

OSTEOARTHRITIS PRESCRIPTION



Date: _____

Patient Name: _____

Diagnosis: _____

NON-PHARMACOLOGIC TREATMENT

Education

What Is It?

Osteoarthritis (OS-tee-oh-are-THRY-tis) (OA), is characterized by the breakdown of the joint's cartilage. Cartilage is the part of the joint that cushions the ends of bones. Cartilage breakdown causes bones to rub against each other, causing pain and loss of movement.

What Causes It?

There are many factors that can cause OA. Although age is a risk factor, research has shown that OA is not an inevitable part of aging. Obesity may lead to osteoarthritis of the knees. In addition, people with joint injuries due to sports, work-related activity or accidents may be at increased risk of developing OA. Genetics has a role in the development of OA, particularly in the hands. Some people may be born with defective cartilage or with slight defects in the way that joints fit together. As a person ages, these defects may cause early cartilage breakdown in the joint. In the process of cartilage breakdown, there may be some inflammation, with enzymes released and more cartilage damage.

Educational Resources

Rheumatology Information: www.RheumInfo.com

The Arthritis Society: www.arthritis.ca

National Inst. of Health: www.niams.nih.gov/hi/topics/arthritis/oahandout.htm

Arthritis Foundation: www.arthritis.org/conditions/DiseaseCenter/oa.asp

Footwear

Orthotics

Neoprene Sleeve¹

Splinting

Bracing

Assistive & Ambulatory Devices (i.e. cane)

Physiotherapy

Occupational Therapy

Weight Reduction

Unless otherwise specified, all information referenced from: American College of Rheumatology Subcommittee on Osteoarthritis Guidelines, *Recommendations for the Medical Management of Osteoarthritis of the Hip and Knee*, *Arthritis & Rheumatism*, 2000;43(9).

1. Kirkely A. et al, *The Effect of Bracing on Varus Gonarthrosis*, *Journal of Bone and Joint Surgery*, 1999;81(4)

2. Tannenbaum H. et al, *An Evidence Based Approach to Prescribing NSAIDs in the treatment of Osteoarthritis and Rheumatoid Arthritis: The Second Canadian Consensus Conference*, *Canadian Journal of Clinical Pharmacology*, 2000;7(Suppl A).

PHARMACOLOGIC TREATMENT

TOPICAL TREATMENT

Capsaicin: _____

Topical NSAIDs: _____

INTRA-ARTICULAR TREATMENT (Injection)

Corticosteroid Injection: _____

Viscosupplementation (*Hyaluronic Acid*): _____

SYSTEMIC TREATMENT

Acetaminophen (*Tylenol*®)

500 mg tabs (ES) – Take 2 tabs – 4 times per day

650 mg tabs (extended release) – Take 2 tabs 3 times per day

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Traditional NSAID: _____

COXIBs: _____

Options for patients with risk factors for gastrointestinal bleeding, perforation or ulceration (PUB) include:²

○ COXIB use

○ Combination therapy of a traditional NSAID with a proton pump inhibitor or misoprostol.

Use All NSAIDs with caution in patients with renal insufficiency, uncontrolled hypertension or history of congestive heart failure.²

Risk Factors for Gastrointestinal PUB²

Previous peptic ulcer disease

Age > 65 years

Concomitant anticoagulation

Comorbid illness

Chronic alcoholism

Use of multiple NSAIDs (including ASA)

Glucosamine: One 500 mg tablet three times per day (*if no benefit after 3 months discontinue treatment*)

Opioid Analgesics: _____

CONSULTATION

Referral to Rheumatologist: _____

Referral to Orthopedic Surgeon: _____