

Knee osteoarthritis: treatment options

Use this **Option Grid**[™] decision aid to help you and your health care professional decide how to best to manage your knee pain and activity level. The first steps are to become as fit as possible, work to approach your ideal weight, and consider having physical therapy. Surgery is normally recommended only after non-operative treatments have been tried.

Frequently Asked Questions ↓	Pain relievers	Joint injections (steroids)	Knee replacement surgery
Will this reduce the pain I have in my knee?	It depends on which pain relievers are taken and for how long. Medications like ibuprofen are effective for 50 in every 100 people (50%). Other over the counter medications, like Tylenol (acetaminophen), including those that have codeine, are also effective.	It depends on the medicine injected. Some people get good symptomatic relief after an injection, which may include pain relief and/or reduced swelling.	About 90 in every 100 people (90%) who have this operation say it leads to relief of most or all of their pain, over time. 10 in every 100 people (10%) say it does not lead to significant pain relief.
Will this treatment help improve my ability to be active?	It may. As you get pain relief, you should be able to be more active and this in turn can also help to reduce pain. It may help to take pain relievers before being physically active.	Yes, usually for up to a month or so after each injection. Plan to be more active as a result of the pain relief. Advice from a physical therapist may help.	Yes, the majority of patients experience improvement in their activity level. However, not everyone sees differences in their ability to walk or climb stairs.
Are there any risks to this treatment?	As with all medications, pain relievers have some side effects. For example, codeine may lead to constipation and prolonged use of tablets like ibuprofen (and other NSAIDs) increases your risk of stomach bleeding.	There is a small risk of frequent injections causing cartilage damage, especially in weight-bearing joints. Allergic reactions and infections due to joint injections are uncommon. You might feel slight pain at the injection site for a few days.	Wound infection needing treatment occurs in 5 in every 100 people (5%). Joint infection occurs in fewer than 1 in every 100 people (1%). Blood clots in the leg occur in 2 in every 100 people (2%). The risks of surgery increase if you have other conditions, such as heart or lung disease, are a smoker, or are overweight.
How long will it take me to feel better after the treatment?	You may start experiencing pain relief within a few days of when you start taking the medication.	Most people who experience relief feel better within the first week or so after the injection.	Pain relief is gradual. You will stay in the hospital for around three to five days. Most people walk unaided after 3 months. Full recovery usually takes between 6 and 12 months.
Will I need to have more treatment or surgery?	If things don't get better, talk to your clinician about other treatment options.	Pain relief lasts for up to a month or so. You can have up to 3 or 4 injections per year.	Most knee replacements can last 15 years, many last longer.
What are the outcomes for people with arthritis who have this treatment?	Many people cope well by using medication, being active, and losing weight. Reducing your pain may help you achieve the benefits of exercise.	Some people have good relief by having injections when swelling and pain cause problems.	Surgery is usually considered after other options have been tried. About 80 to 85 in every 100 people (80%-85%) are satisfied after having a knee replacement. About 15 to 20 in every 100 (15%-20%) are not satisfied.

*Under Revision: April 2016

Editors:

 $\textbf{Evidence document:} \ \underline{\text{http://optiongrid.org/admin/resources/grid/evidences/60.pdf?x=ym0brq8lh}\\$

Publication date: 2015-05-27 Expiry date: 2016-04-08 ISBN: 978-0-9571887-6-1 License: CC BY-NC-ND 4.0 (International)

Download the most current version from: http://optiongrid.org/option-grids/grid-landing/60

This Option Grid does not constitute medical advice, diagnosis, or treatment. See Terms of Use and Privacy Policy at www.optiongrid.org.



Thinking about the appointment you have just had ...

0	1	2	3	4	5	6	7	8	9
No									Every
effort									effort
was									was
made									made

2. How much effort was made to listen to the things that matter most to you about your health issues?

0	1	2	3	4	5	6	7	8	9
No									Every
effort									effort
was									was
made									made

3. How much effort was made to include what matters most to you in choosing what to do next?

0	1	2	3	4	5	6	7	8	9
No									Every
effort									effort
was									was
made									made

Observer OPTION ⁵ Measure						
Item 1: For the health issue being discussed, the clinician draws attention to or confirms that alternate treatment or management options exist or that the need for a decision exists. If the patient rather than the clinician draws attention to the availability of options, the clinician responds by agreeing that the options need deliberation.						
0 = No effort $1 = Minimal effort 2 = Moderate effort 3 = Skilled effort$ $4 = Exemplary effort$						
Item 2: The clinician reassures the patient, or re-affirms, that the clinician will support the patient to become informed or deliberate about the options. If the patient states that they have sought or obtained information prior to the encounter, the clinician supports such a deliberation process.						
0 = No effort $1 = Minimal effort 2 = Moderate effort 3 = Skilled effort$ $4 = Exemplary effort$						
Item 3: The clinician gives information, or checks understanding, about the options that are considered reasonable (this can include taking 'no action'), to support the patient in comparing alternatives. If the patient requests clarification, the clinician supports the process.						
0 = No effort $1 = Minimal effort 2 = Moderate effort 3 = Skilled effort$ $4 = Exemplary effort$						
Item 4: The clinician makes an effort to elicit the patient's preferences in response to the options that have been described. If the patient declares their preference(s), the clinician is supportive.						
0 = No effort $1 = Minimal effort 2 = Moderate effort 3 = Skilled effort$ $4 = Exemplary effort$						
Item 5: The clinician makes an effort to integrate the patient's elicited preferences as decisions are made. If the patient indicates how best to integrate their preferences as decisions are made, the clinician makes an effort to do so. 0 = No effort						
Total Score 0-20 Rescale 0-100						

Scoring Guide

Score	Description				
0 = No effort	Zero effort observed.				
1 = Minimal effort	Effort to communicate could be implied or interpreted.				
2 = Moderate effort	Basic phrases or sentences used.				
3 = Skilled effort	Substantive phrases or sentences used.				
4 = Exemplary effort	Clear, accurate communication methods used.				