

Σύγκριση νεότερων οδηγιών για οστεοαρθρίτιδα από **ACR** - **AAOS**

Σπύρος Ν Νίκας

Ρευματολόγος

Ιωάννινα

ΕΠΙΣΤΗΜΟΝΙΚΗ ΕΚΔΗΛΩΣΗ
Μεταβολικά
Νοσήματα
των Οστών
ΒΙΒΛΙΟΓΡΑΦΙΚΗ
ΕΝΗΜΕΡΩΣΗ

ΕΕΜΜΟ

ΠΟΡΤΑΡΙΑ
ΠΗΛΙΟΥ

Ενοδοχείο «Portaria»

22 18
22 20
2020
Μαρτίου

Σύγκριση συμφερόντων

- Καμία για την σημερινή παρουσίαση

Τα τελευταία 2 χρόνια:

- Pfizer, Novartis, Amgen, ELPEN, Sobi, Gilead
- MYO health, Primevien

ΟΑ το 2022

Νόσημα ?



ΕΚΦΥΛΙΣΤΙΚΗ



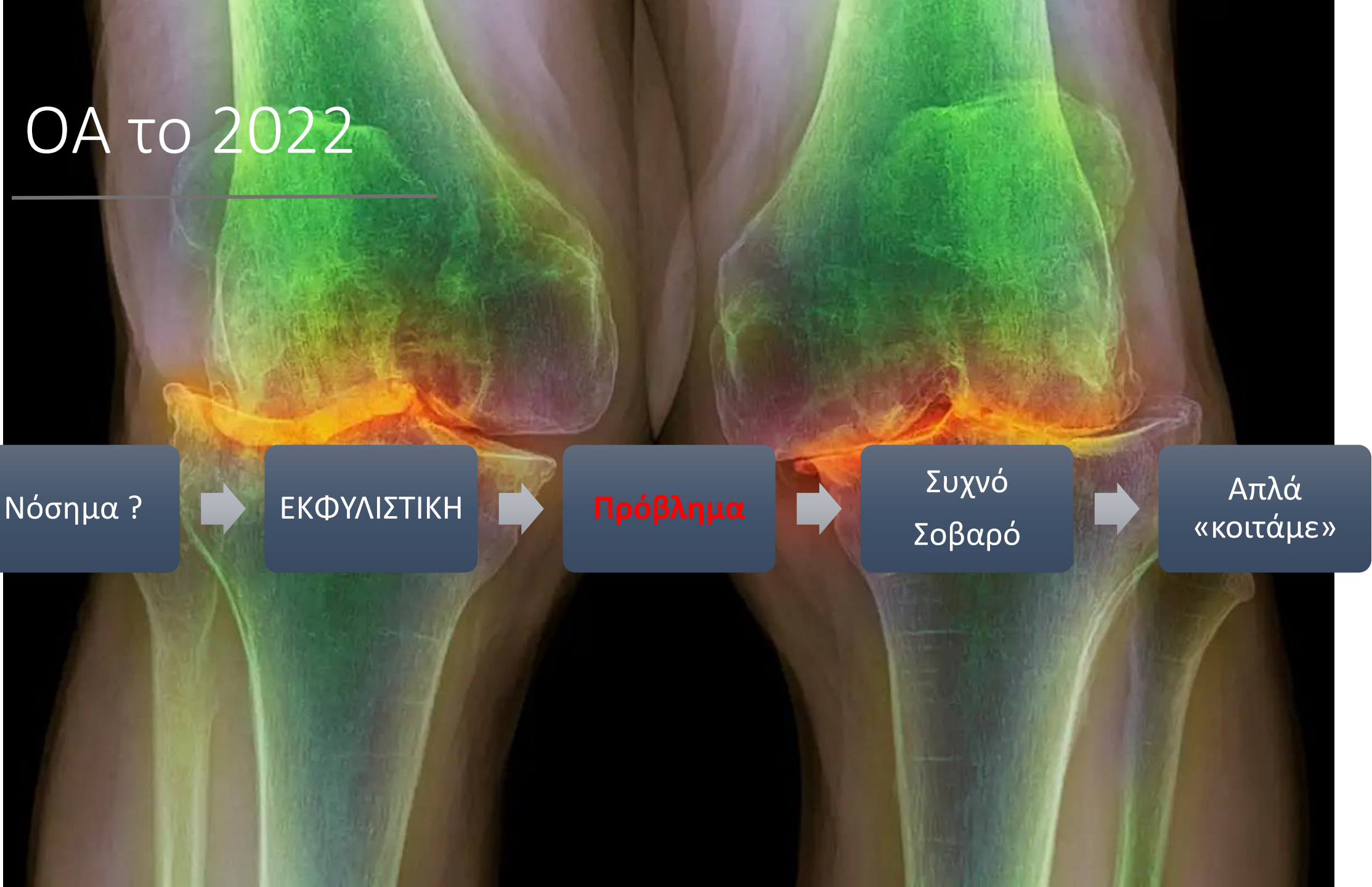
Πρόβλημα



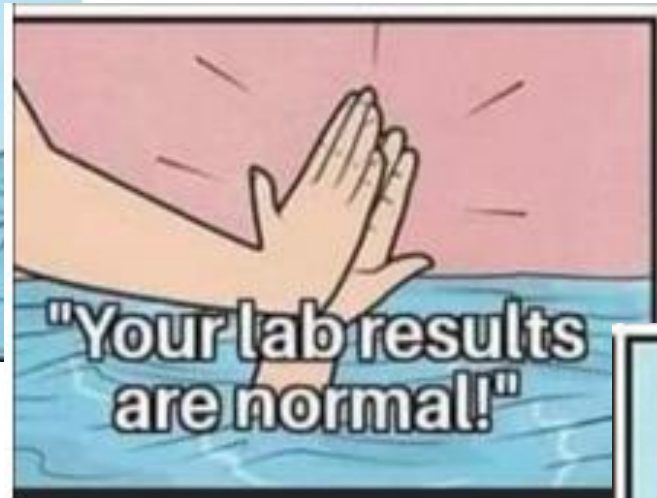
Συχνό
Σοβαρό





Απλά
«κοιτάμε»



ΟΑ το 2022



2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee

Sharon L. Kolasinski,¹ Tuhina Neogi,² Marc C. Hochberg,³ Carol Oatis,⁴ Gordon Guyatt,⁵ Joel Block,⁶ Leigh Callahan,⁷ Cindy Copenhaver,⁸ Carole Dodge,⁹ David Felson,² Kathleen Gellar,¹⁰ William F. Harvey,¹¹ Gillian Hawker,¹² Edward Herzig,¹³ C. Kent Kwok,¹⁴ Amanda E. Nelson,⁷  Jonathan Samuels,¹⁵ Carla Scanzello,¹ Daniel White,¹⁶ Barton Wise,¹⁷ Roy D. Altman,¹⁸ Dana DiRenzo,¹⁹  Joann Fontanarosa,²⁰ Gina Giradi,²⁰ Mariko Ishimori,²¹ Devyani Misra,² Amit Aakash Shah,²² Anna K. Shmagel,²³ Louise M. Thoma,⁷ Marat Turgunbaev,²² Amy S. Turner,²² and James Reston²⁰

2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee

PHYSICAL, PSYCHOSOCIAL, and MIND-BODY APPROACHES

PHARMACOLOGIC APPROACHES

HAND	KNEE	HIP
Exercise*		
Self-Efficacy and Self-Management Programs		
	Weight Loss	
	Tai Chi	
	Cane	
1 st CMC Orthosis	TF Knee Brace**	
Heat, Therapeutic Cooling		
Cognitive Behavioral Therapy		
Acupuncture		
Kinesiotaping		
	Balance Training	
Other Hand Orthoses***	PF Knee Brace**	
Paraffin	Yoga	
	RFA	
Oral NSAIDs		
Topical NSAIDs	Topical NSAIDs	
I-A Steroids	I-A Steroids (Imaging-Guidance for Hip)	
Acetaminophen		
Tramadol		
Duloxetine		
Chondroitin	Topical Capsaicin	

Strongly recommended

Conditionally recommended

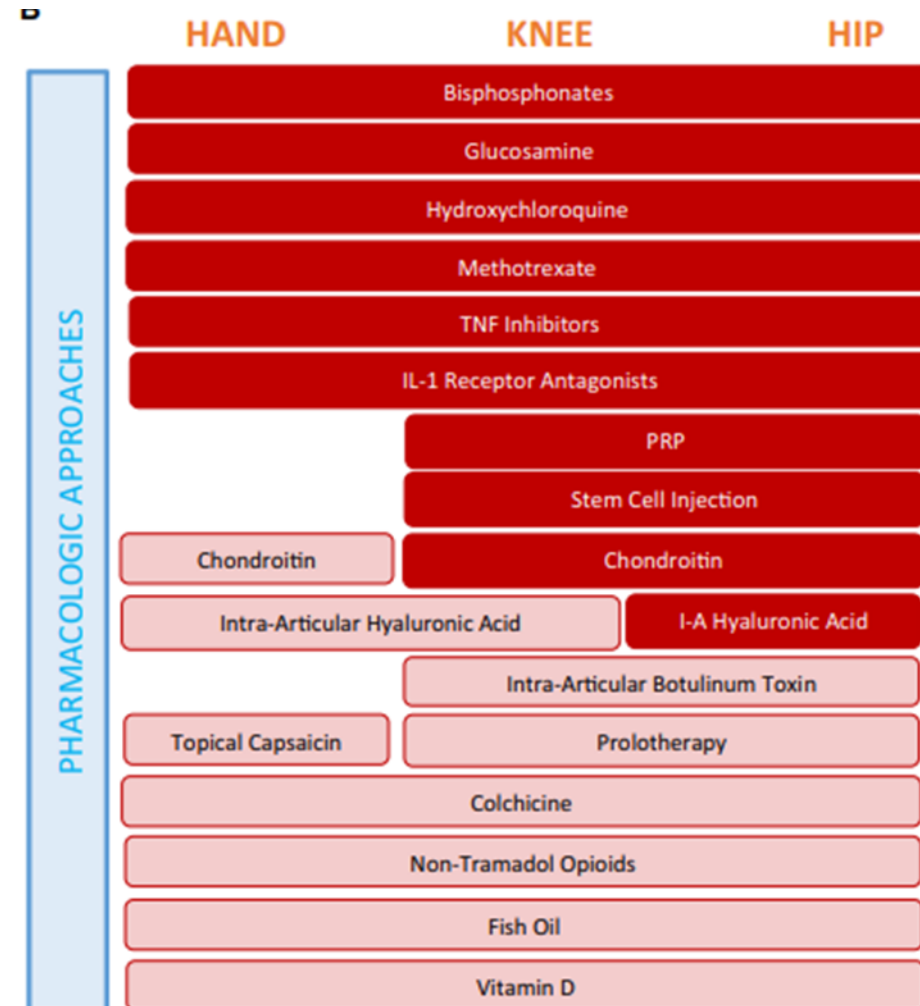
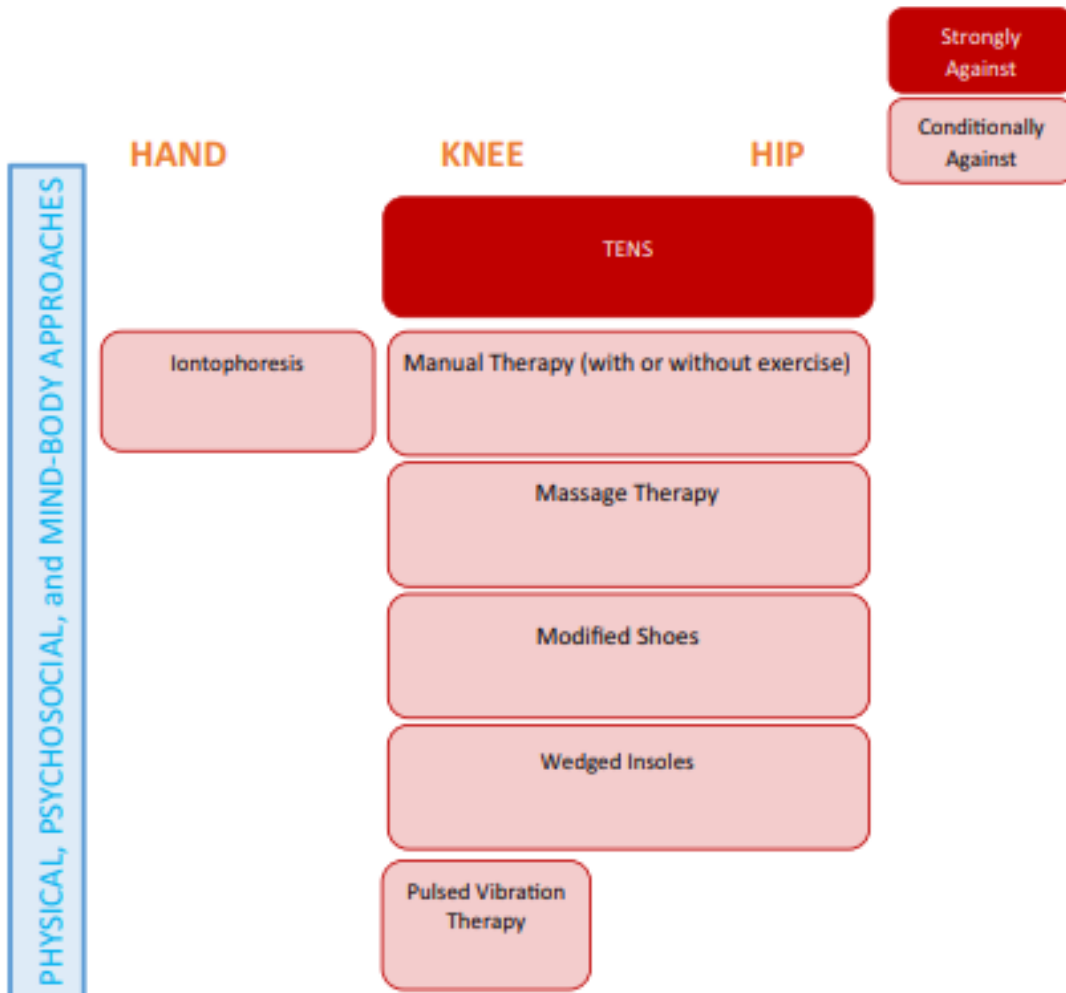
conditionally



Όχι επαρκή δεδομένα

Τι ΔΕΝ συνιστάται

2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee



Τι συνιστάται και τι όχι μη φαρμακευτική παρέμβαση

Strongly recommended
Conditionally recommended
Strongly recommended against
Conditionally recommended against
No recommendation

2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee

Intervention	Joint		
	Hand	Knee	Hip
<u>Exercise</u>			
Balance training			
<u>Weight loss</u>			
Self-efficacy and self-management programs			
Tai chi			
Yoga			
Cognitive behavioral therapy			
<u>Cane</u>			
<u>Tibiofemoral knee braces</u>		(Tibiofemoral)	
Patellofemoral braces		(Patellofemoral)	
Kinesiotaping	(First carpometacarpal)		
Hand orthosis	(First carpometacarpal)		
Hand orthosis	(Other joints)		
Modified shoes			
Lateral and medial wedged insoles			
Acupuncture			
<u>Thermal interventions</u>			
Paraffin			
Radiofrequency ablation			
Massage therapy			
Manual therapy with/without exercise			
Iontophoresis	(First carpometacarpal)		
Pulsed vibration therapy			
Transcutaneous electrical nerve stimulation			

Τι συνιστάται και τι όχι φαρμακευτική παρέμβαση

Strongly recommended

Conditionally recommended

Strongly recommended against

Conditionally recommended against

No recommendation

2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee

Intervention	Joint		
	Hand	Knee	Hip
Topical nonsteroidal antiinflammatory drugs	Strongly recommended	Strongly recommended	Conditionally recommended
Topical capsaicin	Conditionally recommended against	Strongly recommended	Conditionally recommended
Oral nonsteroidal antiinflammatory drugs	Strongly recommended	Strongly recommended	Strongly recommended
Intraarticular glucocorticoid injection	Strongly recommended	Strongly recommended	Strongly recommended
Ultrasound-guided intraarticular glucocorticoid injection	Conditionally recommended	Conditionally recommended	Strongly recommended
Intraarticular glucocorticoid injection compared to other injections	Strongly recommended	Strongly recommended	Strongly recommended
Acetaminophen	Conditionally recommended	Conditionally recommended	Conditionally recommended
Duloxetine	Conditionally recommended	Conditionally recommended	Conditionally recommended
Tramadol	Conditionally recommended	Conditionally recommended	Conditionally recommended
Non-tramadol opioids	Conditionally recommended against	Conditionally recommended against	Conditionally recommended against
Colchicine	Conditionally recommended against	Conditionally recommended against	Conditionally recommended against
Fish oil	Conditionally recommended against	Conditionally recommended against	Conditionally recommended against
Vitamin D	Conditionally recommended against	Conditionally recommended against	Conditionally recommended against
Bisphosphonates	Strongly recommended against	Strongly recommended against	Strongly recommended against
Glucosamine	Strongly recommended against	Strongly recommended against	Strongly recommended against
Chondroitin sulfate	Conditionally recommended	Strongly recommended against	Strongly recommended against
Hydroxychloroquine	Strongly recommended against	Strongly recommended against	Strongly recommended against
Methotrexate	Strongly recommended against	Strongly recommended against	Strongly recommended against
Intraarticular hyaluronic acid injection	(First carpometacarpal) Conditionally recommended against	Conditionally recommended against	Strongly recommended against
Intraarticular botulinum toxin	Conditionally recommended	Conditionally recommended against	Conditionally recommended against
Prolotherapy	Conditionally recommended	Conditionally recommended against	Conditionally recommended against
Platelet-rich plasma	Conditionally recommended	Strongly recommended against	Strongly recommended against
Stem cell injection	Conditionally recommended	Strongly recommended against	Strongly recommended against
Biologics (tumor necrosis factor inhibitors, interleukin-1 receptor antagonists)	Strongly recommended against	Strongly recommended against	Strongly recommended against

2019 American College of Rheumatology/Arthritis
Foundation Guideline for the Management of
Osteoarthritis of the Hand, Hip, and Knee

Άσκηση

- Δεν συνιστάται κάποιο ειδικό πρόγραμμα
- Προτίμηση ασθενή και διαθεσιμότητα
- Βελτίωση σε πόνο & λειτουργικότητα (ακόμη και σε ασθενείς με πόνο)
- Καλύτερα αποτελέσματα σε προγράμματα υπο επίβλεψη

77 RCTs (6472 participants) confirmed **statistically significant** exercise benefits for

- pain (**ES** 0.56, 95% CI 0.44-0.68)
- function (0.50, 0.38-0.63),
- performance (0.46, 0.35-0.57)
- QoL (0.21, 0.11-0.31)

at or nearest to 8 weeks

Effect size	Cohen's <i>d</i>
Small	0.2
Medium	0.5
Large	0.8 or greater

Απώλεια ΣΒ

- Δοσο – εξαρτωμένη δράση
- Απώλεια 5% έχει κλινική σημασία
- Ενδυνάμωση βελτίωσης σε μεγαλύτερη απώλεια

- **25% weight reduction** from baseline is necessary to obtain a
- **50% reduction** of each subscale of the WOMAC score

*Comparative efficacy of different weight loss treatments on knee osteoarthritis: A network **meta-analysis**.
bes Rev. 2021 Aug;22(8):e13230.*

Original Article

Effects of weight change on knee and hip radiographic measurements and pain over 4 years: Data from the Osteoarthritis Initiative

Gabby B. Joseph PhD ✉, Charles E. McCulloch PhD, Michael C. Nevitt PhD, John Lynch PhD, Nancy E. Lane MD, Thomas M. Link MD, PhD

First published: 04 March 2022 | <https://doi.org/10.1002/acr.24875>

n=2752 (4-year follow-up) :

- weight loss may **protect** against, and
- weight gain may **exacerbate**
- **radiographic** (significantly lower odds of KL grade worsening) **and symptomatic knee OA** (knee pain)
- while weight change (5% threshold) does not have significant effects on hip OA

ΙΑ υαλουρονικό

*conditionally recommended **against** in patients with knee and/or first CMC joint OA and strongly recommended against in patients with hip OA*

Όταν η έρευνα
περιορίζεται σε
μελέτες low risk
of bias



meta-analysis



effect size
hyaluronic acid
injections Vs
saline injections

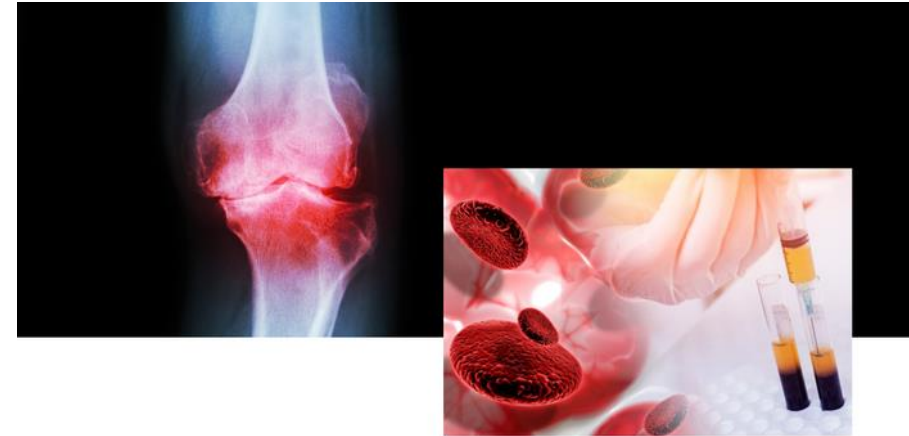


approaches zero

PRP στην ΟΑ

Σύμφωνα με την πιο μεγάλη ανασκόπηση της βιβλιογραφίας (5 ανασκοπήσεις, 19 μελέτες) η ενδοαρθρική χορήγηση PRP φαίνεται

- να πλεονεκτεί **άλλων** ενδοαρθρικών χορηγήσεων σε θέματα πόνου
- με το όφελος να είναι **μικρής** διάρκειας (6-12 μήνες)
- τα δεδομένα να είναι **χαμηλής**



November 23/30, 2021

Effect of Intra-articular Platelet-Rich Plasma vs Placebo Injection on Pain and Medial Tibial Cartilage Volume in Patients With Knee Osteoarthritis

The RESTORE Randomized Clinical Trial

Kim L. Bennell, PhD¹; Kade L. Paterson, PhD¹; [Ben R. Metcalf, BSc¹](#); et al

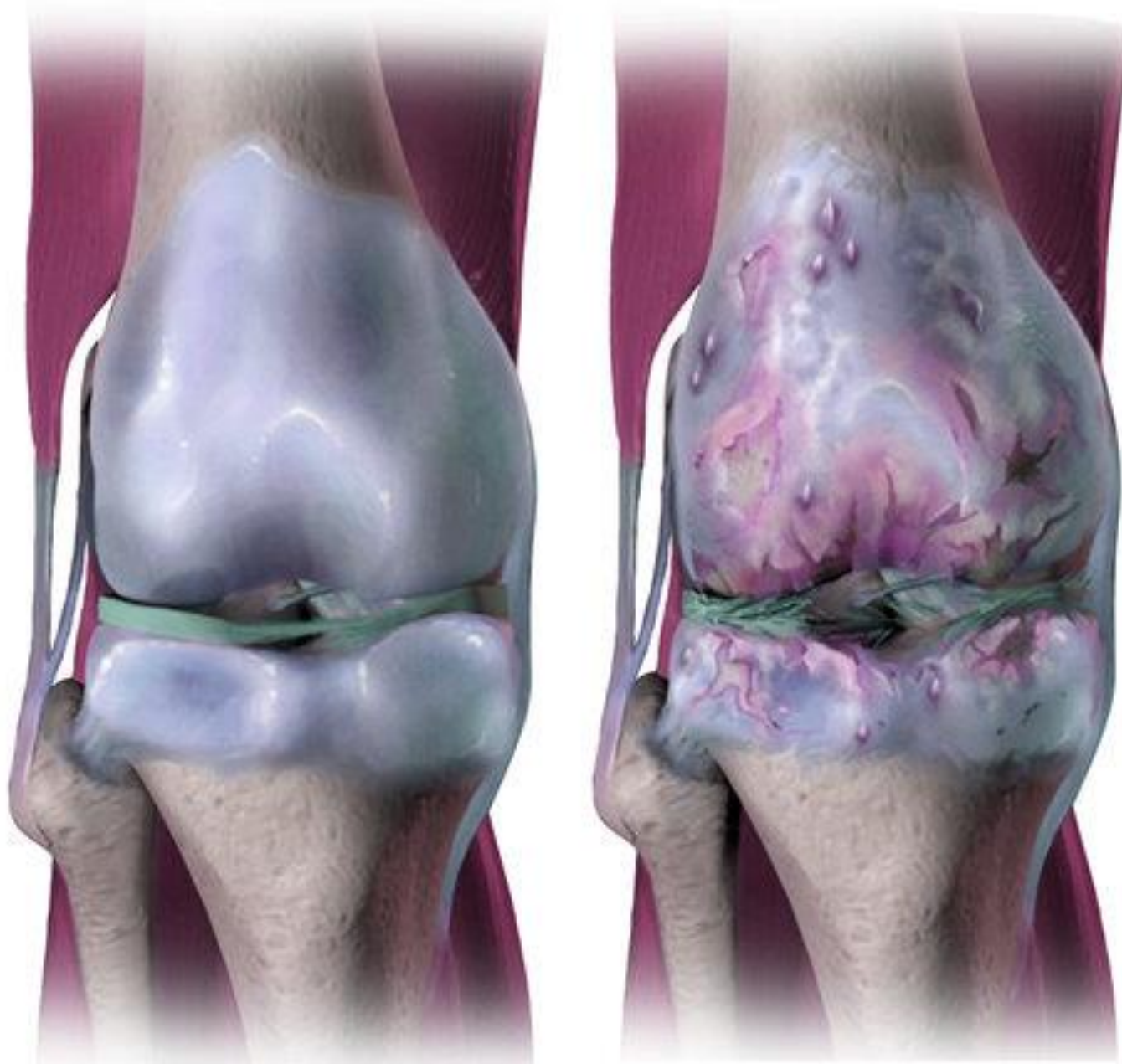
» Author Affiliations

JAMA. 2021;326(20):2021-2030. doi:10.1001/jama.2021.19415

...rthritis
...2040622319825567. Published
2019 Feb 19. doi:10.1177/2040622319825567

Άλλες παρεμβάσεις

- **Γλυκοζαμίνη** : διαφορές στην αποτελεσματικότητα σε industry sponsored μελέτες Vs publicly funded => σκέψεις για publication bias
- Πολλά «νευροπαθητικά», **μόνο για duloxetine** επαρκή ευρήματα
- ΙΑ στεροειδή : βραχυχρόνια βελτίωση



Ενδοαρθρικά στεροειδή & χόνδρος

Arthritis & Rheumatology

Vol. 74, No. 2, February 2022, pp 223–226



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Empowering Rheumatology Professionals

BRIEF REPORT

Progression of Knee Osteoarthritis With Use of Intraarticular Glucocorticoids Versus Hyaluronic Acid

Justin Bucci,¹  Xiaoyang Chen,¹ Michael LaValley,¹ Michael Nevitt,² James Torner,³ Cora E. Lewis,⁴ and David T. Felson⁵ 

Conclusion. Intraarticular GC injections are not associated with an increased risk of knee OA progression compared to HA.

