Physical Therapy vs Glucocorticoid Injection for Osteoarthritis of the Knee

Deyle et al. - NEJM April 2020

NELSON BOLAND, MD

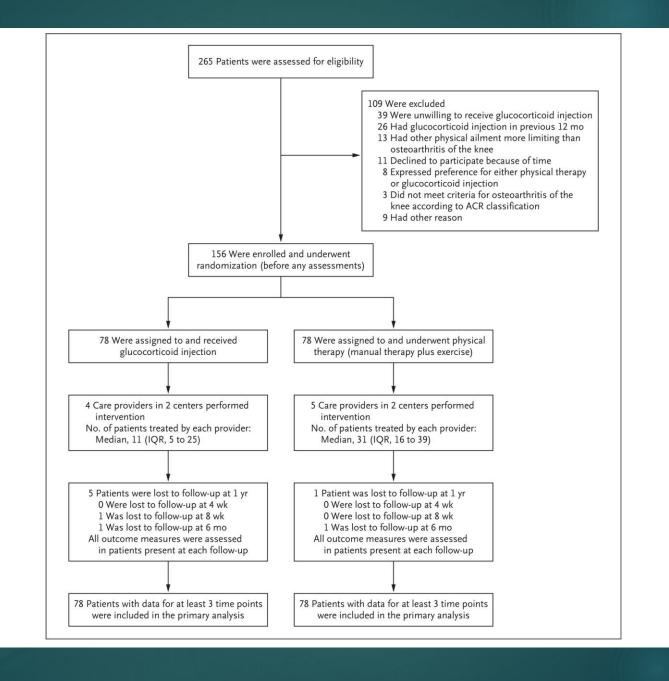
UCLA FAMILY MEDICINE

Background

- OA of the knee is the leading cause of disability in the world
- Recent clinical practice guidelines give highest level of endorsement "strongly recommend" for intraarticular glucocorticoid injections
- In a varying data sets, 38-50% of patients have been reported to receive CSI injection for knee OA
- Some database claims show that 4x as many patients received CSI injection compared to PT prior to TKA
- ▶ The use of PT for knee OA decreased between 2007-2015
- No study has compared the efficacy of PT vs CSI injection for knee
 OA

Methods: Patients

- ▶ Recruited from 2012-2017
- Beneficiaries of the Military Health System (active duty, retired, or family members)
- 2 centers Madigan Army Medical Center in Tacoma, WA and Brooke Army Medical Center in Santa Antonio, TX
- Had to meet clinical criteria for OA of the knee (defined by ACR) and have radiographic evidence of OA
- Excluded if they received PT or glucocorticoid injection in prior 12 months



Methods - continued

- Patients were divided into PT vs CSI groups via random number generator in a 1:1 ratio
- Providers and patients were not blinded to treatment group (no placebo injection)
- Research assistants who were not investigators performed the outcome assessments and were blinded to the trial-group assignments

Methods – Glucocorticoid injection

- ▶ 1ml of 40mg triamcinolone acetonide and 7ml of 1% lidocaine
- ► Follow-up at 4 months and 9 months by the same provider to discuss continued plan of care, including repeat injections
- Were eligible to receive up to 3 injections

Methods - PT

- ▶ PT protocol for joint mobilization, exercises, and manual therapy
- Underwent up to 8 PT sessions over initial 4-6 week period
- ► Follow-up at 4 and 9 months as well. Eligible to attend additional 1-3 sessions for refresher course if agreed upon by the PT and patient
- Eligible to attend total of 14 sessions

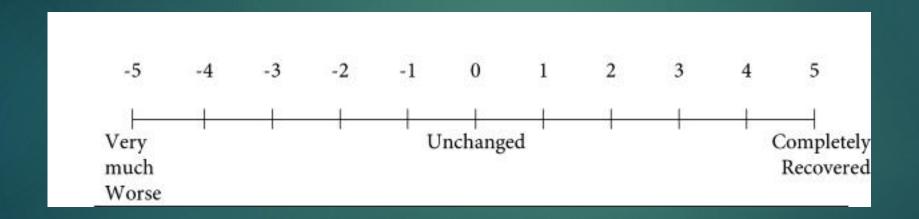
Methods – Primary Outcome

- Primary Outcome total WOMAC score at 1 year
- Western Ontario and McMaster Osteoarthritis Index (WOMAC)
 - ▶ 24 questions 5 pain related questions, 17 functional questions, 2 stiffness questions
 - Each question scale 0-10 (with higher pains worse pain, stiffness, or function)
 - ▶ Total score 0-240
 - Minimal clinically importance difference in WOMAC has been reported to be 12-16% change from baseline

Severity, on average, during the last	st 48 hour	s, of:			
Pain	Nama	CU: -L4	Madagata	C	Entropo
Pain – Walking Pain – Stair climbing Pain – Nocturnal Pain – Rest Pain – Weightbearing	None	Slight	Moderate	Severe	Extreme
Stiffness:					
Morning Stiffness Stiffness occuring during the day					
Level of difficulty performing the	following	functions,	on average, d	uring the las	st 48 hours:
	None	Slight	Moderate	Severe	Extreme
Descending stairs					
Ascending stairs	\vdash	\vdash	님		님
Rising from sitting Standing	\vdash	H	\vdash		
Bending to the floor		\vdash	H		H
Walking on flat		H	H	H	H
Getting in/out of a car		H	H	H	H
Going shopping	H	H	Ħ	H	Ħ
Putting on socks	П	Ħ	ī	П	ī
Rising from bed					
Taking of socks					
Lying in bed					
Getting in/out of bath	\Box		\Box		
Getting in/out of bath Sitting					
Sitting Getting on/off toilet					
Sitting					

Methods – Secondary Outcomes

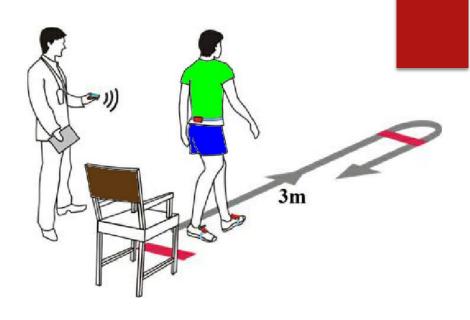
▶ 15-point Global Rating of Change (-7 to +7)

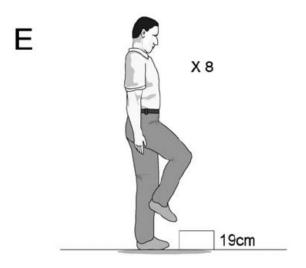


Methods – Secondary Outcomes

▶ Timed Up and Go test

Alternate Step test





Methods - Secondary Outcomes

1-year cost of knee-related healthcare utilization

Patient characteristics

- Mean age 56 years old
- ▶ 48% women
- ▶ BMI 31.5
- ► Glucocorticoid group received an average of 2.6 injections
- ▶ Patients in PT group received a mean of 11.8 treatment visits

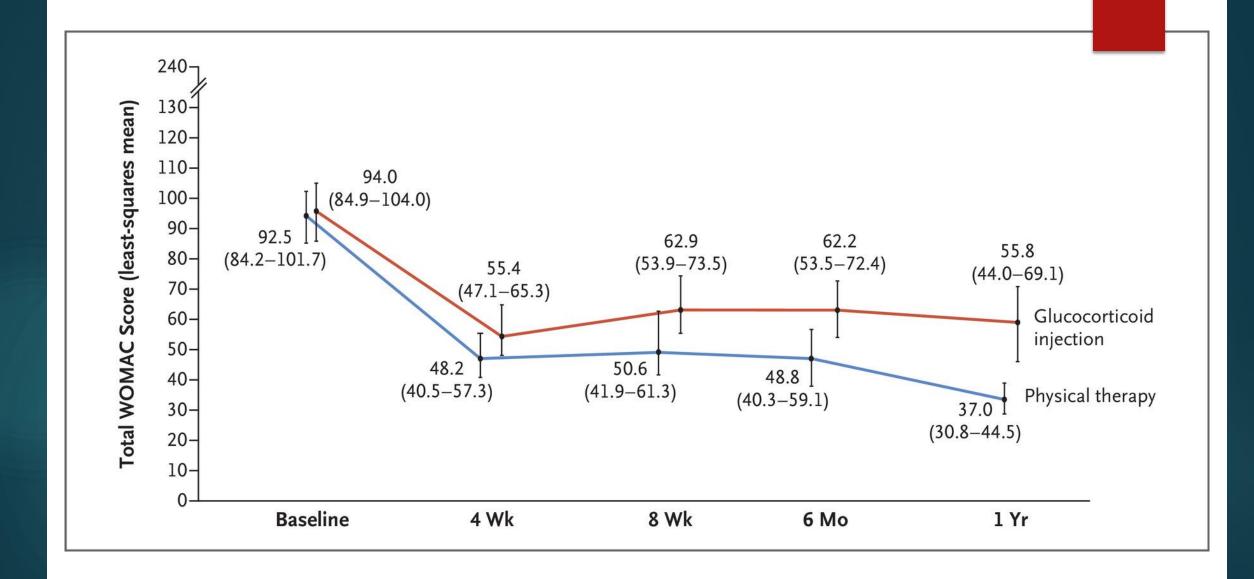
Characteristic	Total Cohort (N=156)	Glucocorticoid Injection (N = 78)	Physical Therapy (N=78)
Age — yr	56.1±8.7	56.0±8.2	56.3±9.2
Female sex — no. (%)	75 (48.1)	38 (48.7)	37 (47.4)
Body-mass index	31.5±5.6	31.6±6.1	31.4±5.1
Beneficiary category — no. (%)			
A	26 (22 1)	10 (04 4)	17 (21 0)

-0.0	Total Cohort	Glucocorticoid Injection	Physical Therapy
Characteristic	(N = 156)	(N = 78)	(N=78)
Kellgren-Lawrence grade — no. (%)‡			
1	6 (3.8)	1 (1.3)	5 (6.4)
2	68 (43.6)	42 (53.8)	26 (33.3)
3	59 (37.8)	25 (32.1)	34 (43.6)
4	23 (14.7)	10 (12.8)	13 (16.7)

4	23 (14.7)	10 (12.8)	13 (10.7)
Knee pain affects sleep — no./total no. (%)			
No	38/155 (24.5)	19/77 (24.7)	19/78 (24.4)
A little, but can sleep through the night	113/155 (72.9)	56/77 (72.7)	57/78 (73.1)
Cannot sleep because of pain	4/155 (2.6)	2/77 (2.6)	2/78 (2.6)
Baseline measures			
WOMAC total score§	108.0±44.7	108.8±47.1	107.1±42.4
Time to complete Alternate Step Test — sec	11.3±2.8	11.7±3.0	10.9±2.5
Time to complete Timed Up and Go test — sec	9.7±2.8	9.9±3.0	9.4±2.5

Results – Primary Outcome

- WOMAC score at 1 year in glucocorticoid injection group
 - **>** 55.8 +/- 53.8
- WOMAC score at 1 year in physical therapy group
 - **▶** 37.0 +/- 30.7
- ▶ 18.8 point difference, 95% CI 5.0 to 32.6, p=0.008



Results – Primary Outcome

- ▶ 20 patients (25.6%) in the glucocorticoid group did not have an improvement of at least 12%
 - Minimal clinically important difference
- 8 patients (10.3%) in the physical therapy group did not have an improvement of at least 12%

Table 2. Primary and Secondary Outcomes at 1 Year.*

Outcome	Glucocorticoid Injection	Physical Therapy	Mean Between-Group Difference (95% CI)
Primary outcome: total WOMAC score — least-squares mean (95% CI)	55.8 (45.0–69.1)	37.0 (30.8–44.5)	18.8 (5.0–32.6)†
Secondary outcomes			
Median Global Rating of Change score (IQR);	+4 (0.5–6.0)	+5 (3.3-6.0)	
Least-squares mean time to complete Alternate Step Test — sec (95% CI)	9.0 (8.5–9.5)	8.0 (7.6–8.4)	1.0 (0.3–1.6)§
Least-squares mean time to complete Timed Up and Go test — sec (95% CI)	8.1 (7.7–8.6)	7.3 (6.8–7.7)	0.9 (0.3–1.5)¶

^{*} All 156 patients were included in the analyses. The 95% confidence intervals and reported P values were adjusted with the use of Bonferroni correction for multiple comparisons.

[†] The between-group difference is the difference in points (P=0.008).

[‡] Scores on the Global Rating of Change scale range from −7 to +7, with higher positive values indicating more improvement and lower negative values indicating worsening symptoms; a score of +4 indicates "moderately better," and a score of +5 "quite a bit better." A total of 50 patients in the glucocorticoid injection group and 67 in the physical therapy group had a score of at least +3.

[§] The between-group difference is the difference in seconds (P=0.003).

[¶] The between-group difference is the difference in seconds (P=0.005).

Results – Secondary Outcomes

- ► Health care cost similar in 2 groups
 - ▶ \$2,113 in the glucocorticoid injection group
 - ▶ \$2,131 in the physical therapy group

Discussion

- ▶ PT was more effective that glucocorticoid injections in improving WOMAC scores at 1 year
- PT also had improvement in all secondary measures, functional tasks and patient perception of improvements
- Data is consistent with previous studies short term improvement is seen in both PT and CSI injections
 - ▶ However effects of PT persist for 1 year!

Limitations of Trial

- Non-blinded
- Non-standardization of repeat CSI injections and refresher PT sessions, left up to provider discretion
- Trial compared the 2 treatments as independent intervention and cannot be generalized to cases in which both interventions are used concurrently

Questions?