

Que reste t-il des traitements de l'arthrose

Denis Mulleman

PU-PH

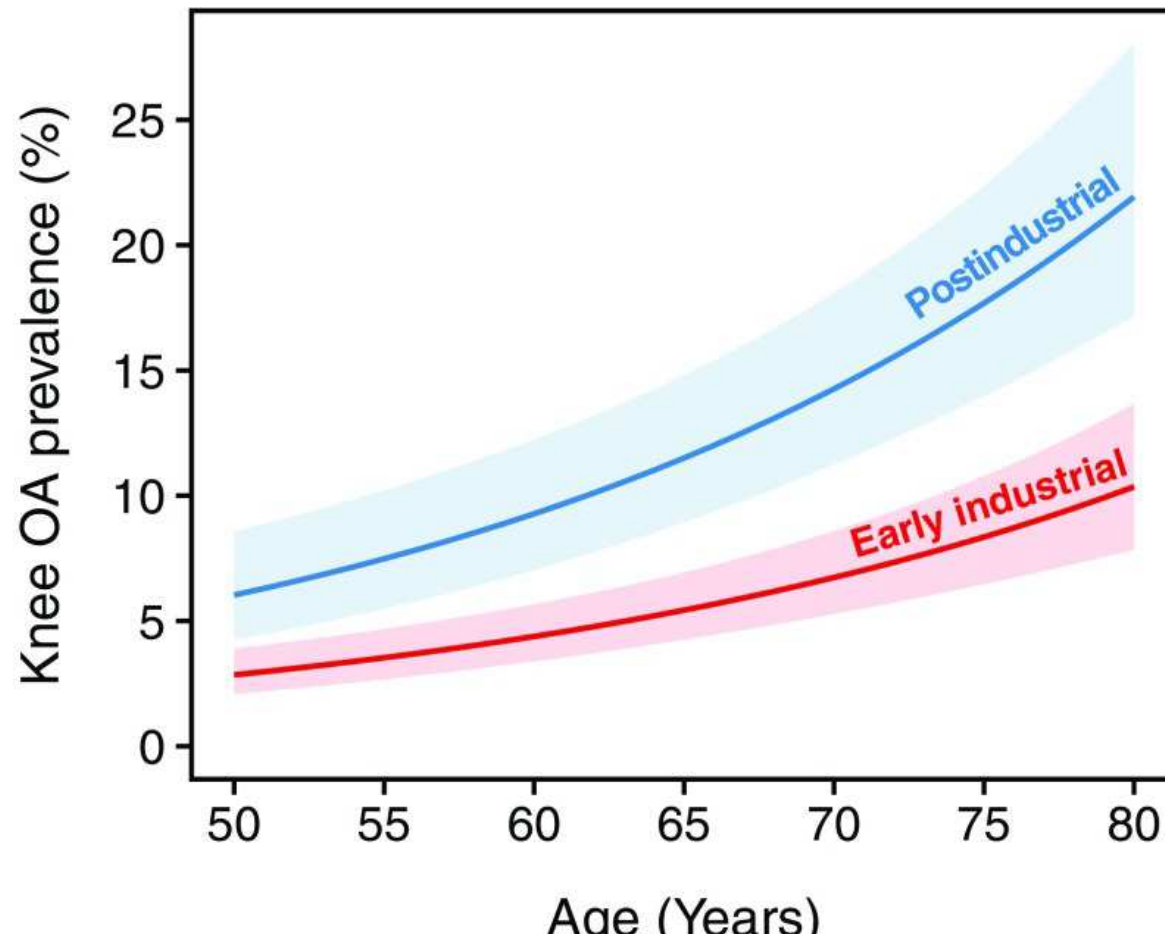
Philippe Tauveron

Praticien attaché

Déclaration de liens d'intérêts

- Aucun

Epidemiologie



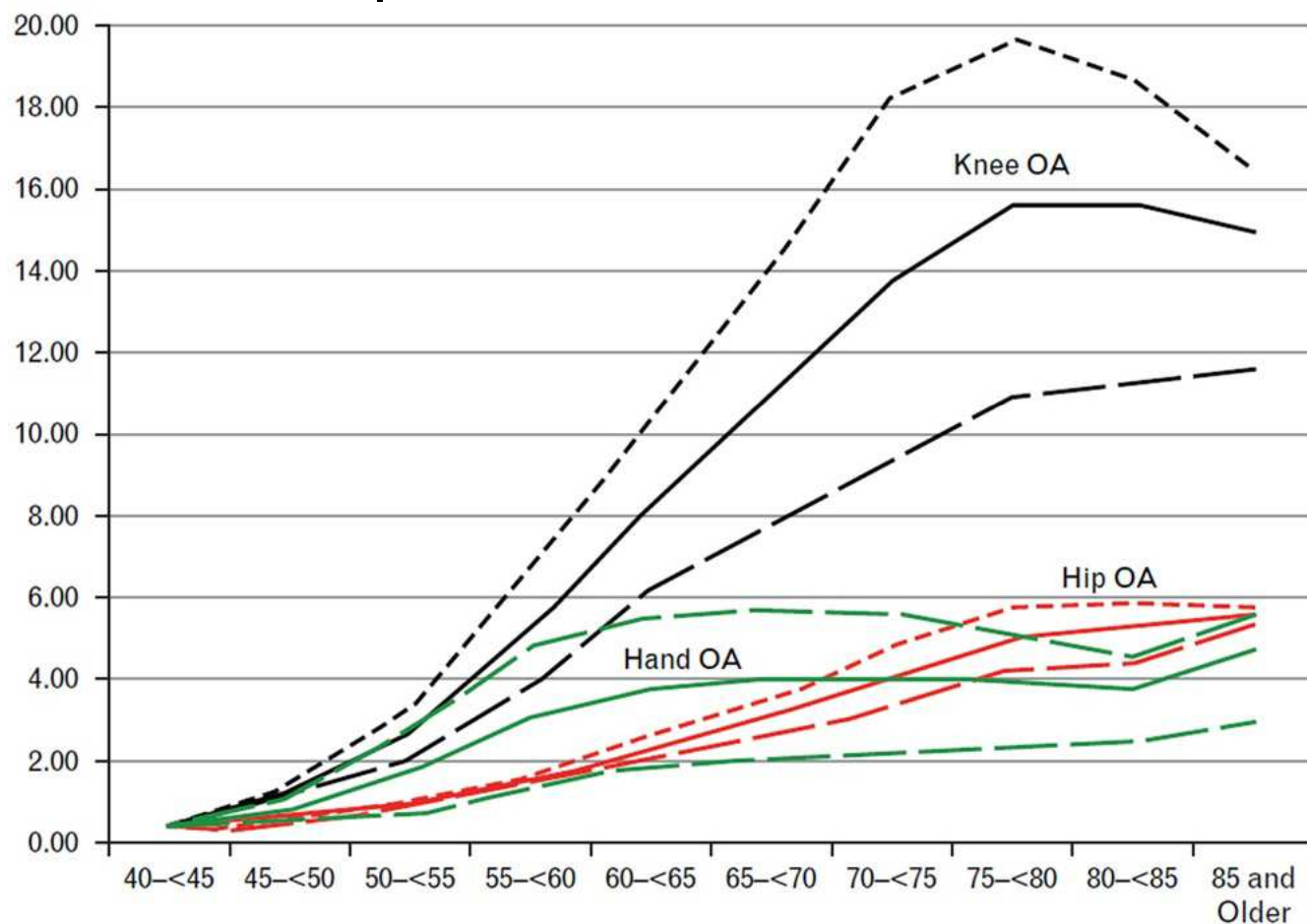
- Gonarthrose=1/4 des +55 ans, 15% symptomatiques
- Augmentation de prévalence depuis le XXème siècle

Turkiewicz A et al. Rheumatology 2014

Wallace et al. PNAS 2018

Facteurs de risque

- Age



Prieto-Alhambra D, Ann Rheum Dis 2014

Diagnostic

- Clinique
- Radiographique



Les moyens thérapeutiques

Médicaments

Antalgiques
AINS
Anti-arthrosiques

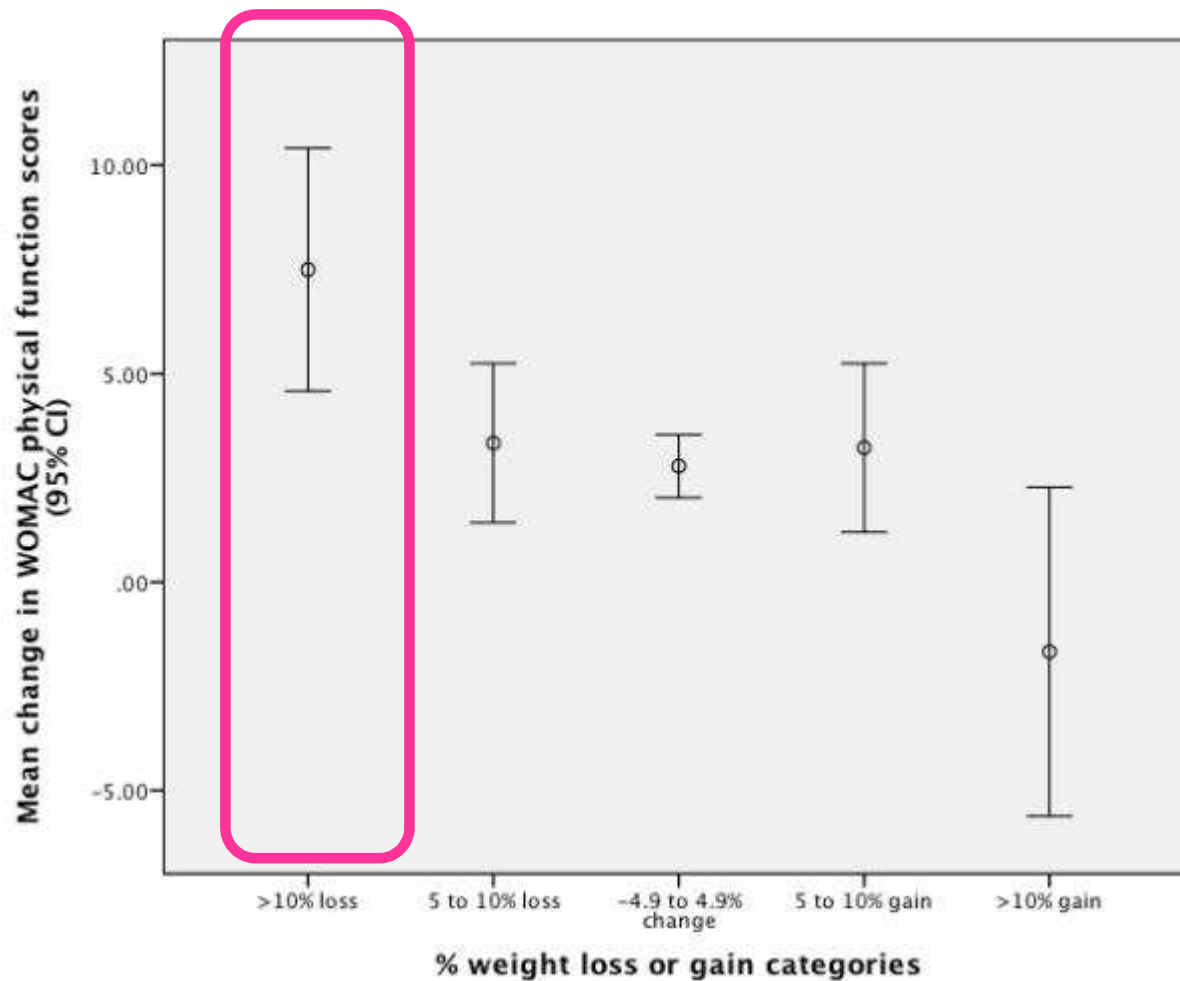
Mesures physiques

Perte de poids
Exercices physiques
Attelles
Thermalisme

Traitements locaux

Acides hyaluroniques
Corticoïdes locaux

Perte de poids



- Perte de >10% de poids
- Amélioration de la douleur et de la fonction

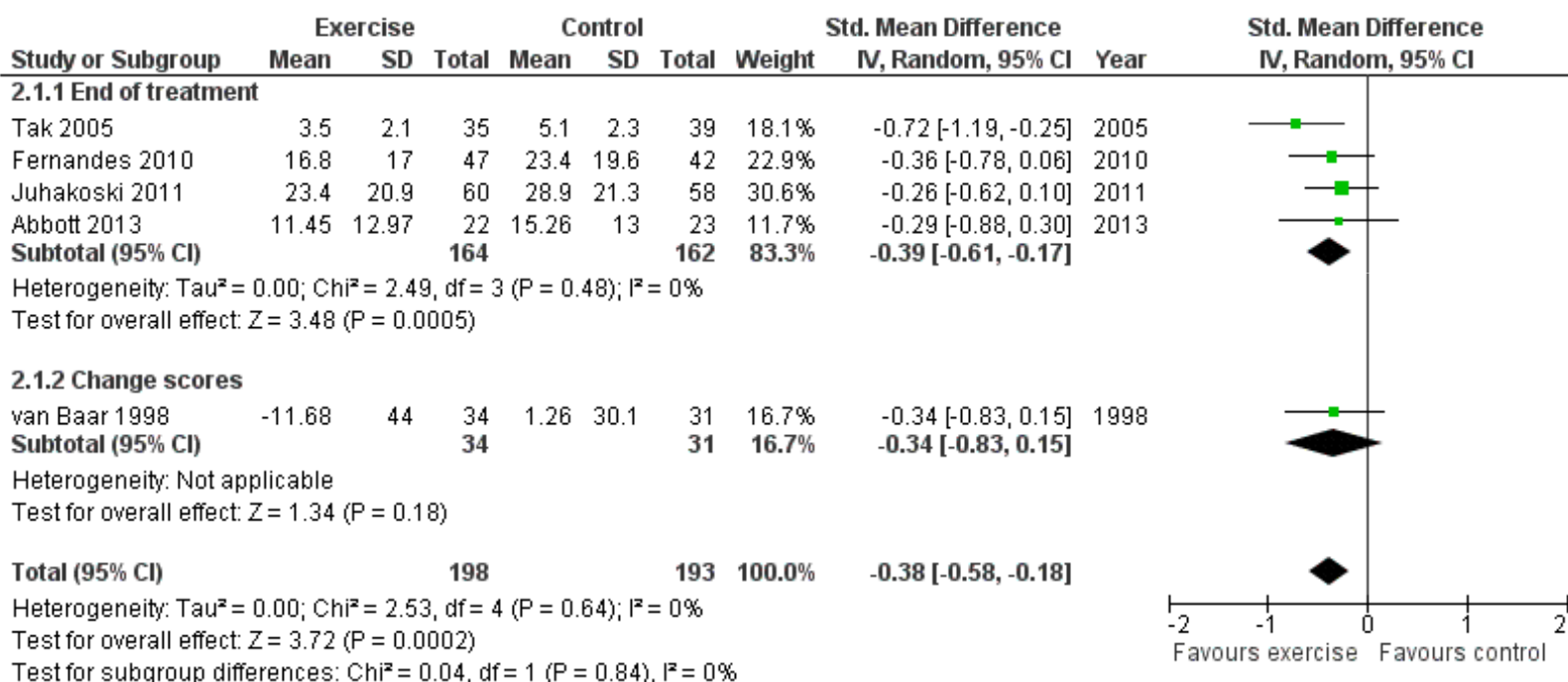
Felson DT Ann Intern Med. 1992

Riddle DL, Stratford PW, Arthritis Care & research 2014

Exercices physiques

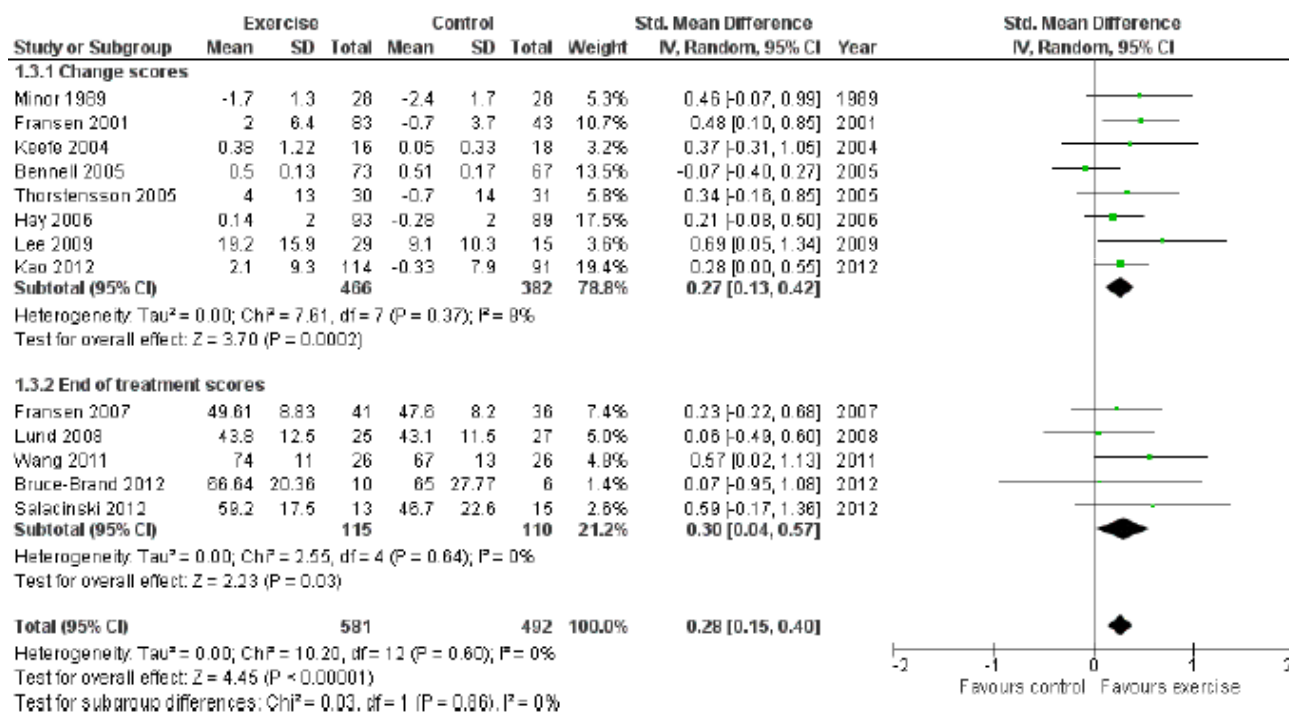
- 389 sujets >45 ans , IMC ≥ 28 et douleur du genou
- 4 groupes
 - Regime + exercices physiques
 - Regime seul
 - Exercices physiques seuls
 - Conseil (groupe controle)
- A 2 ans: résultats en faveurs des groupes “avec exercices” par rapport aux groupes “sans exercices”.
- **Un auto programme d'exercices renforcement musculaire réduit de manière significative**, la douleur et améliore la fonction articulaire dans la gonarthrose avec surpoids.

EBM: Exercice for hip osteoarthritis



- Land-based therapeutic exercise programmes can reduce pain and improve physical function among people with symptomatic hip OA

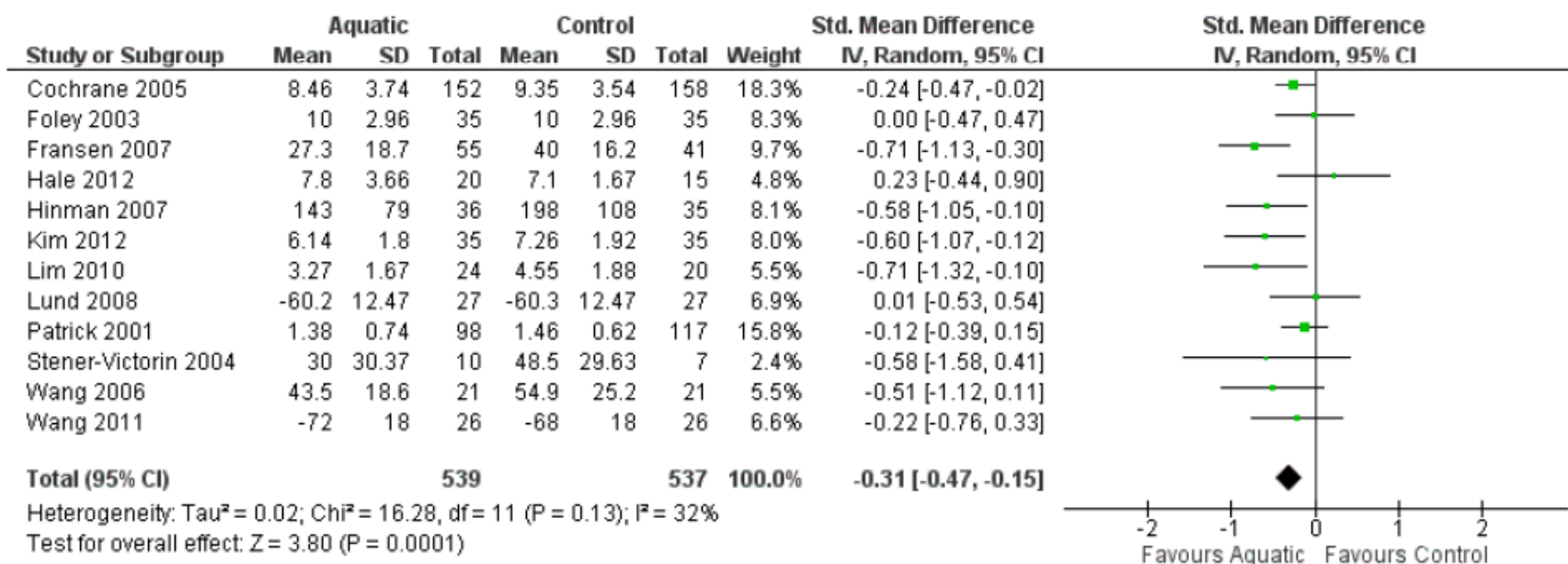
EBM: Exercice for knee osteoarthritis



- short-term benefit that is sustained for **at least two to six months** after cessation of formal treatment in terms of reduced knee pain
- The magnitude of the treatment effect would be considered moderate (immediate) to small (two to six months) but **comparable with estimates reported for non-steroidal anti-inflammatory drugs**

EBM: Aquatic exercise

- Moderate quality evidence that aquatic exercise may have small, short-term, and clinically relevant effects on patient-reported pain, disability, and QoL in people with knee and hip OA



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Exemples

Cas 1

- Homme 52 ans
- Rupture ligamentaire à 25 ans
- 84 kg 178 cm
- genu varum
- Jogging 12 km/semaines
- radio gonarthrose fémoro-tibial médiale



Cas 1 – notre avis

✓

Médicaments

Antalgiques ✓
AINS ✓
Anti-arthrosiques

Mesures physiques

Perte de poids ✓✓
Exercices
physiques ✓
Attelles ✓
Thermalisme

Traitements locaux

Acides
hyaluroniques ✓
Corticoïdes locaux

NB: envisager la chirurgie correctrice ✓✓

EBM: Osteotomy for treating knee osteoarthritis

- 21 included studies involving 1065 people
- Two studies compared high tibial osteotomy versus unicompartmental knee replacement
- **No study compared an osteotomy versus conservative treatment.**

“Valgus high tibial osteotomy reduces pain and improves knee function in patients with medial compartmental osteoarthritis of the knee. However, this conclusion is based on within-group comparisons, not on non-operative controls.”

Cas 2

- Homme 61 ans
- Insuffisance rénale modérée
- Poussée aiguë de gonarthrose
- Épanchement intra articulaire
- 77 kg pour 1m71
- Pression artérielle 135/75



Cas 2 – notre avis

Médicaments

Antalgiques ✓

AINS ✗

Anti-arthrosiques ✗

Mesures physiques

Perte de poids

Exercices physiques

Attelles

Thermalisme

Traitements locaux

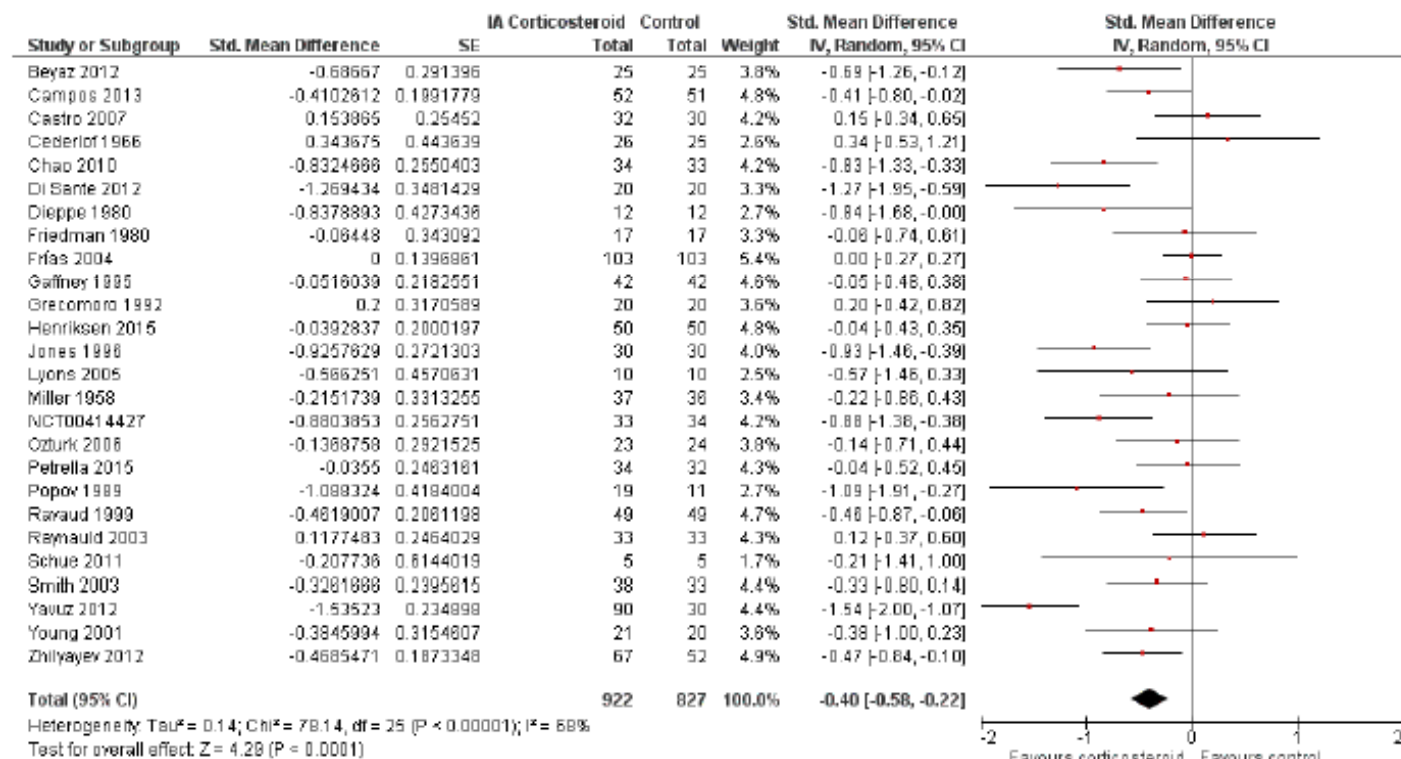
Acides

hyaluroniques ✗

Corticoïdes

locaux ✓✓✓

EBM: Intra-articular corticosteroid



- An analysis of multiple time points suggested that effects decrease over time, and our analysis provided no evidence that an effect remains six months after a corticosteroid injection.

Cas 3

- Femme 58 ans
- 95kg pour 1m66
- Genu valgum, Syndrome rotulien
- Gonarthrose très évoluée
- Dyslipidémie
- Tabagisme modéré



Cas 3 – notre avis

Médicaments

Antalgiques ✓

AINS ✗

Anti-arthrosiques ✓

Mesures physiques

Perte de poids ✓✓✓

Exercices
physiques* ✓

Attelles ✓

Thermalisme ✓

Traitements locaux

Acides

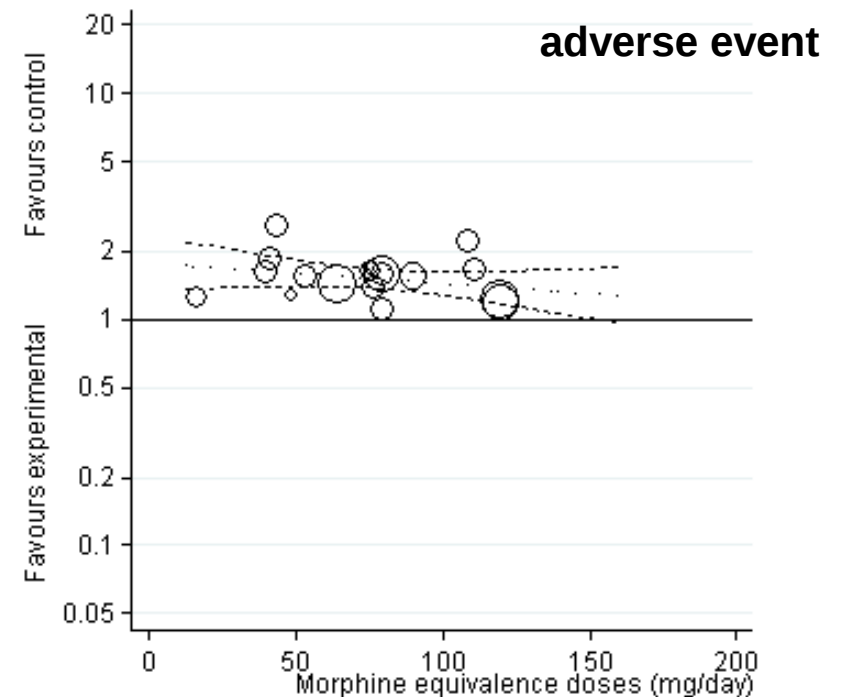
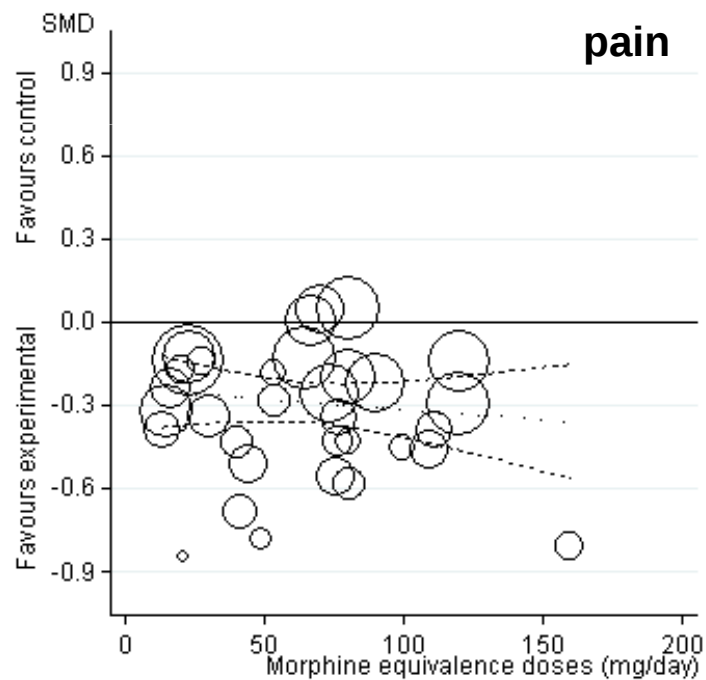
hyaluroniques ✓*

Corticoïdes locaux ✗

*: syndrome rotulien

EBM: Oral or transdermal opioids

- The small mean benefit of non-tramadol opioids are contrasted by significant increases in the risk of adverse events



da Costa BR et al. Cochrane Database of Systematic Reviews 2014

EBM: Oral herbal therapies

- ASU: **moderate** for short term use, but studies over a longer term and against an apparently active control are less convincing
- Several other medicinal plant products, including extracts of *Boswellia serrata*, have moderate-quality evidence for trends of benefits that warrant further investigation
- There is no evidence that ASU significantly improves joint structure, and limited evidence that it prevents joint space narrowing

EBM: Diacerein

- Low to moderate strenght of evidence
- **Small** benefit in terms of joint space narrowing
- Clinical relevance and was observed only for OA of the hip
- Diarrhoea was the most frequent advers effect

EBM: Chondroïtine

- Better than placebo in improving pain in participants with osteoarthritis in short-term studies
- The benefit was **small to moderate** with an 8 point greater improvement in pain (range 0 to 100) and a 2 point greater improvement in Lequesne's index
- Chondroïtine had a lower risk of serious adverse events compared with control

Cas 4

- Homme 68 ans
- 70 kg pour 1m66
- Gonarthrose sur genu varum, coxarthrose
- arthrose digitale++
- HTA
- Diabète récent



Cas 4 – notre avis

Antalgiques ✓

AINS ✗ ✗

Anti-arthrosiques ✓

Perte de poids ✗

Exercices

physiques ✓

Attelles ✓

Thermalisme ✓ ✓

Acides

hyaluroniques ✓

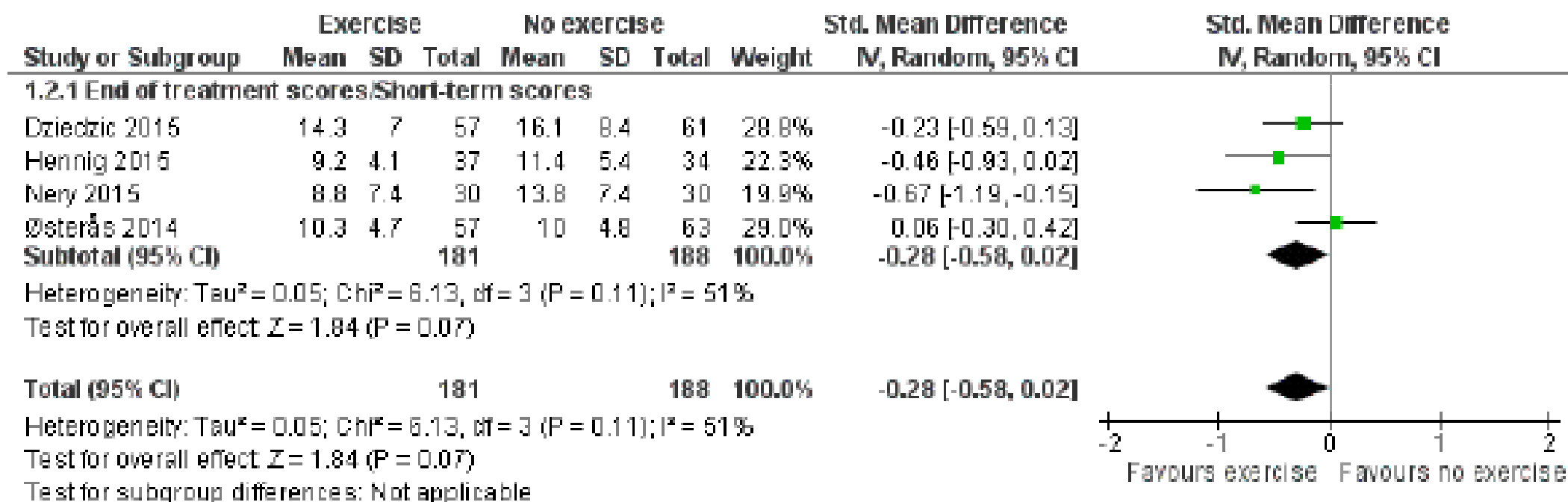
Corticoïdes locaux ✗

EBM: Hyaluronic acid

- Beneficial effects: on pain, function and patient global assessment
- Especially at the 5 to 13 week post injection period
- No major safety issues were detected
- More prolonged effects than IA corticosteroids

EBM: Exercise for hand osteoarthritis

- Low-quality evidence showing small beneficial effects
- Estimated effect sizes were small



EBM: Braces and orthoses

- Evidence was **inconclusive** for the benefits of bracing in the treatment of patients with medial compartment knee OA.
- **Lack of evidence** of one laterally wedged insole in patients with varus knee
- **Lack of an effect** of a valgus knee brace and laterally wedged insole

EBM: Self-management education programmes

- no or small benefits
- May slightly improve self-management skills, pain, function and symptoms

Conclusions

- Examen clinique: toujours!
- Co-morbidité: l'arthrose métabolique
- Perte de poids et exercices physiques +++
- Injection intra-articulaire de corticoïdes en cas de poussée
- Prudence vis-à-vis des AINS et des antalgiques
- Utilité des acides hyaluroniques