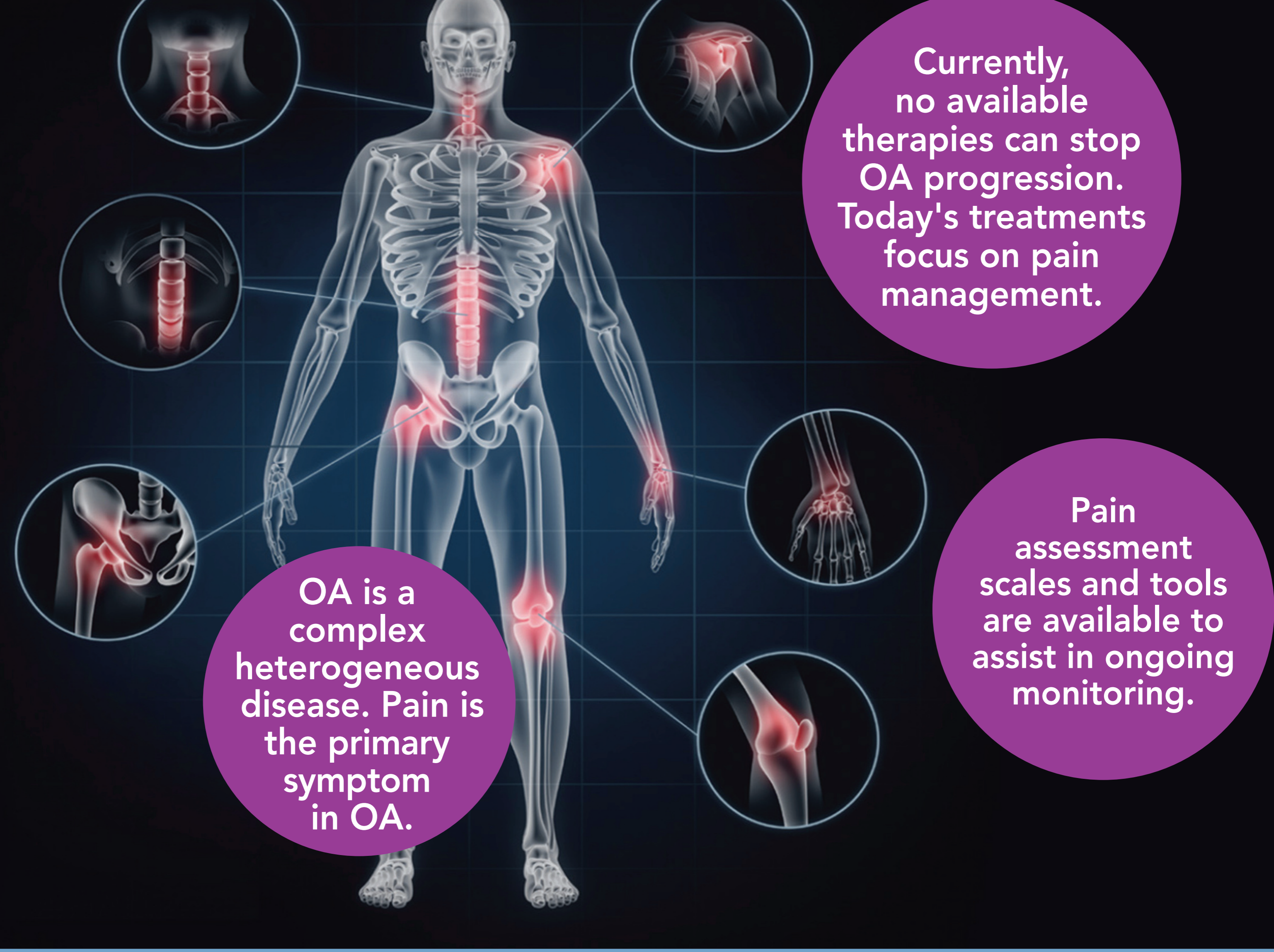


OSTEOARTHRITIS

Pain Assessment and Monitoring

CLINICAL PEARLS



Pain Management in Osteoarthritis

300 million worldwide¹

INTRODUCTION

Osteoarthritis (OA) is a complex heterogeneous disease and a leading cause of disability in older adults. The economic cost of OA is estimated at \$303 billion annually in medical costs and lost earnings.

The World Health Organization estimates that 9.6% of men and 18.0% of women older than 60 years have symptomatic OA. Some 80% of those with OA will have limitations in their movement, and 25% are not able to perform their activities of daily living.²

80% with OA have limitations in movement

RISK FACTORS FOR OA INCLUDE:



The most common symptom reported is

PAIN

Pain in OA

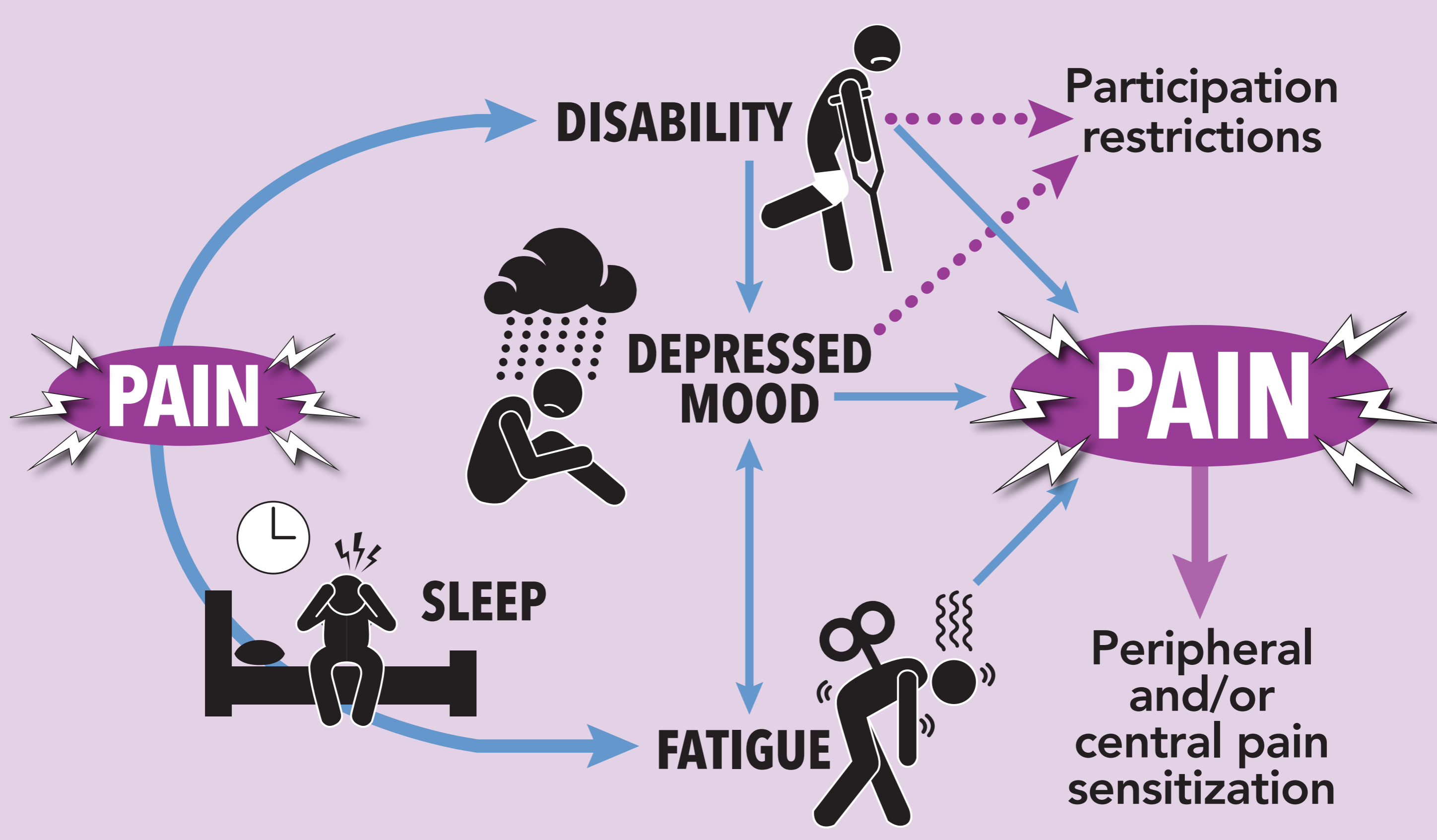
In the early stages the pain may be relieved by over-the-counter analgesics and rest; however, in time, the pain often progresses to a more chronic condition. A physical examination may show a reduced range of motion and crepitus in the affected joint. In more advanced cases, a limited range of motion and/or muscle atrophy around the affected joint may occur.

EARLY OA Occasional predictable sharp or other pain, usually brought on by a trigger (activity, repetition, sport) that eventually limits higher impact activities, but has relatively little impact on daily activities.

MODERATE OA Predictable pain is increasingly associated with unpredictable locking or buckling (knees) or other joint symptoms. The pain becomes more constant and begins to affect daily activities, such as walking and climbing stairs.

ADVANCED OA Constant dull/aching pain is punctuated by short episodes of often unpredictable intense pain. This pattern of pain results in significant avoidance of activities (eg, social and recreational activities).

Downstream Effects of Painful OA



Influenced by patient age, sex, education, income, other health conditions, social support, and coping

Pain Assessment and Monitoring

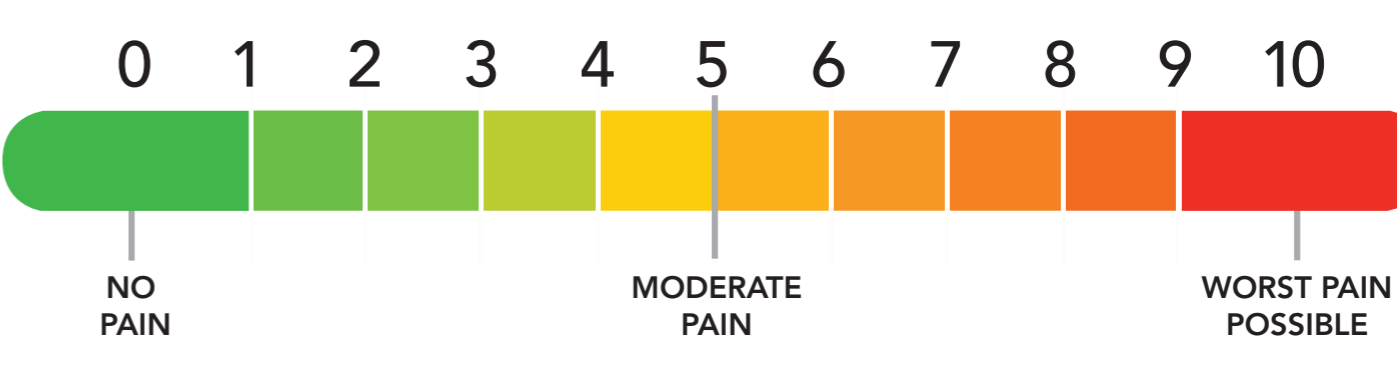
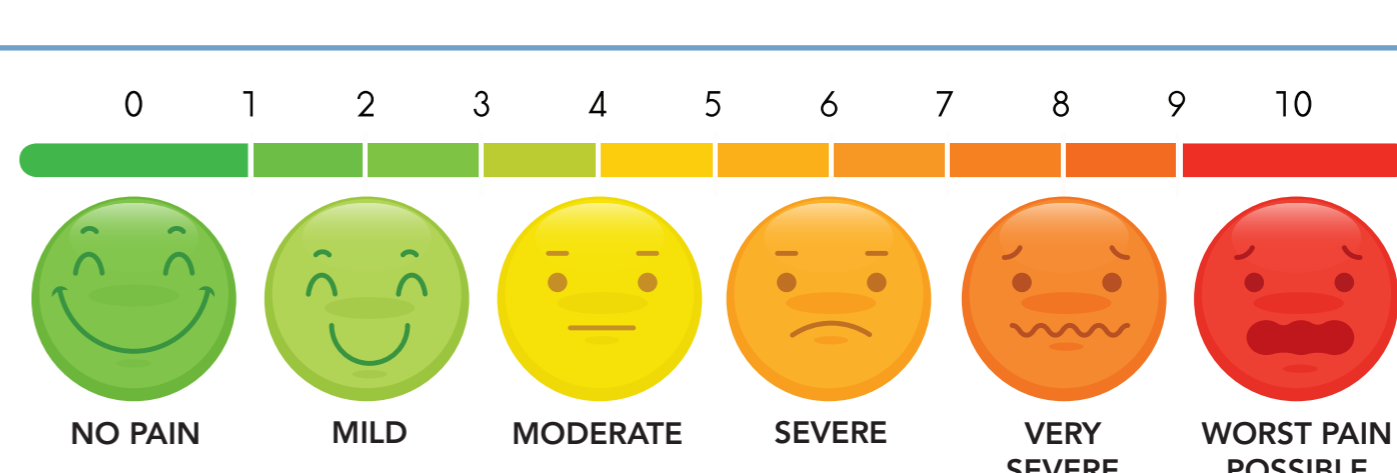
To quantify the severity of an individual's pain and guide therapy, several pain scales have been developed. Recommendations vary as to the frequency of assessment.³ Most agree that assessment should be done at the initiation of treatment and repeated periodically which may be used.

SPECIFIC TOOLS

- The Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC)**[®]
A self-administered questionnaire consisting of 24 items divided into 3 categories: pain, stiffness, and function. <http://www.womac.com>
- Intermittent and Constant Osteoarthritis Pain (ICOAP)**
An 11-item assessment that quantifies both constant and intermittent pain in individuals with hip or knee OA. https://www.oarsi.org/sites/default/files/docs/2013/icoap_users_guide_07072010.pdf
- Knee Injury and Osteoarthritis Outcome Score (KOOS)**
A knee-specific instrument. <http://www.koos.nu/koos-english.pdf>

NON-SPECIFIC TOOLS

- Picture Scale**
Asks respondents to quantify their pain on a picture scale.
- McGill Pain Questionnaire (MPQ)**
A self-reporting measure of pain that asks respondents to choose from a list of 78 words to describe their experience of pain. <https://www.sralab.org/sites/default/files/2017-07/McGill%20Pain%20Questionnaire%20%281%29.pdf>
- Numeric Rating Scale (NRS)**
Asks respondents to quantify their pain on a scale of 1 to 10.



SUMMARY

- Pain associated with OA is a leading cause of loss of mobility/function and disability.
- Current guidelines recommend assessing pain at initiation of treatment and on an ongoing basis.
- Several scales are available for the assessment of pain in OA.

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- Kolasinski SL, Neogi T, Hochberg MC, et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee. *Arthritis Care Res* (Hoboken). 2020;72(2):149-162.

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