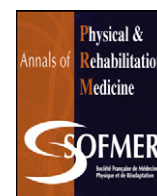




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Musculoskeletal disorders

Oral communications

C011-001-e

Should the use of pharmacological treatments still be recommended for the management of osteoarthritis?



C. Nguyen (Dr)

Service de rééducation et réadaptation de l'appareil locomoteur et des pathologies du rachis, Paris, France

E-mail address: christelle.nguyen2@aphp.fr

Pharmacological treatments including acetaminophen and non-steroidal anti-inflammatory drugs are widely recommended in national and international guidelines for the management of osteoarthritis (OA) in primary care settings. Other pharmacological modalities such as intra-articular corticosteroid or hyaluronic acid injections and symptomatic slow-acting drugs remain controversial across organisations, as there are important differences in interpretation of the evidence base. Recommendations are usually based on the results of systematic reviews and meta-analysis of randomized clinical trials. These reviews are often inconclusive for the benefits of these treatments and are limited by the heterogeneity and the quality of the included studies. Furthermore, concerns have been raised about the benefit-risk profile of these drugs, including acetaminophen. Therefore, in the light of most recent evidence, one can question if the use of pharmacological treatments should still be recommended for the management of OA, especially when the level of evidence for efficacy of non-pharmacological treatments is comparable, with less concerns about side effects. Recently, network meta-analyses have been proposed as a powerful methodological approach to compare available pharmacological treatments in OA according to their relative efficacy, safety profiles and relative costs. Their results could be helpful in formulating new evidence-based rational treatment algorithms and individualized patient care decisions, in updating current guidelines, and in deciding which place pharmacological treatments should take in physician's armamentarium.

Keywords Osteoarthritis; Guidelines; Pharmacological treatment

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Non pharmacological knee osteoarthritis treatment



D. Evcik (Prof)

Department of Physical Therapy and Rehabilitation, Ankara, Turkey

E-mail address: evcikd@yahoo.com

Osteoarthritis (OA) is a chronic disorder which mostly results with functional impairment and disability. The goal of the treatment program is to decrease pain and disability and to increase functional capacity and quality of life. One of the main parts of the treatment is nonpharmacological treatment modalities. These are weight loss, educational programs in modifying lifestyle and joint protective techniques, assistive devices, physical therapy (superficial and deep heat-cold applications, electrotherapeutic modalities, neuromuscular electrical stimulation), exercise and balneotherapy. Exercise therapy includes both aerobic exercise and strengthening programs. Choosing an appropriate exercise program depends on the patient's clinical evaluation and need. Although quadriceps muscle group is the primary stabilizer of knee joint, hamstring group exercises should also be recommended for a full performance. Progressive resistive exercise programs are found to have beneficial effects in pain and mobility. There are large evidence trials on the positive effects in the symptoms of OA of home-based exercise programs. Most of the studies reported the effectiveness of land-based exercises in knee OA patients. However aquatic exercises are another alternative for knee OA patients as it is safe, enjoyable and has no side effects. One of the widely used treatment option is balneotherapy and spa therapy. It was found to be effective on pain relief, functional capacity and quality of life parameters. Thermal action and chemical minerals play a significant role in its beneficial effect, however there is not an accepted clear concept about its mechanism. There is growing level of evidence about balneotherapy and spa therapy in the management of knee OA and it seems to take part in some of the treatment recommendations.

Keywords Osteoarthritis; Guidelines; Non-pharmacological treatment; Exercise

Disclosure of interest The author has not supplied his/her declaration of conflict of interest.

Further reading

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