



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Medical Management of Adults with Osteoarthritis](#)

Released: August 2015

Updated recommendations:

Initial evaluation

- Detailed history (aspirin and other anti-platelet use, pain control with over-the-counter medications, narcotic use, activity tolerance and limitations)
- Assess behavioral health status including depression and/or chronic pain syndrome

Non-pharmacologic modalities

- Range-of-motion, aerobic and muscle strengthening exercises, aquatic exercises

All Pharmacologic Therapy

- Initial drug of choice should be individualized: consider acetaminophen at minimum effective dose, lower dose for patients with risk factors for toxicity (hepatic toxicity risk factors, aspirin, warfarin)¹. Warn patients that many over-the-counter products and prescription analgesics contain acetaminophen and to monitor total dose carefully.
- NSAID analgesics: Use with caution in patients with HTN, CKD and stable CV disorders only when the individual clinical benefit outweighs the cardiovascular or renal risk. If aspirin is used daily, COX-2 offers no advantage over NSAID.

¹Maximum recommended acetaminophen dose from all sources 2-4 g/d.

Reference:

VA/DoD Clinical Practice Guideline for the Non-Surgical Management of Hip and Knee Osteoarthritis. Version 1.0 – 2014.

American Academy of Orthopedic Surgeons clinical practice guideline on the treatment of osteoarthritis of the knee, 2nd ed. 2013 May 18.

This alert provides a brief summary of updated recommendations. Refer to the complete guideline for all recommendations and level of evidence.