OA Prevention
Osteoarthritis Prevention and Management in Primary Care

OSTEOPATHRITIS ACTION ALLIANCE
www.oaaction.unc.edu
The field of public health focuses on disease prevention through three levels of activities: primary prevention (intervening before health effects occur), secondary prevention (intervening in early stages of a disease, before the onset of symptoms), and tertiary prevention (managing the disease to slow the progression, which is covered in the Clinical Management of OA module). Injury prevention and weight management strategies span these three levels of activities in the context of preventing osteoarthritis (OA). This module takes a public health approach to primary and secondary prevention of OA through focusing on weight management and injury prevention strategies.

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<th>Definition</th>
<th>PRIMARY PREVENTION</th>
<th>SECONDARY PREVENTION</th>
<th>TERTIARY PREVENTION</th>
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<td>Intervening before health effects occur (e.g., targeting things that may be associated with the start of a disease)</td>
<td>Intervening/screening a disease at the earliest stages, before the onset of signs/symptoms</td>
<td>Managing disease (after a diagnosis) to slow or stop progression</td>
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<th>Example in OA:</th>
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<td>• Youth programs to prevent obesity</td>
<td>• Promoting healthy lifestyles among people with obesity or prior joint injury</td>
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Injury prevention and weight management strategies may prevent symptomatic OA from occurring and have the potential to preserve wellness and quality of life for individuals and reduce the national burden of OA.
Primary Prevention

WEIGHT MANAGEMENT
Clinicians should encourage individuals with a normal body weight to maintain or adopt a healthy lifestyle that involves physical activity and healthy diet to help preserve a normal body weight. Higher body mass index (BMI) is not only a major risk factor for diabetes, cardiovascular disease, cancer and premature death but is also implicated as a cause of OA. Excess weight increases the biomechanical load on weight-bearing joints, which can disrupt joint integrity and lead to pain.

Clinicians should focus on obesity prevention among all age groups, including children, by promoting healthy individual level behaviors. These behaviors may include reducing sugary drink consumption, reducing screen time and other inactive behaviors, increasing physical activity, and choosing food options low in solid fats, calories, and added sugars. Clinicians can also work with communities to promote the availability of healthy options for eating, physical activity in school, and accessible areas to be physically active in a community.

INJURY PREVENTION
Injuries resulting from occupational activities, sports, or accidental falls, are known to be risk factors for subsequent OA development. Previous traumatic joint injury (e.g., a fracture) places someone at higher risk of developing OA in the affected joint(s). Post-traumatic OA makes up approximately 12% of all OA cases and can result from injuries sustained in automobile or military accidents, falls, or sports. Someone with a history of a previously torn anterior cruciate ligament (ACL) or meniscus is 2.5 times more likely to develop knee OA and four times more likely to undergo an eventual total knee arthroplasty.

FALLS PREVENTION RESOURCES
Patients at risk of falling can build strength and improve balance to reduce their risk of fall-related joint injuries and should be counseled to engage in or increase their physical activity.

The CDC's STEADI initiative (Stopping Elderly Accidents, Deaths, & Injuries) includes educational materials for providers and handouts for patients on preventing falls.

The National Council on Aging's Falls Prevention Resource Center offers resources and handouts for providers and patients.

WEIGHT MANAGEMENT RESOURCES
The Centers for Disease Control and Prevention (CDC) developed resources to promote individual-level and community-level efforts to prevent and manage obesity.

Resources for individuals: Printable handouts for patients include tips on fruits and vegetables, portion size, healthy beverages, and more.

Community efforts: Community efforts should focus on policies and programs to support healthy eating and active living in a variety of settings such as early childhood care, hospitals, schools, and food service.

The Obesity Action Coalition (OAC) is a patient advocacy organization that offers a wide variety of brochures, guides and fact sheets on obesity and related topics including osteoarthritis.
Injury prevention activities such as stretching and strengthening exercises can be implemented in all levels of sports — from youth to professional levels — to protect athletes’ joints. Based on a comprehensive review of the literature, the OAAA Injury Prevention working group recommends that the following six core components (+ 2 optional components) be included in a structured warm-up during athletic practices to maximize effectiveness of lower limb injury prevention programs (LLIPP) for youth athletes. Handouts for athletic trainers, coaches, athletes and parents can be found on the OAAA website.

1. Lower extremity and core muscle strength training
2. Plyometrics — Jump Training
3. Balance exercises
4. Continual feedback to athletes regarding proper technique, including reminders to bend at knees and hips, to land softly, to keep knees over toes, and to avoid dynamic knee valgus
5. Sufficient dosing: For optimal results from a LLIPP, a minimum of 6 weeks (about 2–3 fifteen minute sessions per week) is suggested as pre-season conditioning after which time the program should be used as a warm-up before practices and games for in-season maintenance.
6. Minimal-to-no additional equipment is required. A mat for some of the exercises is desirable but not necessary.

**OPTIONAL COMPONENTS:**
7. Stretching: There is not enough evidence to support static stretching in ACL injury prevention. Dynamic stretching may be beneficial for other reasons, including perceptions about flexibility exercises being a critical aspect of warm-up activities, but additional research is needed to understand how stretching influences risk for ACL injury.
8. Agility exercises: There is not enough evidence to support agility exercises in ACL injury prevention; although, the addition of this component creates an opportunity to add sport-specific training.

While time constraints are a commonly reported barrier to implementing injury prevention programs, many organizations deploy warm-up activities that embrace some of the core components and only need minor adjustments to adopt a successful injury prevention program for their setting.
Secondary Prevention

WEIGHT MANAGEMENT

Clinicians should encourage individuals who are overweight or obese without symptomatic OA to lose weight. A 10-pound weight loss in someone who is overweight can reduce the risk of knee OA by 50%.

Weight loss counseling is a key component to successful weight loss in patients. The CDC reports that adults with arthritis who are overweight or obese and who receive provider counseling about weight loss are four times more likely to attempt to lose weight; yet, fewer than half of those adults are receiving such counseling. Healthcare providers can engage patients in weight loss counseling with successful strategies such as Motivational Interviewing and the 5As of Obesity Management to better advise and assist the patient, guide the patient to programmatic resources, and simply educate patients that even a small amount of weight loss can significantly reduce joint load and pain but is also achievable. See Engaging Patients in OA Management Strategies module for more counseling strategies.

Many tips and resources about weight loss for patients can be found on the Obesity Action Coalition (OAC) website. The OAC is a patient advocacy organization that offers a wide variety of brochures, guides and fact sheets on obesity and related topics including osteoarthritis.

INJURY PREVENTION

There is a critical need to develop, disseminate, and implement secondary prevention strategies to help patients after an initial injury. Secondary prevention strategies after a joint injury may include education, self-management, low-impact aerobic exercise, weight management, and prevention of a new joint injury (see section above). Injury prevention is particularly relevant for patients with a history of injury because a prior injury is a risk factor for a new injury. Furthermore, encouraging physically active individuals who are obese or overweight to participate in injury prevention training programs may be beneficial as they are at greater risk for injury than peers with a lower body mass index.

5 As of Obesity Management

ASK
- Would it be OK if we talk about your weight?
- Do you have any concerns or questions about your weight?
- On a scale of 0 to 10, how important is it for you to lose weight?
- On a scale of 0 to 10, how confident are you that you can lose weight?

ASSESS
- Determine patient’s stage and level of obesity
- Review patient’s history and records to help determine underlying causes
- Ask patient questions about diet, sleep, physical activity habits, and emotional health (depression, addiction, trauma, etc)

ADVISE
- Discuss with patient the risks of excess weight
- Discuss with patient the benefits of losing weight
- Offer options of weight loss strategies (increased physical activity, nutrition counseling, food journal, sleep hygiene, surgery, etc)

AGREE
- Help patient set realistic goals based on patient’s preferences and abilities
- Using SMART goals, help patient develop a weight loss plan

ASSIST
- Help patient think through potential challenges and personal supports
- Refer patient to other professionals (mental health, dietitian, PT, etc)
- Refer patient to community-based health programs
- Make a plan to follow up with patient at a specific time point
**Clinical Take-Home Points**

- Primary and secondary prevention efforts can have a dramatic impact on preserving wellness and quality of life of patients and reduce the national burden of OA.
- Clinicians should use the 5As and other motivational interviewing techniques to discuss the importance of weight management strategies among patients at risk for obesity or with obesity.
- Small changes in weight may profoundly alter the risk of OA.
- Clinicians should advocate for the use of injury prevention programs at local companies and organizations (e.g., youth athletic leagues, schools with athletic teams).
- Injury prevention programs can reduce the risk for knee injury by up to 80%, which helps preserve a young adult’s quality of life and can save communities significant costs (e.g., lost time from work, cost of medical care).

**RESOURCES FOR PROVIDERS**

PATIENT RESOURCES

• The Centers for Disease Control and Prevention (CDC) developed resources to promote individual-level and community-level efforts to prevent and manage obesity. Printable handouts for patients include tips on fruits and vegetables, portion size, healthy beverages, and more.

  https://www.cdc.gov/obesity/resources/factsheets.html

• The Obesity Action Coalition (OAC) is a patient advocacy organization that offers a wide variety of brochures, guides and fact sheets on obesity and related topics including osteoarthritis.

  Excess Weight and Your Health — A Guide to Effective, Healthy Weight Loss

  obesityaction.org/get-educated/public-resources/brochures-guides/excess-weight-and-your-health-a-guide-to-effective-healthy-weight-loss

  Obesity and Osteoarthritis Fact Sheet


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REFERENCES


