

Conservative Treatment of Osteoarthritis

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The American Academy of Orthopaedic Surgeons recently released a summary of recommendations for the treatment based on evidence based medical research that is controlled for bias, transparent and is reproducible. The characteristics of studies that make strong evidence include use of a placebo or control treatment, sufficient numbers of subjects to determine if a true difference exists, and use of appropriate reliable measurement tools.

NOT RECOMMENDED FOR THE TREATMENT OF OSTEOARTHRITIS

Arthroscopy

Strong: no benefit over physical therapy and medical treatment in 3 of 3 studies

Glucosamine and Chondroitin, Fish Oil

Strong: no evidence of clinically important improvements over a placebo in 21 studies

Acupuncture

Strong: no benefit over placebo in 8 studies

Hyaluronic Acid

Strong: Quality of the supporting evidence is high. No benefit is demonstrated over placebo. 14 studies

Lateral wedge insoles

Moderate: potential harm exceeds the benefits. No improvement in 4 of 5 studies

Needle Lavage

Moderate: potential harm exceeds the benefits. No improvement in 2 of 2 studies

Electrotherapeutic modalities (electrical stimulation)

Inconclusive: lack of compelling evidence that results in unclear balance between benefit and potential harm

Medial compartment unloader braces

Inconclusive: lack of compelling evidence that results in unclear balance between benefit and potential harm

Corticosteroids

Inconclusive: lack of compelling evidence that results in unclear balance between benefit and potential harm

Growth factor injections or Platelet Rich Plasma, Stem Cells

Inconclusive: lack of compelling evidence that results in unclear balance between benefit and potential harm

RECOMMENDED FOR THE TREATMENT OF OSTEOARTHRITIS

Low impact aerobic exercise (eg cycling, swimming, walking, yoga)

Strong: Quality of the supporting evidence is high. Significant benefit in 5 of 7 high strength studies

Weight Loss for those with BMI >25

Strong: Quality of the supporting evidence is high. Beneficial in 3 of 3 studies

Non Steroidal Anti-inflammatory drugs (NSAIDs)

Strong: quality of evidence demonstrating effectiveness is high.

Mobic, Naprosyn, Arcoxia, Celebrex, Voltaren, Nurofen.

Supervised Physiotherapy aimed at improving strength, balance and, flexibility.

Strong: Quality of the supporting evidence is high.