Arthritis Awareness Month and Evidence-based Treatment

May is Arthritis Awareness Month, a time to recognize the impact of arthritis on quality of life, especially in our aging population. Osteoarthritis (OA), the most common form, affects more than 50% of adults age 65 and older. It often leads to chronic pain, reduced mobility and functional decline. It is critical that we align our care strategies with current clinical guidelines while also promoting safe and effective pain management.

Evidence-based Treatment of OA in Elderly Patients

The American College of Rheumatology (ACR) and the Arthritis Foundation provide updated guidance for the treatment of OA.

First-line treatments include:

- Non-pharmacologic therapies:
  - Physical activity (aerobic and strengthening)
  - Weight management
  - Occupational/physical therapy
  - Self-management education
- Topical non-steroidal anti-inflammatory drugs (NSAIDs) such as diclofenac gel: preferred for localized OA, specifically in the knee or hand
- Oral NSAIDs: recommended when topical agents are insufficient; use with caution to minimize gastrointestinal, renal and cardiovascular risks

Conditionally recommended options include:

- Intra-articular corticosteroids: used for short-term symptom relief in specific joints
- Acetaminophen: discouraged due to limited efficacy except when there are other contraindicated agents
- Duloxetine: helpful for patients with overlapping chronic pain or depression

Story continues on the next page.

Responsible Opioid Use and Prevention of Overuse

Blue Advantage recommends limiting opioid prescriptions to select cases of severe, refractory pain. Their routine use for arthritis in the elderly can create a risk of falls, cognitive impairment, and dependency. The ACR recommends tramadol if there is inadequate relief or contraindication to other analgesics.

In the rare event opioids are prescribed, the Centers for Disease Control and Prevention 2022 guidelines recommend the following best practices to reduce risk of overuse:

- Prioritize non-opioid treatments first
- Set clear, functional goals before initiating opioids
- Use the lowest effective dose and avoid extended-release formulations
- Limit use for acute pain to 3-7 days when possible
- Reevaluate therapy within 1-4 weeks and regularly thereafter
- Offer naloxone and educate patients and their caregivers on proper naloxone adminstraton and overdose prevention, when appropriate
- Check the Louisiana Prescription Monitoring Program (LA PMP) before prescribing and every 90 days thereafter if therapy continues long term, as required by law
- Use urine drug testing to support safe prescribing
- Avoid concurrent use with benzodiazepines unless necessary. Remember, there is a black box warning due to increased risk of adverse events, including death.
- Involve patients in shared decision-making

Safe, guidelines-based care for arthritis is important. Thoughtful, individualized arthritis care can significantly improve quality of life and protect patients from unnecessary harm.

References:

1. *Kolasinski SL, et al. 2020 American College of Rheumatology Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee. Arthritis Care & Research. 2020.*
2. *Arthritis Foundation. Osteoarthritis Treatment Guidelines. www.arthritis.org/health-wellness/treatment*
3. *CDC. Clinical Practice Guideline for Prescribing Opioids - United States, 2022. MMWR Recomm Rep 2022;71(RR-3):1-95. www.cdc.gov/opioids/providers/prescribing/guideline.html*
4. *Hochberg MC, et al. American College of Rheumatology 2012 recommendations for the use of nonpharmacologic and pharmacologic therapies in osteoarthritis. Arthritis Care & Research. 2012.*
5. *Louisiana Prescription Monitoring Program (LA PMP). www.louisiana.gov/services/pm*