Osteoarthritis: assessment and non-pharmacological management in adults

A visual guide to NICE guideline CG177

**Diagnostic criteria**
Diagnose osteoarthritis clinically without investigations if a person:
- Is aged 45 or over and
- Has activity-related joint pain and
- Has either no morning joint-related stiffness or morning stiffness that lasts no longer than 30 minutes

**Assessment**
Assess the effect of osteoarthritis on the person's:
- Function
- Occupation
- Relationships
- Quality of life
- Mood
- Leisure activities

**Self-management advice**
- Accurate verbal and written information including:
  - Use of suitable footwear
  - Activity pacing
  - Counter misconceptions, such as that it inevitably progresses and cannot be treated

- Advice on physical activity including:
  - Local muscle strengthening
  - General aerobic fitness
  (This will depend upon the person’s individual needs, circumstances and self-motivation, and the availability of local facilities)

- Advise weight loss:
  - If the person is overweight

**Referral for consideration of joint surgery**
Base decisions on referral thresholds and on discussions between patient representatives, referring clinicians and surgeons, not scoring tools. Include the following topics:
- Benefits and risks of surgery
- Recovery and rehabilitation after surgery
- How having a prosthesis might affect them

Refer before there is prolonged and established functional limitation and severe pain.

Offer core treatment first

**Follow-up and review of the effectiveness and tolerability of treatments**
Offer regular reviews to everyone with osteoarthritis including discussion of:
- Symptom progression
- Impact on their quality of life
- The person’s knowledge of the condition
- Any concerns they have
- Their personal preferences
- Their ability to access services
- Review of the effectiveness of treatments
- Support for self-management

Consider annual review for anyone with:
- Troublesome joint pain
- More than one symptomatic joint
- More than one comorbidity
- Those taking regular osteoarthritis medication

**Offer as core treatment for osteoarthritis**
**Consider as adjuncts to core treatment**

- Exercise
- Weight loss
- Advice on appropriate footwear
- Transcutaneous electrical nerve stimulation (TENS)
- Use of local heat and cold therapy
- Manipulation and stretching
- For further information on pharmacological management see the full guidelines
- Assistive devices (e.g. walking sticks and tap turners)
- Assessment for bracing/joint supports/inserts (for biomechanical joint pain or instability)

**DO NOT OFFER AS TREATMENT**
- Arthroscopic lavage and debridement (Unless there is a clear history of mechanical locking)
- Glucosamine or chondroitin
- Acupuncture

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