

Management of Osteoarthritis of the Knee

Mini Guidance

- The prevalence of osteoarthritis of the knee on x rays varies widely according to different studies ranging from 4% to 79%. Clinical rates are however lower at 3% to 14%. Management should be patient centred with attention to modify risk factors and comorbidities ¹.
- Focus on conservative non-drug treatment, particularly exercise; for overweight or obese patients, weight loss is recommended.
- Use Paracetamol or non-steroidal anti-inflammatory drugs for pain relief, with due attention to precautions and contraindications (e.g. gastrointestinal problems).
- Refer patients to a Physiotherapist for exercise, manual therapy, and gait aids; a dietician or weight reduction 'club' if necessary. Avoid impact loading but reassure patients of the value of exercise to maintain range of movement and muscle strength.
- MRI scan is rarely helpful in decisions about Osteoarthritis but may be useful for rare differential diagnoses such as osteochondritis dissecans, pigmented villonodular synovitis, or avascular necrosis (ref 1). Elderly patients with mild arthritis can still sustain major cartilage tears in acute injuries and they may need MRI. However, inappropriate use of magnetic resonance imaging can lead to increased detection of incidental meniscal tears which are common in older people, and result in unnecessary arthroscopic knee surgery.
- Do not use arthroscopy for pain management for 'bone on bone' arthritis (Ahlbach Xray grades 2-5); refer patients for joint replacement only when symptoms are severe and other treatments have failed.

References:

1. Bennell, KJ. Hunter DJ. Hinman RS. Management of osteoarthritis of the knee. BMJ. 2012; 345:E4934. Available online at: <http://www.bmj.com/content/345/bmj.e4934> [Accessed 28 Feb 2012]

Mr Stephen White
Medical Director