Successfully Treating Patients With Osteoarthritis: How Encouragement of Physical Activity Can Generate the Best Outcomes. A Physician’s Perspective

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The public health burden of osteoarthritis (OA) is substantial as it is the most common form of arthritis, with an increase in prevalence over time. This rate is higher among veterans, perhaps in part because of their high exposure to trauma, a known risk factor for OA. The disability and costs related to OA are high, such that among US service members medically separated from active duty, OA is the most common cause of disability.

Unfortunately, there are no disease-modifying treatments for OA that provide benefits from both a symptom and a structure perspective. In a recent study, we found that in people with radiographic evidence of OA but without frequent knee pain, those who walk for exercise are far less likely to develop regular knee pain compared to those who do not walk. Additionally, there is a suggestion that people who walk are less likely to have worsening of their structural disease over time. Therefore, I strongly recommend walking for my patients with knee OA.

When I recommend walking to any given patient, I always try to gauge how much physical activity (PA) the patient already engages in as a starting point. I also ask if there are perceived barriers to walking, and if so, what are they? We talk about practical strategies that might help address the barriers. Helping patients understand practically how they make walking, or any other PA, part of their daily routine dramatically improves the likelihood that the patient will make an effort to do so. One of the most common barriers to PA is finding time to do the activity. So, I will ask the patient what their schedule generally looks like, and we try to find 10 to 15 minutes where the patient can reliably try to add the PA into their schedule. If the patient keeps an electronic schedule, I will offer that we can put that activity right into their calendar while we are in the office together. Many are not ready to do this, so I respect those wishes, but if we can get the activity on the schedule, it is a way to remind patients of the activity even after they have left the clinic. We review the importance of starting slow with an activity and gradually building up over time.

Additionally, there is a resource at the Veterans Affairs (VA) Medical Center (VAMC) called the MOVE! Weight Management Program for Veterans. MOVE! is a nationwide, multidisciplinary, comprehensive, tiered approach to patient-centric weight management that provides diet and PA counseling, as well as behavioral modification strategies. This program is free of charge to veterans. In the 15 years since it was launched, it has evolved to accommodate the many preferences of veterans and includes (1) group-based, (2) video, and (3) telephone-based programs. Those who participate in the program are eligible to receive free pedometers to help monitor how many steps they take daily and to motivate them to set goals daily. Additionally, at our VA, a group of veterans meets once a week to take a walk together outside around a pond on the VAMC grounds. This latter offering is particularly appealing because it is often difficult to inspire people to participate in PA when they have OA. However, peer encouragement to participate in the activity and moving the activity to an outdoor environment help make the activity more enticing.

Aside from patients being supported in their effort to be active in MOVE!, they are given practical strategies to work on weight management. This is another added benefit of the program since BMI is a strong risk factor for OA, and weight loss is associated with less pain in OA. Many patients with OA have comorbid conditions that benefit from a lower BMI and more PA, such as hypertension and diabetes, so this is a second added bonus to the program.

At our next follow-up visit, I always try to remind myself to ask my patients how our planned strategies went. The results are hit or miss. Sometimes, patients report engaging in PA and implementing many of the strategies we discussed. When they are successful, I make a specific effort to congratulate them on their success and to tell the patients how proud I am of them. I also encourage them to keep up the good work. Many of these patients will describe a perceived benefit of some kind. It might not be OA-related, but that is fine because the idea is to improve the patient’s overall well-being. Oftentimes, at the start of the discussion, patients may not notice the value of PA, but as we continue talking, the patients realize there is a benefit that they did not attribute to an increase in their PA. For instance, I had a patient once who was able to have less dyspnea with activities of daily living after making a daily effort to walk 1 mile for 2 months.
On the flip side, many people return to the clinic who have not implemented any of the strategies that we discussed. I make a point to never make the patients feel bad or give them a hard time about not being successful. I sympathize with their difficulties and let them know that they are not alone in finding it challenging to implement these strategies. I liken it to the situation that smokers make 6 to 19 attempts at smoking cessation before they are successful. Each time they try, they are one step closer to being successful. If the patients are still open to a continued discussion about implementing PA into their schedules, we review current barriers to successful implementation of incorporating PA into their daily lives. We make a new plan to make another attempt, while addressing newly identified barriers.

This is an iterative process and must be revisited multiple times when the patient is in a contemplative mental state. If patients are in a mindset where they are not interested in making a change, I just make a note of it and try again at our next visit.

Although the success rate for such a strategy is far from 100%, I am encouraged by every patient who returns to the clinic who has made a better choice, even if it is just for a short period, because of discussions we have had in clinic together. This is my motivation to continue encouraging people to be physically active. I view it as the low-hanging fruit, with known benefits in comorbid diseases, low risk for side effects, and the potential to improve OA symptoms and possibly its structure.

REFERENCES