

## Pain management

# Patient information 3

The pain of osteoarthritis is mostly mechanical pain increased by mobilisation and bearing weight on the joint and relieved by rest.

It evolves unpredictably with acute episodes of painful flare-ups where pain can take on a more inflammatory aspect and persist at rest.

The focus of the treatment is to treat the pain with a wide range of resources.

The intensity of pain is assessed using a scale (visual analogue scale).

The effectiveness of different treatments is evaluated using the same scales and indices such as the Lequesne functional index that takes into account disability of which the two components are pain and stiffness.

#### Three types of measures "manage" the pain.

#### **Non-drug measures**

These consist of:

- Maintaining physical fitness through aerobic exercise (without breathlessness) and potential reduction of excess weight.
- Joint mobilisation and muscle-strengthening, exercises, initially under the supervision of a physiotherapist and then alone (the patient repeats the exercises learned every day).
- Orthotics (rest splints, knee supports, orthopaedic insoles, etc.) and technical aids (canes).
- Joint lavage to rid the joint (mainly the knee) of cartilage debris, microcrystals and various substances.



### Medication

Four types of medications are used.

- First line: analgesics (and essentially paracetamol).
- Non-steroidal anti-inflammatory drugs, prescribed during flare-ups, for short-term treatments taking into account the contraindications and precautions. If necessary, anti-inflammatory drugs (such as corticosteroids) are injected into the painful joint, without exceeding 3 injections per year.
- Slow-Acting Antirheumatic Drugs (SAARDs) as a long-term treatment with delayed results on pain relief, but extended beyond the end of treatment.
- Intra-articular injections of hyaluronic acid.

#### Surgery

Placing a prosthesis in the knee or hip is the final level of treating pain.

This measure is taken when the drug and non-drug measures have become inadequate to relieve the patient.

In pain management the essential thing is individualised treatment taking into account:

- the site of the osteoarthritis
- the age and quality of life of the patient



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