

## Shared Decision Making – osteoarthritis of the knee

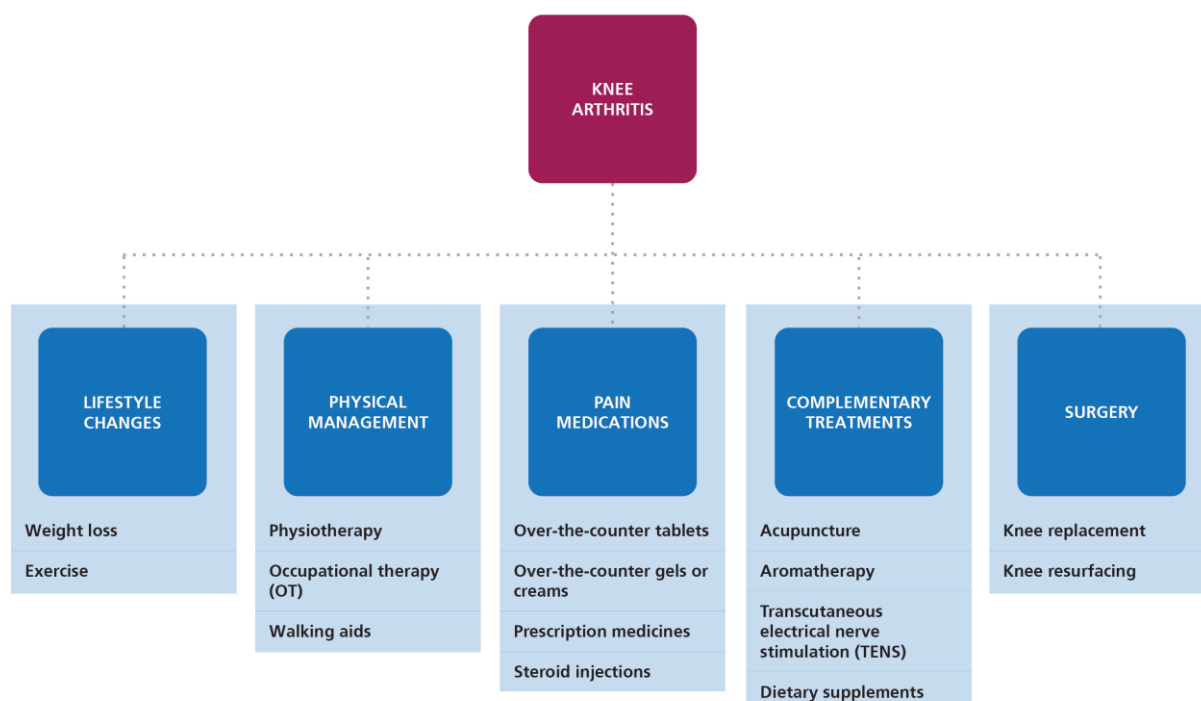
Next clinical review date March 2018

### Deciding what to do about Osteoarthritis of the Knee

This short decision aid is to help you decide what to do about your knee osteoarthritis. You can use it on your own, or with your doctor, to help you make a decision about what's right for you at this time.

**There are five main options if you have osteoarthritis of the knee. The choices are:**

- Lifestyle changes. This means losing weight if needed and taking more exercise.
- Physical management. This means having physiotherapy and occupational therapy. It may include using walking aids like canes or special insoles.
- Treatments to manage pain, including tablets you take by mouth, injections into the joint and self-help support.
- Complementary therapies, including TENS, acupuncture, and the nutritional supplements chondroitin and glucosamine.
- Surgery, including total or partial knee replacement, arthroscopy and osteotomy. Surgery is usually for people with severe symptoms who have tried other treatments first.



## What are my options?

	Lifestyle changes	Physical Management	Treatment to Manage Pain	Complementary Treatments	Surgery
<b>What is the treatment?</b>	This means losing weight if needed and taking more exercise.	This means having physiotherapy and occupational therapy. It may include using walking aids like canes or special insoles	Including tablets, you take by mouth, injections into the joint and self-help support.	Including TENS, acupuncture, and the nutritional supplements chondroitin and glucosamine.	Including total or partial knee replacement and osteotomy. Surgery is usually for people with severe symptoms who have tried other treatments first. Arthroscopy is only recommended for people who have experienced their knee 'locking' (getting completely stuck in position).

	Lifestyle changes	Physical Management	Treatment to Manage Pain	Complementary Treatments	Surgery
<b>What is the effect on your pain?</b>	Taking regular exercise can reduce pain for some people with knee arthritis although the effect may be small. [4]	Physical management can improve your pain. We know that strengthening exercises for your knee, wearing special shoe inserts, taping up the knee, and	There are many types of medicine that can reduce the pain of osteoarthritis. However, medication does not work for everyone.	We don't know whether most forms of complementary treatments help with pain. Acupuncture may help some people.[12] Glucosamine sulphate may also help relieve pain.[13]	Surgery is usually for people who have severe symptoms and have tried other treatments without success.  Many people find their

	<p>Losing weight may help reduce pain if you are overweight. [5]</p>	<p>wearing a knee brace all help improve knee pain. [6] [7] [8]</p>	<p>Pain medications, such as paracetamol and NSAIDs, can help reduce pain for most people. The amount of pain relief varies according to the type of medicine and the dose.[9] [10] Steroid injections reduce pain but the effects only last about four weeks.[11] Self-help support programmes, such as cognitive behavioural therapy (CBT) may help you to manage pain better.</p>		<p>pain is much better after knee replacement. But it may not get rid of your symptoms altogether.</p> <p>Arthroscopy to wash out the joint and remove damaged tissue doesn't make much difference to pain.[32]</p>
--	--	---	--	--	---

	Lifestyle changes	Physical Management	Treatment to Manage Pain	Complementary Treatments	Surgery
<b>What is the effect on how</b>	You may be able to walk further	A course of physical management may help you	Some pain medicines, including NSAIDs,	We don't know if the different types of complementary	Most people find they can get around much better

<p><b>well you can get around?</b></p>	<p>and faster, climb stairs more easily, and move your joint more freely. [15]</p>	<p>walk further and faster. [16] We know that knee exercises to strengthen the joint and wearing a knee brace can help you walk further. [6] [17]</p>	<p>reduce inflammation and may make it easier for you to move your knee joint. [10] Self-help support programmes may help you keep more active. Self-help support programmes may help you keep more active.</p>	<p>treatments of such as acupuncture and nutritional supplements help supplements help</p>	<p>after a knee replacement, once they have recovered from the operation. The replacement knee has some limitations in range movement. For example, kneeling may be difficult, and the knee may not bend as far as it did before surgery.[32]</p> <p>Arthroscopy to wash out the knee joint and remove damaged tissue doesn't seem to have any effect on ability to get around.[32]</p>
--	--	---	---	--	---

	Lifestyle changes	Physical Management	Treatment to Manage Pain	Complementary Treatments	Surgery
<b>What is the effect whether your arthritis gets worse?</b>	<p>If you are overweight, losing some of this weight will help relieve some of the strain on your joints. This can help avoid further damage to the knee.[22]</p> <p>Taking regular exercise may also protect your knee arthritis from getting worse.</p>	<p>Physical therapy does not prevent arthritis from getting worse. But exercises that strengthen the muscle around the knee may protect the joint from damage.</p>	<p>NSAIDs, corticosteroid injections and self-help support will not stop your arthritis getting worse. Effective pain management may stop your pain from getting worse.</p>	<p>Complementary treatments such as acupuncture and nutritional supplements are not likely to slow or stop arthritis from getting worse.</p>	<p>Knee replacement replaces the damaged joint surface. This removes the part of the joint affected. The new joint will age and may eventually need to be replaced.</p> <p>Arthroscopy to wash out the knee joint and remove damaged tissue doesn't stop your arthritis from getting worse.[32]</p>

	Lifestyle changes	Physical Management	Treatment to Manage Pain	Complementary Treatments	Surgery
<b>What is the effect on your quality of life?</b>	Regular exercise may help you feel better about the overall quality of your life. We don't know if weight loss helps you feel better about your quality of life.[25]	Physical management such as using a waling cane, knee taping and wearing a knee brace may help you walk further, but may not improve your overall quality of life.[8]26]	Medication can be effective at relieving pain. This can have a big impact on quality of life. Self-help support programmes may help improve quality of life.	We don't know if complementary treatments such as acupuncture and nutritional supplements can improve your quality of life.	Knee replacement can improve quality of life for people with knee osteoarthritis.[32]  We don't know whether arthroscopy to wash out the knee joint and remove damaged tissue has any effect on quality of life.

	Lifestyle changes	Physical Management	Treatment to Manage Pain	Complementary Treatments	Surgery
<b>What are the unwanted side effects and complications?</b>	Generally, taking enough exercise, and eating a healthy diet is safe.	These are safe with few risks. Physiotherapy exercises may hurt at first. Some people find	Pain medicines can cause effects. NSAIDs carry a risk of stomach bleeds.	Complementary treatments, such as acupuncture and nutritional supplements can have side effects.	If you are overweight, or you smoke, you are more likely to develop side effects after surgery. You

		<p>knee braces uncomfortable.</p>	<p>[28] Opioid painkillers can cause constipation. Some people who take opioid painkillers for a long time become dependent on them. This means they get withdrawal symptoms when they try to stop taking them.[29]</p>	<p>Herbal medicines may react badly with other medicines.</p> <p>Acupuncture can cause infections if the needles used are not sterile.</p>	<p>may want to discuss this with your health professional getting support to lose weight or to stop smoking prior to considering surgery. Surgery can cause complications including blood clots, infections, bleeding, and a risk of death. Some people have a bad reaction to anaesthetics. <a href="#">Between 2 in 100 and 10 in 100</a> people who have a knee replacement get a blood clot in the leg. [32] Most people take medicines to prevent blood clots. It is likely that you will feel some discomfort while</p>
--	--	-----------------------------------	---	--	---

					<p>recovering from surgery.</p> <p>The risk is probably smaller after arthroscopy.[32]</p>
--	--	--	--	--	--

	Lifestyle changes	Physical Management	Treatment to Manage Pain	Complementary Treatments	Surgery
<b>What is the time you will spend in hospital or on treatment ?</b>	You won't need to spend time in hospital or recovering from treatment if you make changes to your lifestyle.	You may need to go to hospital to have physiotherapy and occupational therapy sessions. But you won't need to stay in hospital. You will need to attend a number of sessions.	<p>You can buy simple painkillers, such as paracetamol, from your pharmacy.</p> <p>Your GP may also prescribe pain medication. You are unlikely to need to go to hospital to get pain medications. You might need to take medicines every day to manage your pain.</p> <p>Self-help support programmes vary in length.</p>	Often, complementary therapists recommend a course of treatment. These can vary in length and be expensive.	<p>You will need to stay in hospital for three to five days after knee replacement surgery. For the first three to six weeks after the operation you will need a walking aid, such as crutches, to help support you. Most people might need up to six months.</p> <p>After arthroscopy to wash out the joint</p>



					and remove damaged tissue you will normally be able to go home once you have recovered from the anaesthetic . You may have to rest with the leg raised for a short period, and you will need crutches at first to help support you when walking. It may take up to three weeks before you can use your knee normally.
--	--	--	--	--	---

## What are the pros and cons of each option?

People with knee osteoarthritis have different experiences about the health problem and views on treatment. Choosing the treatment option that is best for the patient means considering how the consequences of each treatment option will affect their life.

Here are some questions people may want to consider about treatment for osteoarthritis of the knee:

- Do they find the pain from their knee intolerable?

- Do they want be able to do more everyday things than they can at present?
- Are they willing to spend time in hospital, or having treatment?
- Are they willing to take the risk of side effects or complications from treatment?
- Are they willing to take treatments that involve a frequent time commitment?

## **How do I get support to help me make a decision that is right for me?**

People using this type of information say they understand the health problem and treatment choices more clearly, and why one treatment is better for them than another. They also say they can talk more confidently about their reasons for liking or not liking an option with health professionals, friends and family.

## References

4. Fransen M, McConnell S. Exercise for osteoarthritis of the knee (Cochrane review). In: The Cochrane Library. Wiley, Chichester, UK.
5. Bliddal H, Leeds AR, Stigsgaard L, et al. Weight loss as treatment for knee osteoarthritis symptoms in obese patients: 1-year results from a randomised controlled trial. *Annals of the Rheumatic Diseases*. 2011; 70: 1798-1803.
6. Jamtvedt G, Dahm KT, Christie A, et al. Physical therapy interventions for patients with osteoarthritis of the knee: an overview of systematic reviews. *Physical Therapy*. 2008; 88: 123-136.
7. Hinman RS, Crossley KM, McConnell J, et al. Efficacy of knee tape in the management of osteoarthritis of the knee: blinded randomised controlled trial. *BMJ*. 2003; 327: 135.
8. Brouwer RW, Jakma TS, Verhagen AP, et al. Braces and orthoses for treating osteoarthritis of the knee (Cochrane review). In: The Cochrane Library. Wiley, Chichester, UK.
9. Wegman A, Van Der Windt D, Van Tulder M, et al. Nonsteroidal antiinflammatory drugs or acetaminophen for osteoarthritis of the hip or knee? A systematic review of evidence and guidelines. *Journal of Rheumatology*. 2004; 31: 344-354.
10. Bjordal JM, Ljunggren AE, Klovning A, et al. Non-steroidal anti-inflammatory drugs, including cyclo-oxygenase-2 inhibitors, in osteoarthritic knee pain: meta-analysis of randomised placebo controlled trials. *BMJ*. 2004; 329: 1317.
11. Bellamy N, Campbell J, Robinson V, et al. Intraarticular corticosteroid for treatment of osteoarthritis of the knee (Cochrane review). In: The Cochrane Library. Wiley, Chichester, UK.
12. Witt CM, Jena S, Brinkhaus B, et al. Acupuncture in patients with osteoarthritis of the knee or hip: a randomized, controlled trial with an additional non-randomized arm. *Arthritis and Rheumatism*. 2006; 54: 3485-3893.
13. Laupattarakasem W, Laopaiboon M, Laupattarakasem P, et al. Arthroscopic debridement for knee osteoarthritis (Cochrane review). In: The Cochrane Library. Wiley, Chichester, UK.
15. Messier SP, Loeser RF, Miller GD, et al. Exercise and dietary weight loss in overweight and obese older adults with knee osteoarthritis. *Arthritis and Rheumatology*. 2004; 50: 1501-1510.
16. Huang MH, Lin YS, Yang RC, et al. A comparison of various therapeutic exercises on the functional status of patients with knee osteoarthritis. *Seminars in Arthritis and Rheumatism*. 2003; 32: 398-406.

17. Brouwer RW, van Raaij TM et al, Braces and orthoses for osteoarthritis (Cochrane review) In: The Cochrane Library. Wiley, Chichester, UK.
22. Muthuri SG, Hui M, Doherty M, et al. What if we prevent obesity? Risk reduction in knee osteoarthritis estimated through a meta-analysis of observational studies. *Arthritis Care & Research*. 2011; 63: 982-990.
25. Thorstensson CA, Roos EM, Petersson IF, et al. Six-week high-intensity exercise program for middle-aged patients with knee osteoarthritis: a randomized controlled trial. *BMC Musculoskeletal Disorders*. 2005; 6: 27.
26. Jones A, Silva PG, Silva AC, et al. Impact of cane use on pain, function, general health and energy expenditure during gait in patients with knee osteoarthritis: a randomised controlled trial. *Annals of the Rheumatic Diseases*. 2012; 71: 172-179.
28. British National Formulary. Non-steroidal anti-inflammatory drugs Section 10.1.1. British Medical Association and Royal Pharmaceutical Society of Great Britain. Also available at <http://bnf.org> (accessed on 25 June 2012).
29. British National Formulary. Non-steroidal anti-inflammatory drugs. Section 10.1.1. British Medical Association and Royal Pharmaceutical Society of Great Britain. Also available at <http://bnf.org> (accessed on 26 June 2012).
32. Fransen M, S McConnell. Exercise for osteoarthritis of the knee (Cochrane review). In: The Cochrane Library. Wiley, Chichester, UK.