

Management of osteoarthritis

Explain that:

- osteoarthritis is diagnosed clinically and usually does not need imaging to confirm diagnosis
- management is guided by symptoms and physical function
- the core treatments are therapeutic exercise and weight management, alongside information and support.

Exercise	Weight management	Information and support
<ul style="list-style-type: none"> • For all people with osteoarthritis, offer therapeutic exercise tailored to their needs (for example, local muscle strengthening, general aerobic fitness). • Consider supervised therapeutic exercise sessions. • Advise people it may initially cause pain or discomfort but long-term adherence to an exercise plan will benefit the joints, reduce pain and improve function. • Consider combining therapeutic exercise with an education programme or behaviour change approaches in a structured treatment package. 	<p>For people who are living with overweight or obesity:</p> <ul style="list-style-type: none"> • advise them that weight loss will improve quality of life and physical function, and reduce pain • support them to choose a weight loss goal • explain that any weight loss is likely to be beneficial, but losing 10% is likely to be better than 5%. <p>For guidance and information on weight management, including interventions for weight loss, see NICE's topic page on obesity.</p>	<ul style="list-style-type: none"> • Tailor information to the person's individual needs and ensure it is in an accessible format. • Advise where people can find further information on: <ul style="list-style-type: none"> ○ the condition and information that challenges common misconceptions ○ specific types of exercise ○ managing their symptoms ○ how to access additional information and support ○ benefits and limitations of treatment.

Manual therapy

Only consider for hip and knee osteoarthritis and alongside therapeutic exercise.

Devices

Consider walking aids for lower limb osteoarthritis.

Do not offer:

- acupuncture or dry needling
- electrotherapy treatments
- insoles, braces, tape, splints or supports routinely.

Referral for joint replacement

Consider referring people with hip, knee or shoulder osteoarthritis for joint replacement if:

- joint symptoms are substantially impacting their quality of life **and**
- non-surgical management is ineffective or unsuitable.

Do not exclude people from referral for joint replacement because of age, sex or gender, smoking, comorbidities, or overweight or obesity.

Pharmacological management

If needed, use:

- alongside non-pharmacological treatments and to support therapeutic exercise
- the lowest effective dose for the shortest possible time.

Review with the person whether to continue treatment. Base frequency of reviews on clinical need.

- Offer a topical non-steroidal anti-inflammatory drug (NSAID) for knee osteoarthritis.
- Consider a topical NSAID for other osteoarthritis-affected joints.

Consider an oral NSAID if topical medicines are ineffective or unsuitable and offer a gastroprotective treatment alongside.

Do not offer:

- paracetamol or weak opioids routinely, unless:
 - used infrequently for short-term pain relief
 - all other treatments are ineffective or unsuitable
- glucosamine
- strong opioids
- intra-articular hyaluronan injections.

Consider intra-articular corticosteroid injections for short-term relief when other pharmacological treatments are ineffective or unsuitable or to support therapeutic exercise.

This is a summary of the recommendations on managing osteoarthritis in [NICE's guideline on osteoarthritis in over 16s: diagnosis and management](#)