

Updated EULAR recommendations for hip and knee osteoarthritis

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Osteoarthritis (OA) affects more than 500 million people worldwide. The disease is age-related, and usually starts to affect people in middle age. For elderly people, OA is the most common cause of disability, resulting in pain, limited mobility, and impacts on participation in both social and work contexts.

Despite much research, there is no cure for OA, and a distinct lack of disease-modifying drugs. Instead, the core management remains non-pharmacological strategies to help people manage their pain and maintain or increase their physical function.

The last EULAR recommendations for non-pharmacological management of people with hip or knee OA were produced in 2013. Many studies have been published in the intervening period, so a review was due. The updated 2023 recommendations, now <u>published</u> in the *Annals of the Rheumatic Diseases* were developed by a multidisciplinary task force. The work was completed in line with EULAR standardized operating procedures, and based on a systematic literature review.

One main change from the old recommendations is that two previous statements have been rephrased into overarching principles and some new aspects regarding digital delivery of services have been added, along with an increased focus on the importance of combining treatments tailored to the needs of the individual patient. The level of agreement on the rephrased recommendations was also very high among the members of the task force.

In total, there are two overarching principles and eight recommendations. The principles say that people with OA in their hips



or knees should have an initial assessment using a biopsychosocial approach that considers their physical and <u>psychological status</u>, as well as each person's activities of daily living, participation including work, <u>social determinants</u>, and environmental factors.

They also stress that treatment choices should be based on shared decision-making considering the needs, preferences, and capabilities of each individual person. The individual recommendations go on to consider education, exercise, and <u>weight loss</u>, as well as self-management strategies and workplace adjustments.

EULAR hopes the updated recommendations will be implemented across Europe, and will help to improve the situation for many people with OA. But they also stress that there are a number of current evidence gaps, and they have included a proposed research agenda on key aspects. EULAR also recommends several educational initiatives to help increase knowledge about hip and knee OA, both for health care professionals, and for people living with the disease.

More information: Tuva Moseng et al, EULAR recommendations for the non-pharmacological core management of hip and knee osteoarthritis: 2023 update, *Annals of the Rheumatic Diseases* (2024). DOI: 10.1136/ard-2023-225041

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