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# AAOS issues new guidelines for treatment of hip osteoarthritis

Apr 11 2017

The American Academy of Orthopaedic Surgeons (AAOS) recently released a new clinical practice guideline (CPG) on the treatment of osteoarthritis of the hip that strongly recommends the use of pre-surgical treatments to ease pain and improve mobility, including corticosteroid injections, physical therapy and non-narcotic medications. The new guidelines do not recommend the use of hyaluronic acid or glucosamine sulfate to minimize osteoarthritis symptoms, due to a lack of evidence supporting the efficacy of these treatments. In addition, there are no clinically significant differences in patient-oriented outcomes related to hip surgery approach--either anterior or posterior used during following total hip replacement (THR) surgery.

"The strongest CPG recommendations supported the use of intraarticular corticosteroids, physical therapy, and non-narcotic pharmacologic management as conservative treatments for patients with hip osteoarthritis prior to total hip replacement surgery," said Gregory Polkowski, MD, chair of the CPG Work Group on the Treatment of Osteoarthritis of the Hip.

The CPG also states that patients with moderate obesity (a body mass index greater than 30) and severe osteoarthritis of the hip may achieve lower outcome scores following THR when compared to non-obese patients; however, these patients have a similar level of satisfaction and relative improvement in pain and function after THR. In addition, there is limited existing evidence to support that patients who use tobacco products are at an increased risk for complications after THR. Age was moderately associated with lower function and quality of life outcomes; and mental health disorders (depression, anxiety and psychosis) with decreased function, pain relief and quality of life following surgery.

"These patients are still reasonable candidates for a treatment that we know is very effective. The use of risk assessment tools may help inform these patients, and their surgeons, about the potential for increased risk," said Robert H. Quinn, MD, AAOS Appropriate Use Criteria (AUC) Section Leader on the Committee on Evidence-Based Quality and Value.

"These topics were included in this CPG to establish current levels of evidence, and to highlight that future research needs to be conducted in these areas to better determine specifically how preoperative risk modification may affect the outcome of total hip arthroplasty surgery," said Dr. Polkowski.

With strong or moderate evidence, the CPG does recommend:

- The use of risk assessment tools to assist in predicting patient complications, assessing surgical risks and educating osteoarthritis patients who are undergoing THR.
- The use of corticosteroid injections to improve function and reduce pain "in the short-term" for patients with osteoarthritis of the hip.
- Physical therapy as a conservative treatment to reduce pain in patients with mild to moderate osteoarthritis of the hip.
- The use of non-narcotic medications and, specifically, non-steroidal anti-inflammatory drugs (NSAIDs) to improve short-term pain, function or both in patients with symptomatic osteoarthritis of the hip.
- Postoperative physical therapy after THR to improve early function.
- The use of tranexamic acid, injected or administered at the surgical site, for patients undergoing THR to minimize blood loss.

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**Source:**

American Academy of Orthopaedic Surgeons

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