for dyspepsia. Age, gender, education, physical and mental health, pain, disability, and locus of control were not associated with MARI.

**Conclusions:** This study quantified osteoarthritis patients’ preferences toward trade-offs between the risk of specific side effects of treatment and pain relief. As expected, the average additional risk that would be acceptable to subjects varied by side effect and increased in conjunction with the amount of potential pain relief. For all side effects, the acceptable level of risk for a given level of pain relief varied substantially among the subjects. Demographic, clinical, and psychological factors did not explain the variation in trade-off preferences. The study demonstrated the usefulness of the probabilistic threshold technique in eliciting preferences for trade-offs between the risk of side effects and pain relief. These observations are important for the development of practice guidelines for physicians and patients’ decision aids that can foster individualized, evidence-based yet preference-sensitive care for patients with OA.

**Methods:** Large review of the literature concerning i.a therapies was performed excluding current intra-articular treatments which are available, namely, glucocorticoid injection, hyaluronic acid injection, and joint lavage. **Results:** Targeted treatments designed to restore the balance between prodegradative cytokines and anabolic factors must be developed. IL-1β and TNFα are the most powerful cytokines in OA. Cytokine blockers can be injected intra-articularly, either directly or via gene therapy. Intra-articular injection of IL-1 receptor antagonist (IL-1-ra) produced promising results in animal models of OA. IL-1-ra injection is well tolerated in humans. However, in the only randomised controlled trial, a single IL-1-ra (50 or 150 mg) injection for knee osteoarthritis had little effect, possibly because of the short half-life of this cytokine antagonist. Intra-articular TNFα antagonist therapy has not been evaluated in clinical trials in humans. Downstream from IL-1β and TNFα, caspases can be blocked by direct injection of caspase inhibitors. Synovitis is thought to be involved in OA progression and therefore constitutes a major target. Depletion of synovial-membrane macrophages is associated with decreased metalloproteinase expression. Injection of an agent that blocks bone remodeling is an original and appealing approach. In mice, intra-articular injection of osteoprotegerin decreased the severity of OA lesions. Injection of anabolic factors might promote cartilage repair, thereby stabilizing the joint in the long term and preventing complications. In particular injection of encapsulated bFGF microspheres holds some promise. TGFβ is an extremely powerful stimulant of cartilage repair but also induces synovial membrane fibrosis and osteophyte growth. To avoid these adverse effects, gene therapy using both TGFβ and Smad 7 has been used in experimental models of OA. The short half-lives of growth factors and cytokine antagonists indicates a need for developing new delivery strategies, such as liposomes, microspheres, and gene therapy, all of which exhibit limitations.

**Conclusions:** Intra-articular therapy holds promise for the treatment of OA, although many issues await resolution.

**Purpose:** No treatments capable of slowing the osteoarthritic process have been discovered so far. Intra-articular treatment is a promising new approach that targets locally released cytokines and proinflammatory mediators in the synovial fluid. Furthermore, intra-articular treatment may be the best way to access the cartilage and synovial membrane and offers a better risk-benefit ratio than systemic treatment.

**Methods:** Evaluation of osteoarthritis patients’ preferences toward trade-offs between the risk of specific side effects of treatment and pain relief. These observations are important for the development of practice guidelines for physicians and patients’ decision aids that can foster individualized, evidence-based yet preference-sensitive care for patients with OA.

**Results:** The study demonstrated the usefulness of the probabilistic threshold technique in eliciting preferences for trade-offs between the risk of side effects and pain relief. These observations are important for the development of practice guidelines for physicians and patients’ decision aids that can foster individualized, evidence-based yet preference-sensitive care for patients with OA.

**Conclusions:** This study quantified osteoarthritis patients’ preferences toward trade-offs between the risk of specific side effects of treatment and pain relief. As expected, the average additional risk that would be acceptable to subjects varied by side effect and increased in conjunction with the amount of potential pain relief. For all side effects, the acceptable level of risk for a given level of pain relief varied substantially among the subjects. Demographic, clinical, and psychological factors did not explain the variation in trade-off preferences. The study demonstrated the usefulness of the probabilistic threshold technique in eliciting preferences for trade-offs between the risk of side effects and pain relief. These observations are important for the development of practice guidelines for physicians and patients’ decision aids that can foster individualized, evidence-based yet preference-sensitive care for patients with OA.

**Methods:** Intra-articular therapy holds promise for the treatment of OA. Intra-articular injection of encapsulated osteoprotegerin decreased the severity of OA lesions in vivo. Implanted small cylindrical constructs that are buttressed by healthy host cartilage show encouraging outcomes, whereas complete resurfacing of an articular surface with an anatomically shaped construct fares more poorly.

**Conclusions:** This study quantified osteoarthritis patients’ preferences toward trade-offs between the risk of specific side effects of treatment and pain relief. As expected, the average additional risk that would be acceptable to subjects varied by side effect and increased in conjunction with the amount of potential pain relief. For all side effects, the acceptable level of risk for a given level of pain relief varied substantially among the subjects. Demographic, clinical, and psychological factors did not explain the variation in trade-off preferences. The study demonstrated the usefulness of the probabilistic threshold technique in eliciting preferences for trade-offs between the risk of side effects and pain relief. These observations are important for the development of practice guidelines for physicians and patients’ decision aids that can foster individualized, evidence-based yet preference-sensitive care for patients with OA.