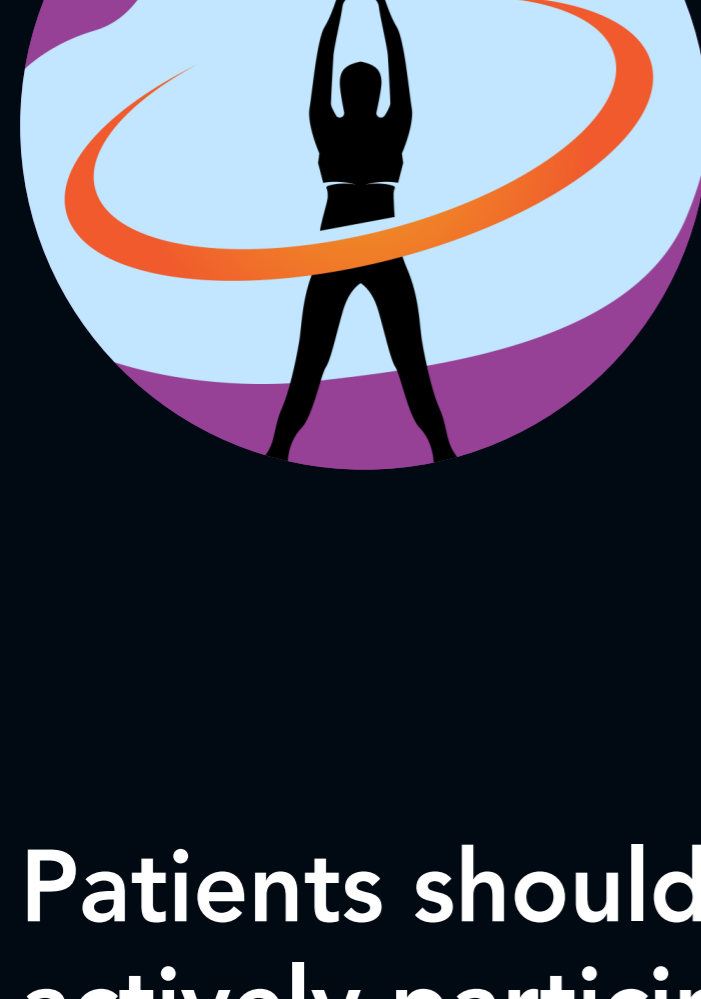


# Shared Decision-Making in OSTEOARTHRITIS



The objective of osteoarthritis (OA) management is to reduce pain and improve function.

Patients should be actively participating in all aspects of their care, including planning, organizing, and implementing care decisions.



Patient education on disease progression and self-management is considered a standard of care for OA.

## Shared Decision-Making Includes:

Medical evidence on treatment alternatives, including no treatment

Communication that involves interactive dialogue



Patient expression of concerns, goals, preferences, and questions

## Care Is Best Managed via a Team With the Patient at the Center



Family and friends



Healthcare provider (HCP) team (primary care physician, rheumatologist, orthopedist, orthopedic surgeon, pain specialist)

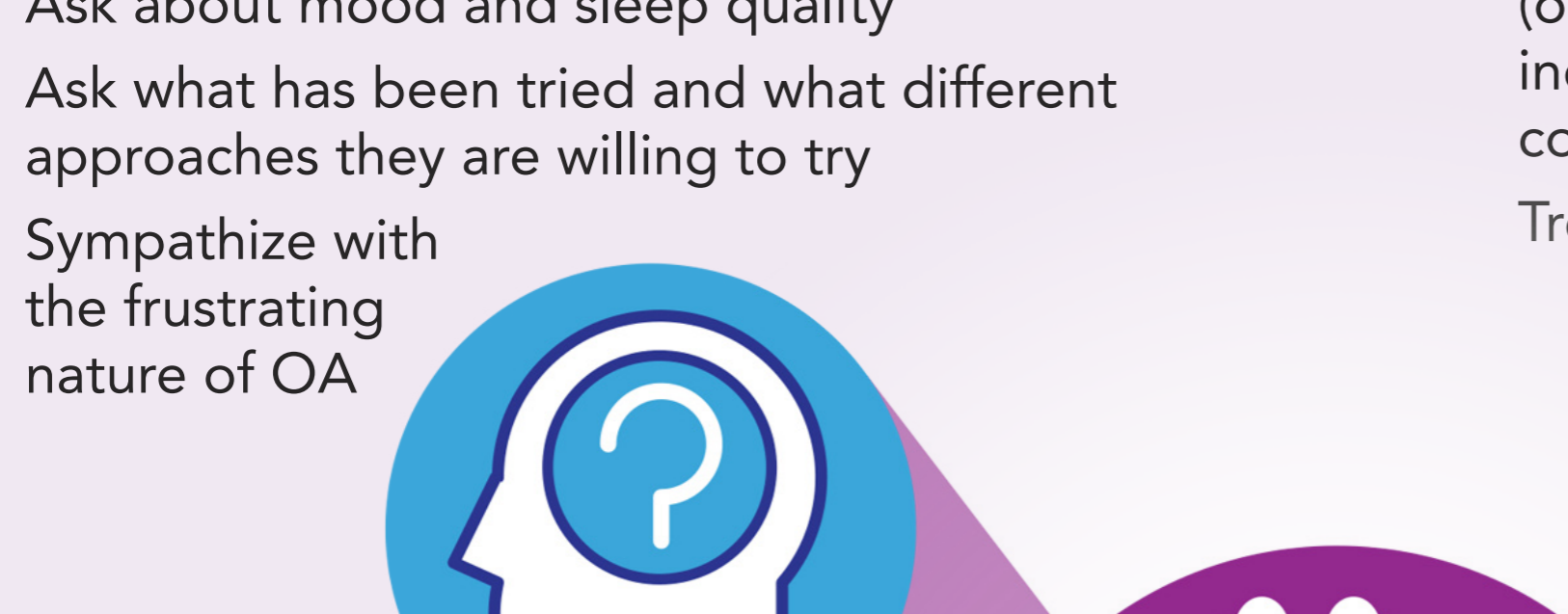


Extended HCP team (nurse, nurse practitioner, pharmacist, occupational and physical therapist, dietitian, psychologist)



The patient is an active participant and approves of the plan.

## Shared Decision-Making Should Occur at Every Visit



It assesses many variables:

- Medical treatment
- Quality of life
- Activities of daily living
- Social factors

Use motivational interviewing and decision tools to help the patient visualize a future state of pain, activity levels, and productivity as a result of treatment adherence (both good and poor).

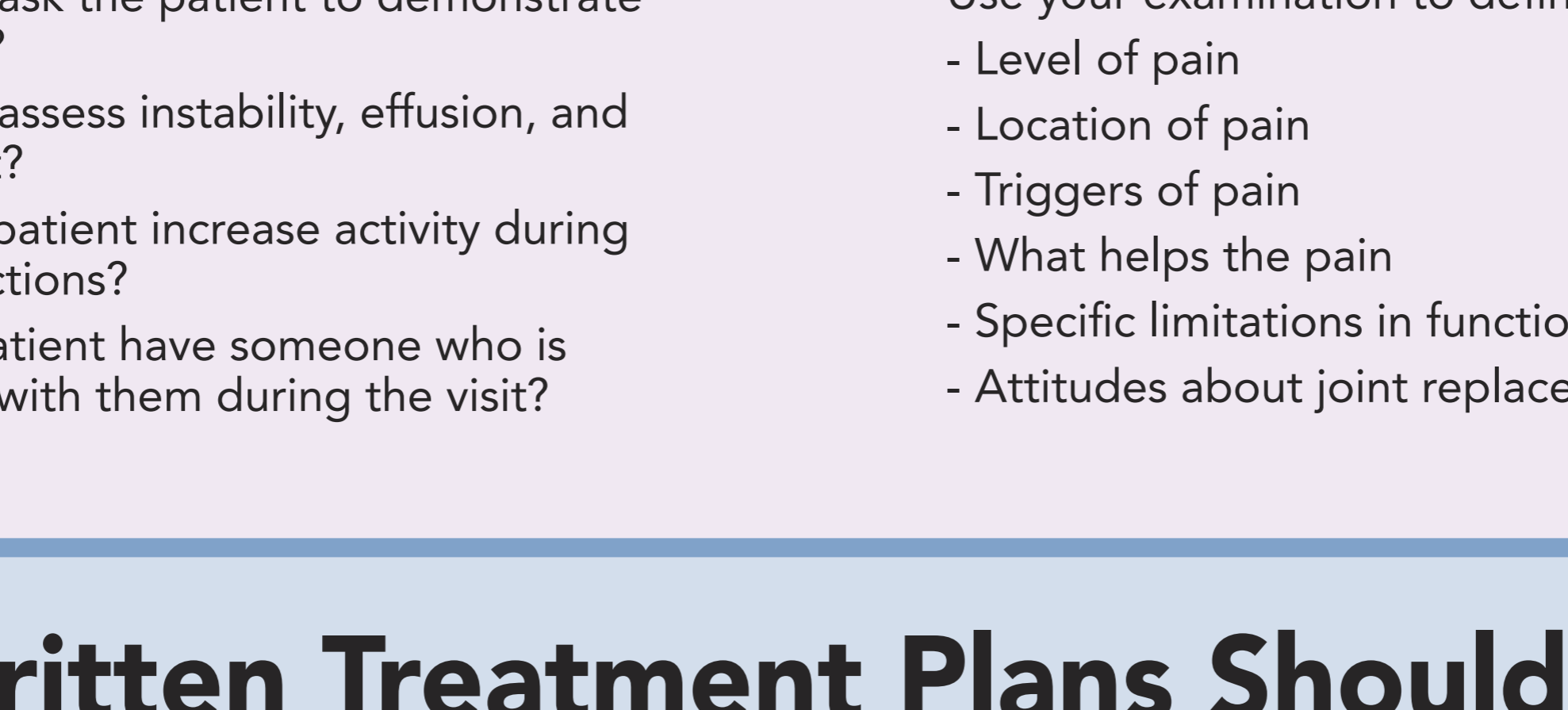
## The Examination Is Multifaceted

Let the patient that know that you take OA pain and the patient's functioning seriously.

- Ask about the impact on the patient and family
- Ask about the patient's goals for treatment
- Ask about mood and sleep quality
- Ask what has been tried and what different approaches they are willing to try
- Sympathize with the frustrating nature of OA

Find out what is important to the patient.

- Medication frequency and side effects
- Choice of treatment
- Preference for treatment sequence (over-the-counter medication, weight loss, increase activity, physical therapy, brace, corticosteroid injections)
- Treatment costs



Be prepared for a telehealth visit.

- How will you assess for pain and stiffness?
- How will you ask the patient to demonstrate pain triggers?
- How will you assess instability, effusion, and malalignment?
- How will the patient increase activity during COVID restrictions?
- Should the patient have someone who is "tech savvy" with them during the visit?

Get on the same page as the patient.

- Use examination to define symptoms:
  - Level of pain
  - Location of pain
  - Triggers of pain
  - What helps the pain
  - Specific limitations in function
  - Attitudes about joint replacement

## Written Treatment Plans Should Be Put In Place

Key points to emphasize:

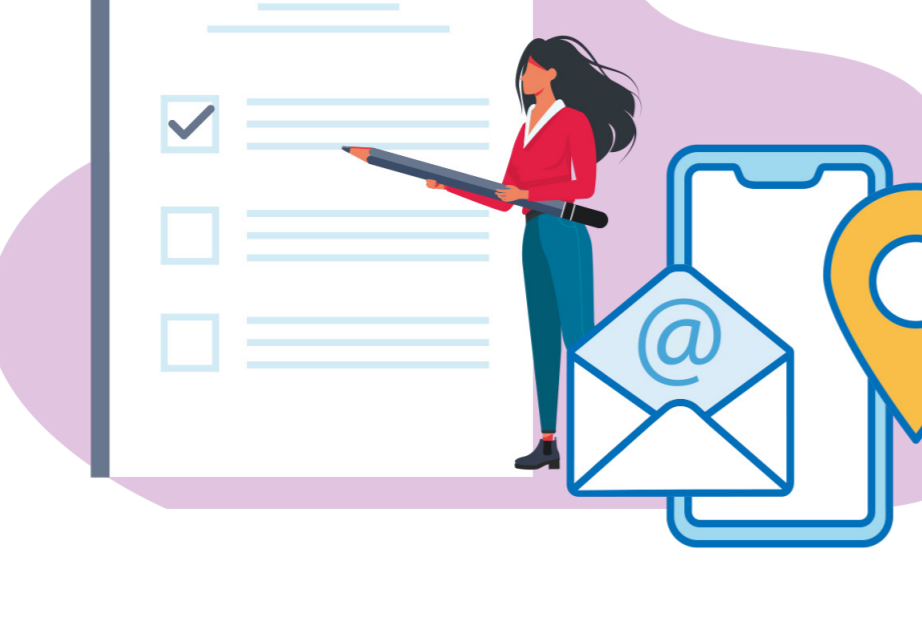
- There are many options to manage OA
- Patients should work with their care providers to develop a treatment plan that works for them
- Patients have a lot of influence on their future pain and functionality based on their adherence

Include information and resources.

- Provide information about the next appointment and how to contact the care team
- Pamphlets, videos, and online resources

The patient knows best and will determine whether the regimen needs to be adapted.

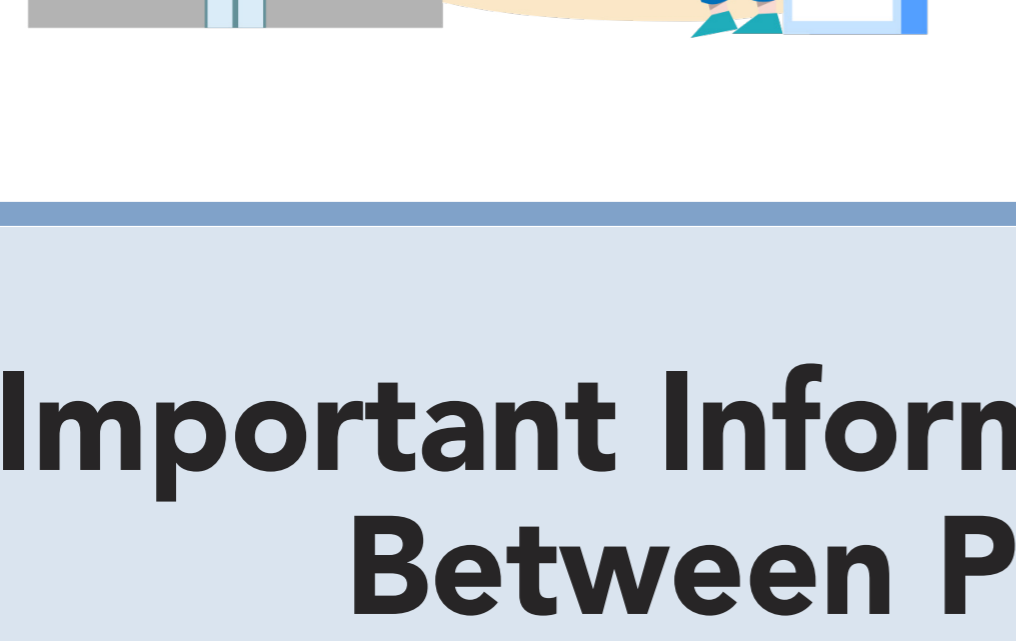
## Work With Your Patients to Improve Adherence



Ask patients about barriers to care.

Ask patients about adherence.

- Build trust to allow honesty
- No patient is 100% adherent
- Do not judge, it erodes the relationship

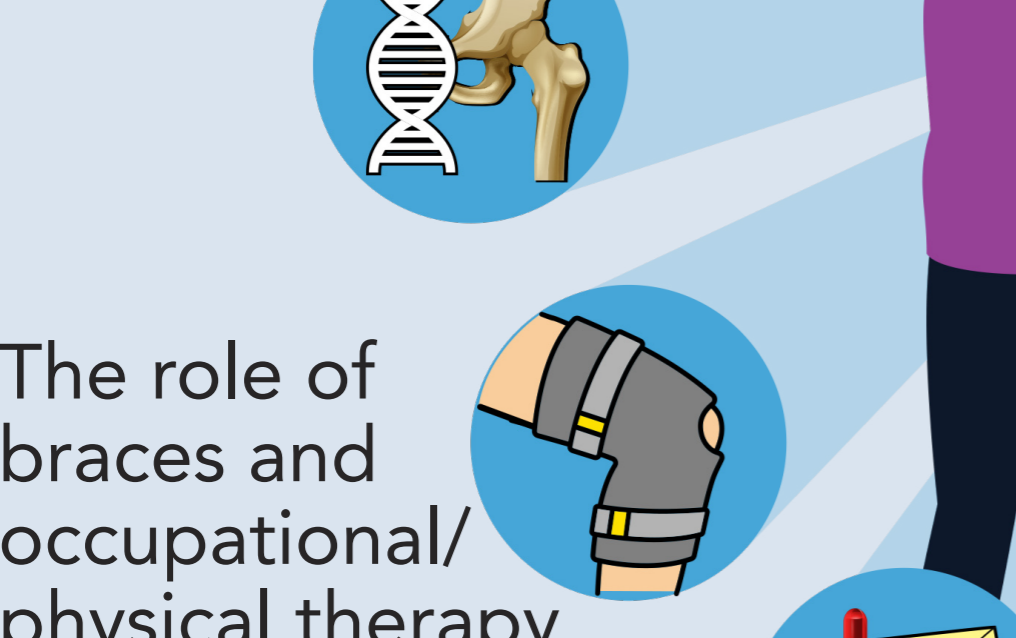


Create a written treatment plan.

Be aware of language barriers and education abilities.

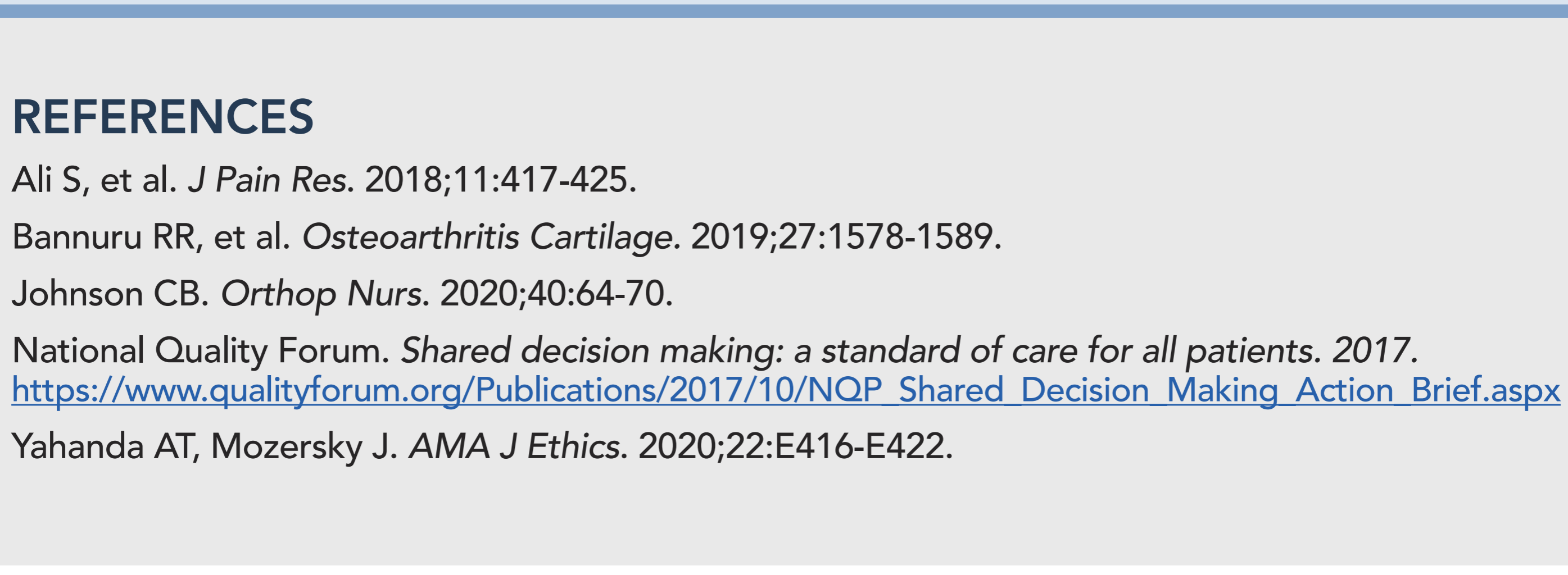
Provide contact information.

Be proactive about patient's tolerance of treatment and ability to modify lifestyle.



Be diligent about insurance coverage, letters of necessity, and ability to pay.

## Important Information Should Be Exchanged Between Patients and Caregivers



This can be provided verbally, during examination, and in written directions to take home.

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