The first of the 25 OARSI recommendations states that optimal management requires a combination of nonpharmacologic and pharmacologic modalities. The remaining recommendations support the use of 11 nonpharmacologic, 8 pharmacologic, and 2 surgical modalities. Each recommendation is rated according to the level of evidence and the strength of the recommendation, expressed as a percentage.

“The guidelines were simplified as much possible to allow people to know which particular therapy would be most useful for an individual patient. I think they are useful in that sense. It’s hard to know whether or not they will be used. Guidelines are not very popular in any field,” Dr. Altman said in an interview.

“The strongest nonpharmacologic recommendation (strength of recommendation, 97%) is patient education about lifestyle modifications to reduce the load on affected joints, along with an emphasis on self-help and patient-driven treatments.”

Other nonpharmacologic recommendations include referral to a physical therapist for evaluation and exercise instruction (strength of recommendation, 89%), instruction on optimal use of walking aids (90%), and regular follow-up via telephone (60%). Also recommended for relief of symptoms are topical nonsteroidal anti-inflammatory drugs (64%), transcutaneous electrical nerve stimulation (58%), and acupuncture (39%).

The strongest pharmacologic recommendation is for use of the lowest effective dose of an NSAID for symptomatic hip or knee osteoarthritis, but not as a long-term option (93%). Acetaminophen is also recommended as an initial oral analgesic for mild to moderate pain (92%).

Radiographic knee osteoarthritis (OA) is a potent risk factor for increased pain, functional loss, and risk of joint replacement surgery for patients who have not obtained adequate pain relief and functional improvement from a combination of nonpharmacologic and pharmacologic modalities (96%).

In contrast, the evidence did not support the efficacy of ultrasound, massage, or heat/ice therapy. A complete description of how the guidelines were developed appeared in the September 2007 issue of Osteoarthritis and Cartilage (2007;15:981-1000). The full guidelines are scheduled for publication in the February 2008 issue of the *American Journal of Roentgenology*.

“The OARSI guidelines are evidence driven,” said Weiya Zhang, Ph.D., head of the guideline committee. In contrast, the European League Against Rheumatism (EULAR) guidelines are more clinically oriented, as those researchers began with expert consensus to develop key propositions and then searched for evidence to support their recommendations, Dr. Zhang said.

Among the surgical recommendations is consideration of joint replacement surgery for patients who have not obtained adequate pain relief and functional improvement from a combination of nonpharmacologic and pharmacologic modalities (96%).

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