

Is Cognitive-Behavioral Therapy an Option for Managing Knee Osteoarthritis?

CBT was inferior to pharmacological treatment in a randomized trial.

For patients with knee osteoarthritis (OA), nonsteroidal anti-inflammatory drugs (NSAIDs) are better than acetaminophen or placebo for achieving pain relief and improvement of function, so despite their known long-term risks, NSAIDs are the most-prescribed medicines for such patients. Researchers wondered whether cognitive-behavioral therapy (CBT) could replace NSAIDs for managing knee OA.

Investigators used a U.S. Veterans Affairs healthcare database to identify 364 patients with knee OA who used NSAIDs on most days. Participants discontinued their current NSAIDs and were given meloxicam (15 mg daily) during a 2-week run-in period. Participants then were randomized to receive placebo or meloxicam for 4 weeks in a blinded phase. In the subsequent 10-week unblinded phase, meloxicam recipients continued the medication, whereas placebo recipients participated in a weekly CBT program.

At 4 weeks (after the blinded phase), the difference between meloxicam and placebo was 1.4 points on the 20-point WOMAC pain scale. At 14 weeks (after the unblinded phase), the difference between meloxicam and CBT was 0.8 points on the WOMAC scale. Both these differences were less than the minimum clinically important difference on the WOMAC scale but exceeded the prespecified non-inferiority margin. At 14 weeks, perception of change or lower-extremity disability was not significantly different between the two groups.

COMMENT

This study shows that meloxicam is superior to placebo for pain relief at the 4-week mark, and placebo plus CBT is inferior to meloxicam at 14 weeks; however, patients' global perceptions of pain and function were similar in the two groups after 14 weeks. If CBT is available and affordable, it could be offered to patients with knee OA who wish to taper NSAIDs. However, better treatment options are sorely needed.

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