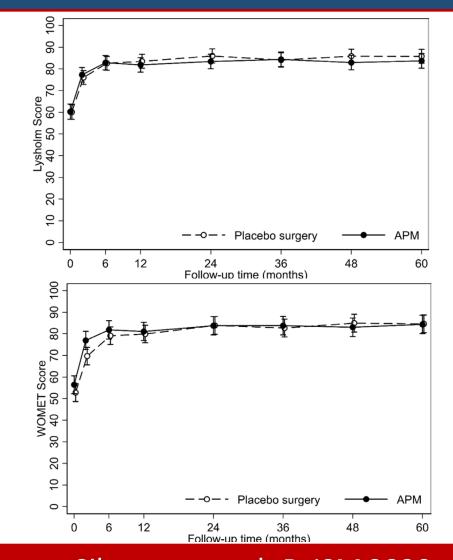
- Meniscal lesion?
- >700,000 arthroscopic partial meniscectomies annually





APM vs. Sham Surgery





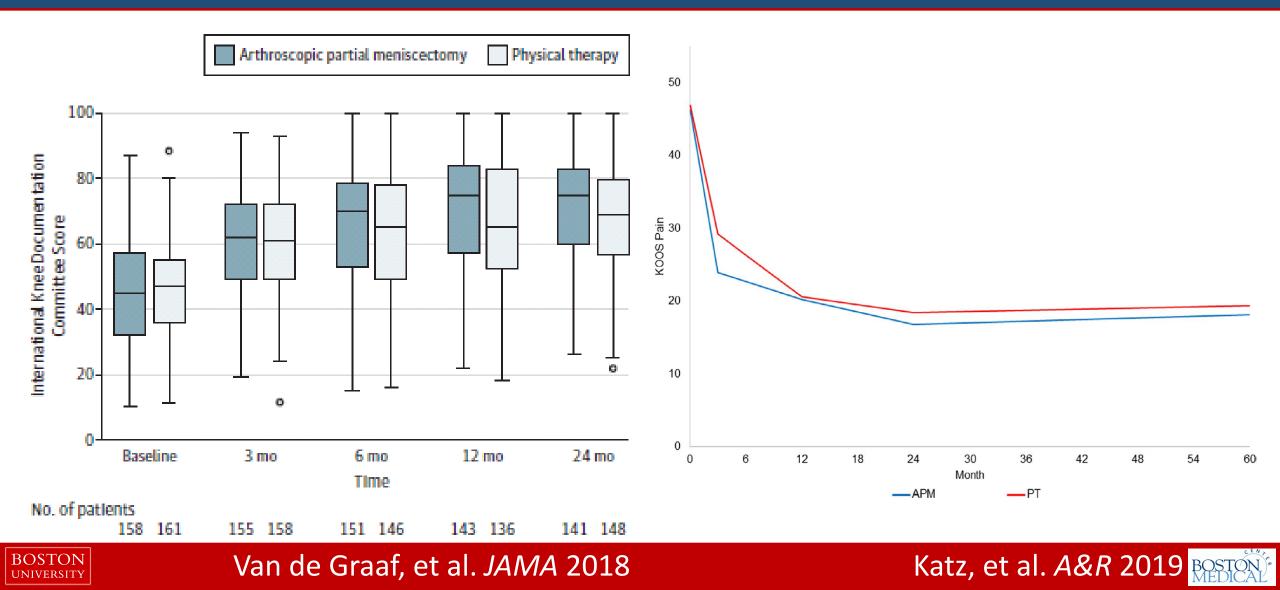


Sihvonen, et al. NEJM 2013

Sihvonen, et al. BrJSM 2020



APM vs. PT



Risks of APM?



2- to 5-fold higher knee replacement risk in **APM vs. PT**

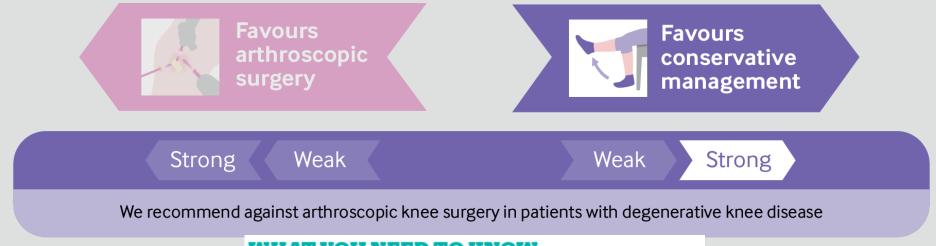
Increased risk of knee OA in APM vs. sham



Katz, et al. A&R 2020; Sihvonen, et al. BrJSM 2020



Strong Recommendation Against APM



WHAT YOU NEED TO KNOW

- We make a strong recommendation against the use of arthroscopy in nearly all patients with degenerative knee disease, based on linked systematic reviews; further research is unlikely to alter this recommendation
- This recommendation applies to patients with or without imaging evidence of osteoarthritis, mechanical symptoms, or sudden symptom onset



Back to the patient







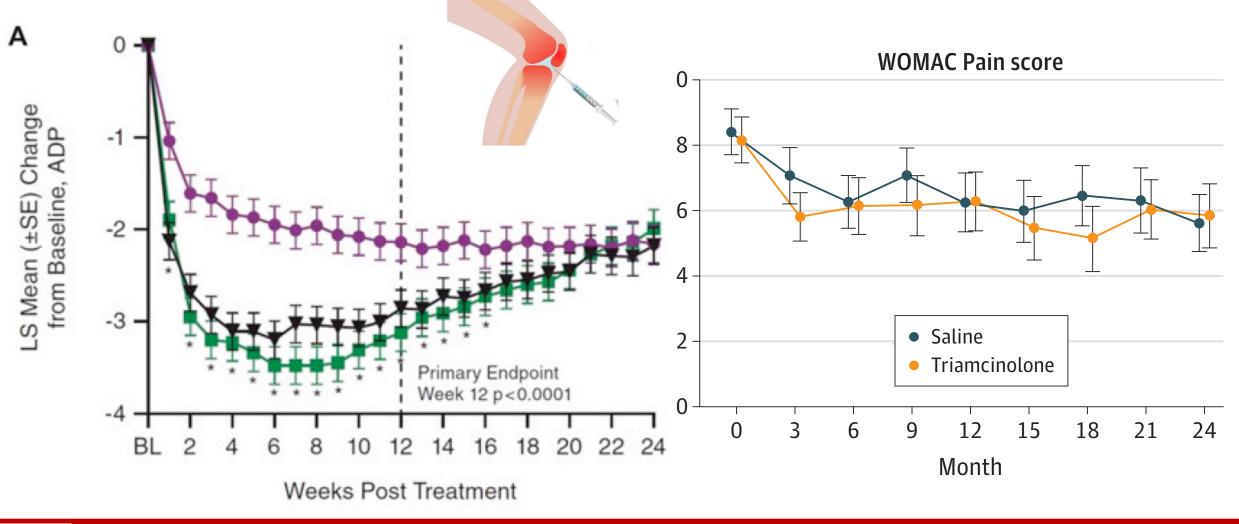








Intra-articular corticosteroid injection



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Conaghan, et al. JBJS 2018

McAlindon, et al. JAMA 2017

What about Adverse Effects?

Intra-articular Corticosteroid Injections

Short-term efficacy

No long-term efficacy



Unclear clinical implications for potential MRI cartilage finding

McAlindon, et al. JAMA 2017

- Less than one voxel on MRI
- 0.1mm over 2 years: ~1mm over 20 years
- Not associated with pain, function



I.A. Corticosteroids

Strong Recommendations For:

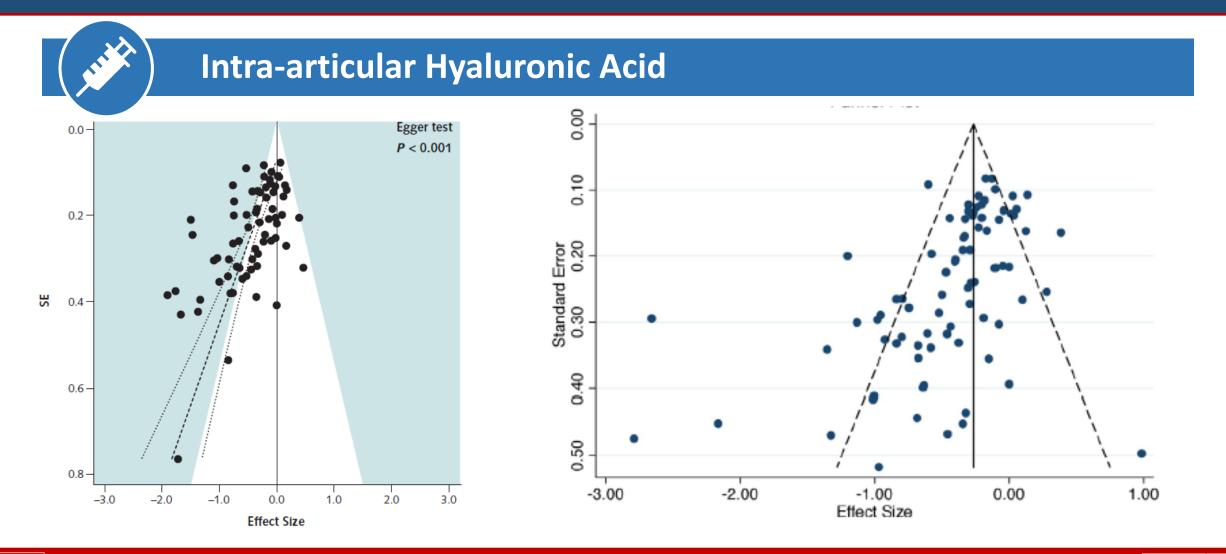
- Intra-articular steroid injections (knee, hip)
- Imaging guidance for steroid injections (hip)







Controversy about I.A. Hyaluronic Acid



Rutjes, et al. Ann Int Med 2012

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Johansen, et al. Sem Arth Rheum 2016

I.A. Hyaluronic Acid Not Recommended



Intra-articular Hyaluronic Acid

Overall risk of bias, blinding, trial size

Effect size when limited to large trials with blinded assessments: -0.11 (95% CI -0.18 to -0.04)

Effect size of low risk-of-bias trials: 0.00 (-0.13 to 0.12)

Safety signal: flares, SAEs, local AEs

Rutjes, et al. *Ann Int Med* 2012 Johansen, et al. *Sem Arth Rheum* 2016





Other injectables?

• No evidence for PRP, stem cell, etc.





Back to the patient









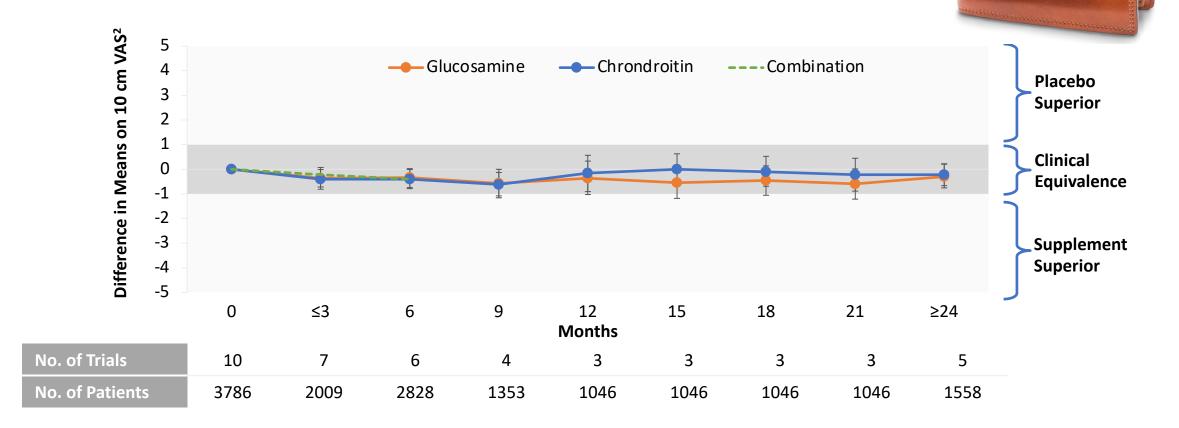






Glucosamine/Chondroitin

Predominance of negative studies





Wandel, et al. BMJ 2010



Other Adjunctive Approaches?





Devices/Orthoses







Behavioral, Psychosocial, Mind-Body, Physical Approaches



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First-line Approaches

General Best Practices: Assess Sleep, Mood, Coping Skills, Physical Activity

Strong Recommendations For:



Weight loss, PT, physical activity





Current OA Management Landscape





















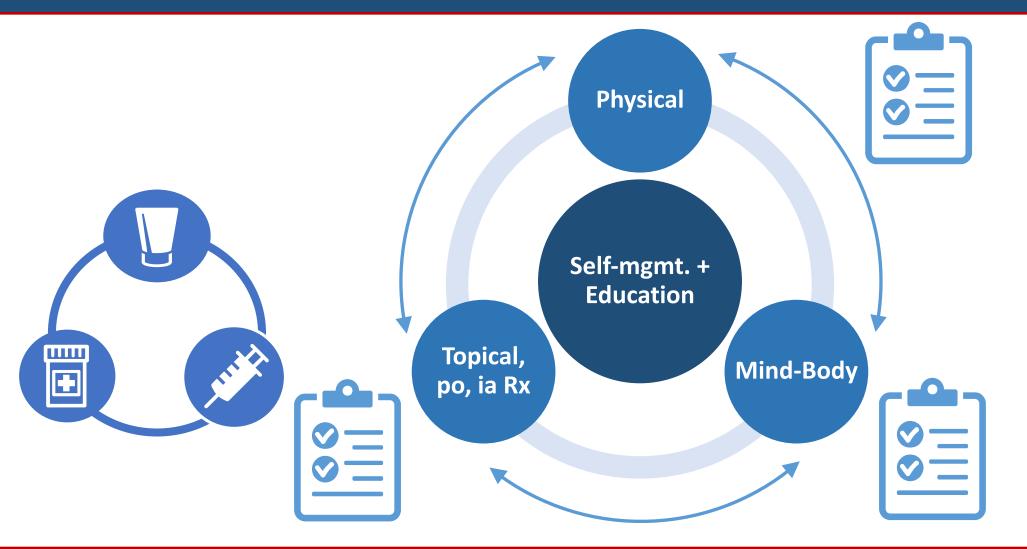
Physical & Mind-Body Approaches

Intervention	Hand	Knee	Нір
Self-efficacy/Self-management			
Exercise			
Weight Loss			
Tai Chi			
Cane			
Tibiofemoral Knee Braces		TF	
Hand Orthosis	1 st CMC		
Balance Training			
Yoga			
CBT			
Patellofemoral Braces		PF	
Kinesiotaping	1 st CMC		
Hand Orthosis	Other		
Acupuncture			
Thermal Interventions			
Paraffin			
Radiofrequency Ablation			
TENS			
Modified Shoes			
Lateral and Medial Wedged Insoles			
Massage Therapy			
Manual Therapy +/- Exercise			
Iontophoresis	1 st CMC		
Pulsed Vibration Therapy			

Pharmacologic Approaches

Intervention	Hand	Knee	Нір
Topical NSAIDs			
Oral NSAIDs			
Intra-Articular Corticosteroid Injection			
Ultrasound Guidance for IACS			
Acetaminophen			
Duloxetine			
Tramadol			
Topical Capsaicin			
Chondroitin Sulfate			
Glucosamine			
Hydroxychloroquine			
Methotrexate			
Biologics (TNF inhibitors, IL-1 RAs)			
Intra-Articular Hyaluronic Acid Injection	1 st CMC		
PRP, Stem Cell			
Non-Tramadol Opioids			
Colchicine			
Fish Oil, Vitamin D, Bisphosphonates			
i.a. Botulinum Toxin, Prolotherapy			

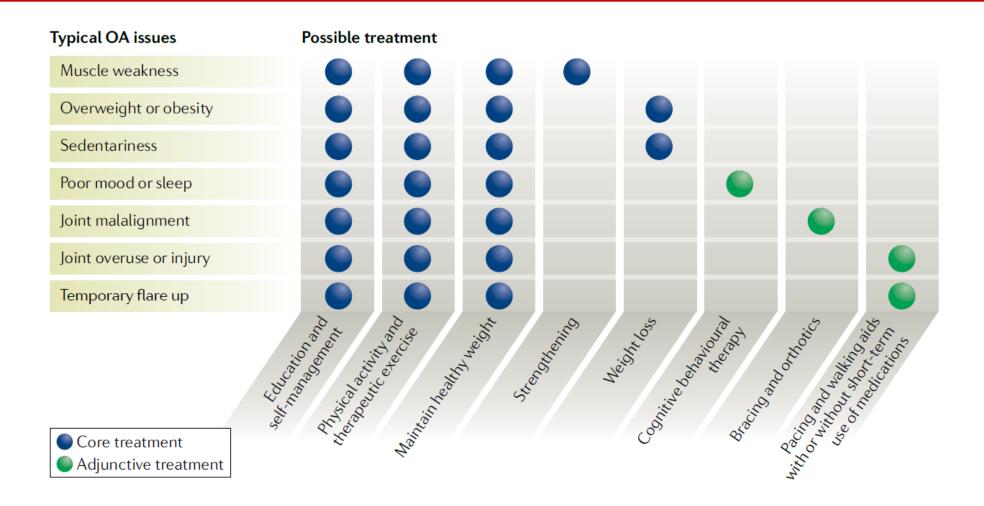
General Approach







Individualized Multimodal Approach



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Bowden, et al. Nat Rheum Rev 2020



OA Management Summary

- Physical modalities
- Multimodal therapy
- Consider & manage other contributors to pain
- Realistic goals about symptoms, function
- Urgent need for DMOADs and pain management options
- Mechanism-based approach to management







Acknowledgements

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- U01 AG18820, R01 AR062506, P60 AR047785







Questions?

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