American Pain Society Releases New Clinical Guideline For Treatment Of Arthritis Pain

First Evidence-based, Multidisciplinary Arthritis Pain Guideline Now Available

For more information please contact American Pain Society at 847/375-4715.

Baltimore, March 15, 2002 - The American Pain Society (APS), the leading US professional organization devoted to pain management, today released its new clinical guideline for treating acute and chronic pain associated with arthritis, a chronic disease that afflicts one in six Americans.

Introduced at a news conference at the organization's annual scientific meeting here, the new APS guideline strongly emphasizes that arthritis pain is best treated through a combination of ongoing pain assessment, medication, proper nutrition, exercise and patient and family education.

Developed by a prestigious panel of experts in arthritis pain management, the APS Guideline for the Management of Pain in Osteoarthritis, Rheumatoid Arthritis and Juvenile Chronic Arthritis is the first multidisciplinary, evidence-based clinical guideline for treatment of arthritis pain. It is intended for use by physicians, nurses and other healthcare professionals who treat adults and children with arthritis.

"Research shows that the under treatment of pain in adults and children can have many serious consequences, including physiological complications, such as muscle breakdown and weakness; psychosocial impairments, including anxiety and depression; and an overall decrease in quality of life," said APS president Michael Ashburn, MD. "The APS Guideline, therefore, will help practitioners and patients better understand acute and chronic pain brought on by this disease and learn when to use various treatments to manage their patients' pain."

"Acute arthritic pain should be approached in the same manner as other types of pain by attempting to remove or modify the underlying cause, giving appropriate analgesics and reducing fears that may exacerbate pain," said Ada K. Jacox, PhD, RN, chair of the APS Clinical Guideline Development Committee. "Chronic arthritis pain, however, is more complex since it involves interactions among the biological, psychological and social factors that influence pain and function."

"Arthritis is one of the most expensive and debilitating diseases in the US, and the Guideline recognizes that this condition can adversely impact earning potential, function and lifestyle," said Arthur Lipman, Pharm.D., co-chair of the APS Guideline Committee. "Therefore, accurate assessment and management of pain requires differentiation of the types and
causes of pain and an understanding of the patients' willingness to adhere to therapy and remain active."

Arthritis is a generic term that refers to more than 100 conditions, the most common is osteoarthritis (OA), a disease that occurs with aging and affects 8 in 10 men and women older than 75. OA primarily effects cartilage and impairs the function of weight-bearing joints. It can result from excessive or repetitive loading of a joint from work-related activity, trauma, inflammation and joint pressure over time caused by chronic obesity.

Rheumatoid arthritis (RA) is the second most prevalent form of the disease. It is a destructive and debilitating systemic condition in which the body's immune system attacks healthy joint tissue, causing inflammation and subsequent joint damage. RA strikes women more frequently than men, has peak incidence between the ages of 20 to 50 years old, and occurs in up to 2 percent of adults.

Among the major recommendations in the APS Arthritis Pain Management Guideline are:

1. All treatment for arthritis should begin with a comprehensive assessment of pain and function
2. For mild to moderate arthritis pain, acetaminophen is the drug of choice for its mild side effects, over-the-counter availability and low cost
3. For moderate to severe pain from both osteoarthritis and rheumatoid arthritis, COX-2 non-steroidal anti-inflammatory drugs (NSAIDS), such as Celebrex and Vioxx, are the drugs of choice for their pain-relieving potency and absence of gastrointestinal side effects. Use of non-selective NSAIDs should only be considered if the patient is non-responsive to acetaminophen and COX-2 drugs and is not at risk for NSAID-induced GI side effects. Due to the high cost of the COX-2 agents, some patients might benefit from taking non-specific NSAIDS and a medication to moderate GI distress.
4. Opioid medications, such as oxycodone and morphine, are recommended for treating severe arthritis pain for which COX-2 drugs and non-specific NSAIDs do not provide substantial relief.
5. Unless there are medical contraindications, most people with arthritis, including the obese and elderly, should be referred for surgical treatment when drug therapy is ineffective and function is severely impaired to prevent minimal physical activity. It is advised that surgery be recommended before the onset of severe deformity and advanced muscular deterioration.

Juvenile chronic arthritis (JCA) is the most common chronic rheumatic condition in children and affects some 285,000 in North America. For patients with juvenile chronic arthritis, the Guideline recommends:

1. Pain assessment should be ongoing in any child with JCA.
2. Analgesia should be the same for children as for adults with arthritis pain.
3. Patient and family education should be emphasized to increase self-care skills.
4. Cognitive-behavioral therapy should be used to help reduce pain and psychological disability and to enhance pain-coping skills.

5. Clinicians should take appropriate measures to minimize pain and anxiety associated with diagnostic and therapeutic procedures for JCA.

6. Guidelines developed by the American Academy of Pediatrics should be followed whenever sedation is required for any procedure.

In addition to specific treatment options, the APS Guideline specifies that arthritis patients should maintain an ideal body weight and adhere to a balanced diet. Adults should lose weight if their BMI is greater than 30 and follow a weight-management program. Also, referrals should be made for physical therapy and/or occupational therapy to evaluate and reduce impairments in range of motion, strength, flexibility and endurance.

"Since arthritis is a chronic and progressive disease, clinicians must be sure that regular exercise or physical therapy are important components of a comprehensive management program," said Jacox. "Staying active is a critical component for managing this disease."

Copies of the Guideline can be obtained by writing the American Pain Society, 4700 W. Lake Avenue, Glenview, IL 60025-1485 or through the APS website. Other APS clinical guideline publications are Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain and A Guideline for the Management of Acute and Chronic Pain in Sickle Cell Disease.

Founded in 1978, the American Pain Society is a multidisciplinary professional organization with more than 5,000 members in the United States consisting of scientists, physicians, nurses, policy experts and others who study and treat pain. APS seeks to advance pain-related research, education, treatment and team-oriented professional practice. In recent years, the group has gained a reputation as the premiere scholarly scientific society in the field of pain research and treatment. It sponsors an annual scientific meeting and publishes the Journal of Pain, a quarterly peer-reviewed medical journal. APS is headquartered in Glenview, Ill.