

PubMed

[Abstract](#) ▾

Arthritis Care Res (Hoboken). 2012 Apr;64(4):465-74.

American College of Rheumatology 2012 recommendations for the use of nonpharmacologic and pharmacologic therapies in osteoarthritis of the hand, hip, and knee.

Hochberg MC¹, Altman RD, April KT, Benkhalti M, Guyatt G, McGowan J, Towheed T, Welch V, Wells G, Tugwell P; American College of Rheumatology.

+ Author information

Abstract

OBJECTIVE: To update the American College of Rheumatology (ACR) 2000 recommendations for hip and **knee osteoarthritis** (OA) and develop new recommendations for hand OA.

METHODS: A list of pharmacologic and nonpharmacologic modalities commonly used to manage **knee**, hip, and hand OA as well as clinical scenarios representing patients with symptomatic hand, hip, and **knee** OA were generated. Systematic evidence-based literature reviews were conducted by a working group at the Institute of Population Health, University of Ottawa, and updated by ACR staff to include additions to bibliographic databases through December 31, 2010. The Grading of Recommendations Assessment, Development and Evaluation approach, a formal process to rate scientific evidence and to develop recommendations that are as evidence based as possible, was used by a Technical Expert Panel comprised of various stakeholders to formulate the recommendations for the use of nonpharmacologic and pharmacologic modalities for OA of the hand, hip, and **knee**.

RESULTS: Both "strong" and "conditional" recommendations were made for OA management. Modalities conditionally recommended for the management of hand OA include instruction in joint protection techniques, provision of assistive devices, use of thermal modalities and trapeziometacarpal joint splints, and use of oral and topical nonsteroidal antiinflammatory drugs (NSAIDs), tramadol, and topical capsaicin. Nonpharmacologic modalities strongly recommended for the management of **knee** OA were aerobic, aquatic, and/or resistance exercises as well as weight loss for overweight patients. Nonpharmacologic modalities conditionally recommended for **knee** OA included medial wedge insoles for valgus **knee** OA, subtalar strapped lateral insoles for varus **knee** OA, medially directed patellar taping, manual therapy, walking aids, thermal agents, tai chi, self management programs, and psychosocial interventions. Pharmacologic modalities conditionally recommended for the initial management of patients with **knee** OA included acetaminophen, oral and topical NSAIDs, tramadol, and intraarticular corticosteroid injections; intraarticular hyaluronate injections, duloxetine, and opioids were conditionally recommended in patients who had an inadequate response to initial therapy. Opioid analgesics were strongly recommended in patients who were either not willing to undergo or had contraindications for total joint arthroplasty after having failed medical therapy. Recommendations for hip OA were similar to those for the management of **knee** OA.

CONCLUSION: These recommendations are based on the consensus judgment of clinical experts from a wide range of disciplines, informed by available evidence, balancing the benefits and harms of both nonpharmacologic and pharmacologic modalities, and incorporating their preferences and values. It is hoped that these recommendations will be utilized by health care providers involved in the management of patients

with OA.

Copyright © 2012 by the American College of Rheumatology.

Comment in

Update in rheumatology: evidence published in 2012. [Ann Intern Med. 2013]

Reflections on the American College of Rheumatology recommendations for **osteoarthritis** from the French Section on **Osteoarthritis**: comment on the article by Hochberg et al. [Arthritis Care Res (Hoboken). 2013]

Is acetaminophen at daily doses of 2,000 mg and higher safe? Comment on the article by Hochberg et al. [Arthritis Care Res (Hoboken). 2013]

Reply: To PMID 22563589. [Arthritis Care Res (Hoboken). 2013]

The recommendations for **glucosamine** do not tell the whole story: comment on the article by Hochberg et al. [Arthritis Care Res (Hoboken). 2013]

PMID: 22563589 [PubMed - indexed for MEDLINE]



Publication Types, MeSH Terms, Substances



LinkOut - more resources



PubMed Commons

[PubMed Commons home](#)

 0 comments

[How to join PubMed Commons](#)