



Michigan Quality Improvement Consortium Clinical Practice Guideline Alert

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

Released: August 2021

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

Updated recommendations include:

Initial Evaluation

- Consider racial equity and social determinants of health impact.

Pharmacologic Therapy

- Consider acetaminophen at minimum effective dose, lower dose for patients with risk factors for hepatic toxicity (alcohol, drug interactions). Warn patients that many over-the-counter products and prescription analgesics contain acetaminophen and to monitor total dose carefully. Maximum dose from all sources 3 g/d.
- Other alternatives:
 - Nonacetylated salicylate, intra-articular drugs (glucocorticoids, anesthetics), pain-modulating SSRI (venlafaxine, duloxetine), topical preparations (methyl salicylate, diclofenac, or capsaicin [conditionally recommended for Knee only³]). Prescription topicals are costly.

¹Thirukumar CP, Rosenthal MB. [The Triple Aim for Payment Reform in Joint Replacement Surgery: Quality, Spending, and Disparity Reduction](#). JAMA. 2021;326(6):477–478. doi:10.1001/jama.2021.12070

²[2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee](#)

³[Osteoarthritis Management: Updated Guidelines from the American College of Rheumatology and Arthritis Foundation - Practice Guidelines - American Family Physician \(aafp.org\)](#)

⁴Misoprostol at full dose (200 µg four times a day) may be substituted for proton-pump inhibitor.