

# Identifying Appropriate Pain Management Options for Patients With Osteoarthritis

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It is estimated that

# 27 million

Americans are living with osteoarthritis (OA).<sup>1</sup>

Acetaminophen and oral nonsteroidal anti-inflammatory drugs (NSAIDs) are among the pharmacologic therapies recommended for initial management of pain associated with OA.<sup>2,3</sup>

# 41%

 of people with OA

use opioids to manage pain associated with OA.<sup>4</sup>

The Osteoarthritis Research Society International recommends that weak opioids be considered where other pharmacological agents have been ineffective or are contraindicated.<sup>3</sup>

A stepwise approach helps ensure that patients receive the appropriate analgesic for their OA pain.<sup>5,6</sup>



## A Stepwise Approach to the Management of Pain Associated With OA

- 1 Assess Patient Profile**
  - Identify current medications (including over-the-counter medications, herbals, and supplements) and coexisting medical conditions.
- 2 Develop Pain Management Plan**
  - Educate patients on pain management options.
  - Incorporate nonpharmacologic measures, such as physical therapy, assistive devices (eg, canes, walkers), or braces, as appropriate.<sup>2</sup>
- 3 Introduce Nonopioid Pharmacologic Agents**
  - Consider options such as acetaminophen or NSAIDs.<sup>2</sup>
    - Utilize information obtained in Step 1 to help identify an appropriate choice.
  -  The maximum dose of acetaminophen that a healthcare provider (HCP) can recommend for adults is **4000 mg/24 hours**.
  -  It is recommended that NSAIDs be given at the lowest effective dose for the shortest period of time.<sup>7</sup>
- 4 Assess Opioid Options for Appropriate Patients**
  - Start with weak opioids before escalating to stronger opioid options.<sup>5,6</sup>
  - Consider use of acetaminophen or other over-the-counter analgesics to help manage breakthrough pain.<sup>8</sup>
- 5 Evaluate for Specialty Referral**
  - Consider referral to an orthopedic specialist or rheumatologist for further treatment options, such as surgery.

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**References:** 1. Centers for Disease Control and Prevention. Osteoarthritis. <http://www.cdc.gov/arthritis/basics/osteoarthritis.htm>. Updated May 16, 2014. Accessed October 20, 2015. 2. Hochberg MC, Altman RD, April KT, et al. American College of Rheumatology 2012 recommendations for the use of nonpharmacologic and pharmacologic therapies in osteoarthritis of the hand, hip, and knee. *Arthritis Care Res (Hoboken)*. 2012;64(4):465-474. 3. Zhang W, Moskowitz RW, Nuki G, et al. OARSI recommendations for the management of hip and knee osteoarthritis. Part II: OARSI evidence-based, expert consensus guidelines. *Osteoarthritis Cartilage*. 2008;16(2):137-162. 4. Gore M, Tai KS, Sadosky A, Leslie D, Stacey BR. Clinical comorbidities, treatment patterns, and direct medical costs of patients with osteoarthritis in usual care: a retrospective claims database analysis. *J Med Econ*. 2011;14(4):497-507. 5. World Health Organization. WHO's pain ladder for adults. <http://www.who.int/cancer/palliative/painladder/en/>. Accessed June 22, 2016. 6. Vargas-Schaffer G. Is the WHO analgesic ladder still valid? Twenty-four years of experience. *Can Fam Physician*. 2010;56(6):514-517. 7. US Food and Drug Administration. Medication guide for nonsteroidal anti-inflammatory drugs (NSAIDs). <http://www.fda.gov/downloads/Drugs/DrugSafety/UCM387559.pdf>. Revised May 2016. Accessed June 21, 2016. 8. Chou R, Fanciullo GJ, Fine PG, et al. Clinical guidelines for the use of chronic opioid therapy in chronic noncancer pain. *J Pain*. 2009;10(2):113-130.