





Recommendations for Viscosupplementation in Osteoarthritis. An Update

Thierry Conrozier (F), Yves Henrotin (B), Xavier Chevalier (F), Pascal Richette (F), Jörg Jerosch (D), Hervé Bard (F), Jordi Monfort (E), Raghu Raman (UK), Dominique Baron (F), Demirhan Diraçoglu (T), Belarmino Goncalves (P), Mats Brittberg (SW), Alberto Migliore (I)





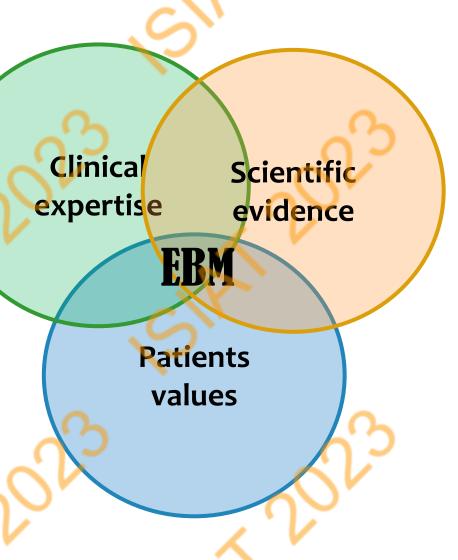
Viscosupplementation (VS), by intra-articular injection of hyaluronic acid (HA), is a worldwide used symptomatic treatment for knee and other joints osteoarthritis, for over a quarter-century.

However, despite positive assessment by clinicians and patients, and a high level of evidence, some guidelines remain failing to recommend this. These guidelines justify their recommendations by referring to EBM.

EVIDENCE BASED MEDICINE

"The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients".

The aim of EBM is to integrate the experience of the clinician, the values of the patient, and the best available scientific information to guide decision



EVIDENCE BASED MEDICINE

European Review for Medical and Pharmacological Sciences

2015; 19: 1124-1129

The discrepancy between recommendations and clinical practice for viscosupplementation in osteoarthritis: mind the gap!

A. MIGLIORE^{1,6}, E. BIZZI¹, J. HERRERO-BEAUMONT^{2,6}, R.J. PETRELLA^{3,6}, R. RAMAN^{4,6}, X. CHEVALIER^{3,6}

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Most guidelines are based on meta-analyses alone

EUR VISC®

Task force aimed to provide clarification to prescribers and users of VS, by proposing a consensual approach, based not only on the literature data but also on the clinical experience of the experts.



EUR®VISC®

- 13 experts in the field of OA (# 700 publications in PubMed on OA),
- **9 countries:** UK, Belgium, Germany, Italy, France, Spain, Türkiye, Sweden and Portugal



- 6 rheumatologists, 3 orthopedic surgeons, 3 specialists in rehabilitation, 1 interventional radiologist
- University / public hospital / private practice

EUR VISC® Methods

- □ Once a year the EUROVISCO members meet for 2 days in Lyon (France).
- 2 to 3 members of the group are tasked to collate an exhaustive literature analysis on the topic.
- The chairman is in charge of preparing a set of questions.

Labrha European Board on Viscosupplementation

EUR VISC® Methods

□ For each issue the members assign a mark, from 1 to 9, in accordance with a DELPHI method.

I do not agree			I agree under certain conditions			agree		
1 /	2	3	4	5	6	7	8	9

- □ The vote is conducted using interactive software (Quizzbox©,) giving the results immediately.
- Each proposition of recommendation is discussed by the group and a joint position is sought if possible.
- After hearing everyone's arguments, a new vote could be requested by the members wishing to modify their initial response.

EUR VISC® Methods

For each issue, the average score, standard deviation, median and

range are given.

Level of consensus

Number of votes

- Unanimous = 13
- □ Strong = 12/11
- □ Moderate= 10/9
- Weak = 8
- No consensus <7</p>

Strength

Median

- □ 9-8 → Strong
 - ⊃ Moderate
- □6 → Weak
- □ < 5 → Not recommended</p>



Seminars in Arthritis and Rheumatism

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journal homepage: www.elsevier.com/locate/semarthrit

Consensus statement on viscosupplementation with hyaluronic acid for the management of osteoarthritis

Yves Henrotin, MD^{a,b}, Raghu Raman, MD^c, Pascal Richette, MD^{d,e}, Hervé Bard, MD^f, Jörg Jerosch, MD^g, Thierry Conrozier, MD^{h,*}, Xavier Chevalier, MDⁱ, Alberto Migliore, MD^j

2015



Decision Algorithms for the Retreatment with Viscosupplementation in Patients Suffering from Knee Osteoarthritis: Recommendations from the EUROpean VIScosupplementation Consensus Group (EUROVISCO)

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2017



Raghu Raman¹, Yves Henrotin², Xavier Chevalier³, Alberto Migliore⁴, Jörg Jerosch⁵, Jordi Montfort⁶, Hervé Bard⁷, Dominique Baron⁸, Pascal Richette⁹, and Thierry Conrozier¹⁰

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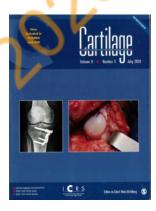
2018



EUROVISCO Guidelines for the Design and Conduct of Clinical Trials Assessing the Disease-Modifying Effect of Knee Viscosupplementation

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2018

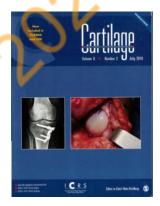
Yves Henrotin¹, Xavier Chevalier², Raghu Raman³, Pascal Richette⁴, Jordi Montfort⁵, Jörg Jerosch⁶, Dominique Baron⁷, Hervé Bard⁸, Yannick Carrillon⁹, Alberto Migliore¹⁰, and Thierry Conrozier¹¹

Re-treatment with hyaluronic acid viscosupplementation in Knee Osteoarthritis: agreement between EUROVISCO guidelines and current medical practice. 2021

Yves Henrotin¹, Cedric Tits², Jérôme Paul², Pierre Gramme², Thibault Helleputte², Alberto Migliore³, Pascal Richette⁴, Xavier Chevalier⁵, Jordi Monfort⁶, Demirhan Diracoglu⁷, Hervé Bard⁸, Jörg Jerosch⁹, Dominique Baron¹⁰, Raman Raghu¹¹, Thierry Conrozier¹².



EUROVISCO Good Practice Recommendations for a First Viscosupplementation in Patients with Knee Osteoarthritis CARTILAGE
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Thierry Conrozier Demirhan Diraçoglù², Jordi Monfort³, Xavier Chevalier⁴, Hervé Bard⁵, Dominique Baron⁶, Jörg Jerosch⁷, Alberto Migliore⁸, Pascal Richette⁹, and Yves Henrotin¹⁰

2022



Jörg Jerosch, MD8, Thierry Conrozier, MDh,*, Xavier Chevalier, MD, Alberto Migliore, MD



STATEMENTS HAVING RECEIVED UNANIMITY OF VOTES

- 1. VS is an effective treatment for mild to moderate knee OA;
- 2. VS is not an alternative to surgery in advanced hip OA;
- 3. VS is a well-tolerated treatment of knee and other joints OA;
- 4. VS should not be used only in patients who have failed to respond adequately to analgesics and NSAIDs
- 5. VS is a **« positive » indication** but not a **«** lack of anything better » indication

Jörg Jerosch, MD8, Thierry Conrozier, MDh,*, Xavier Chevalier, MDi, Alberto Migliore, MDi

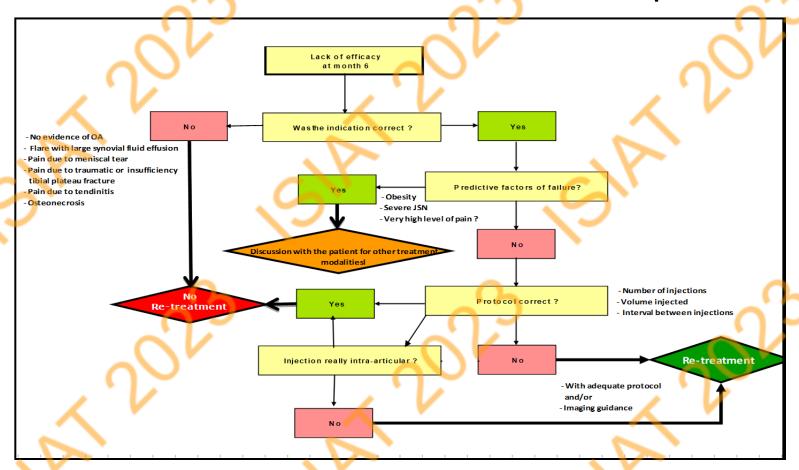


- 6. The dosing regimen must be supported by evidence-based medicine
- 7. Cross-linking is a proven means for prolonging IA residence time of HA
- 8. The best approach to inject accurately knee joint is the lateral mid-patellar one;
- 9. When VS is performed under fluoroscopy, the amount of radio-opaque contrast agent must be as low as possible to avoid viscosupplement dilution.

Raghu Raman¹, Yves Henrotin², Xavier Chevalier³, Alberto Migliore⁴, Jörg Jerosch⁵, Jordi Montfort¢, Hervé Bard², Dominique Baron⁵, Pascal Richette⁵, and Thierry Conrozier¹º Cartilage
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Decision tree for re-treatment with IA-HA after failure of a previous VS



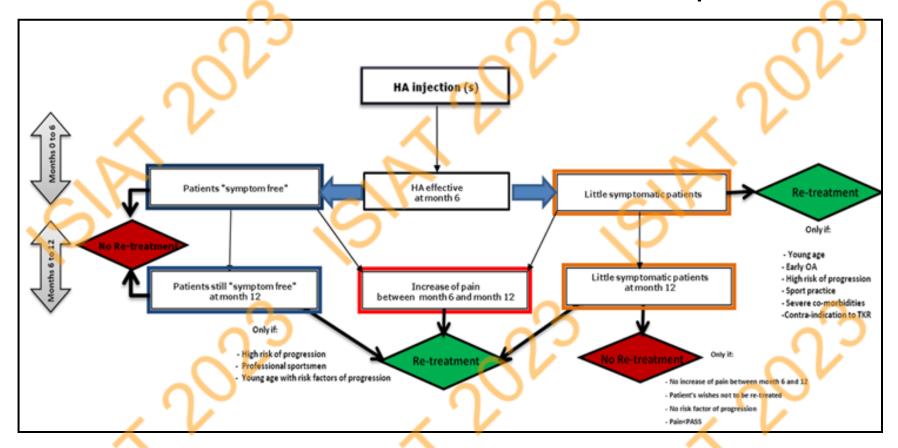
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Decision tree for re-treatment with IA-HA after success of a previous VS



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In case of failure of VS:

 A rigorous clinical and radiological analysis is mandatory,

Check VS has been used in concordance with data from the EBM, and injected adequately.

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In patients who previously improved with VS,

- □ Re-treatment can be considered as soon as pain recurs or increases again.
- □ In subjects with a high risk of progression, VS retreatment can be considered systematically even in asymptomatic patients as there is compelling new evidence on HA to retard OA progression

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Thierry Conrozier , Jordi Monfort², Xavier Chevalier³, Raghu Raman⁴, Pascal Richette⁵, Demirhan Diraçoglù⁶, Hervé Bard⁷, Dominique Baron⁸, Jörg Jerosch⁹, Alberto Migliore , and Yves Henrotin¹¹



STATEMENTS

- A good indication, based on both an accurate analysis of signs, symptoms and clinical history as well as a precise analysis of the radiological features may improve the chances of success of VS.
- Radiological severity (KL score IV vs. I-III) may influence the response of VS in the knee and the hip.
- A good technique of injection and/or the use of an imaging guidance may enhance the chances of success of VS.

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3 KEY RECOMMENDATIONS ON INJECTION TECHNIQUES

- 1.We recommend administering VS in the knee through a lateral patellofemoral route.
- 2.We recommend performing VS under fluoroscopy or ultrasound guidance in the hip and the ankle.

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FURTHER RECOMMENDATIONS

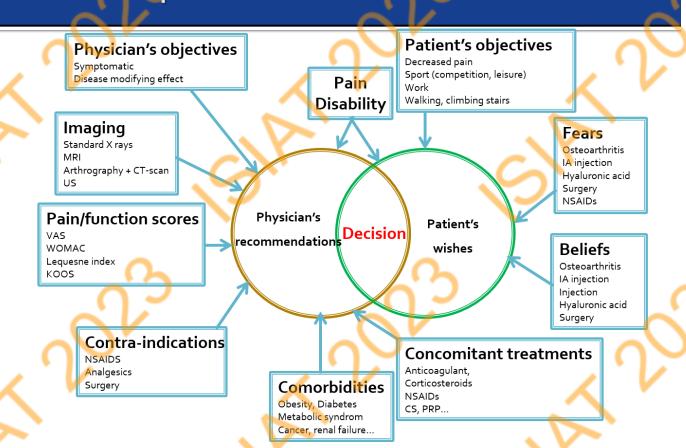
- 1.We recommend withdrawing any synovial fluid by careful aspiration before injecting HA in any joint.
- 2. We recommend respecting the dosing regimen—number of HA injections and interval between injections—that have been proved by controlled randomized trials regardless the joint to be treated.

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Thierry Conrozier¹⁰, Demirhan Diraçoglù², Jordi Monfort³, Xavier Chevalier⁴, Hervé Bard⁵, Dominique Baron⁶, Jörg Jerosch⁷, Alberto Migliore⁸, Pascal Richette⁹, and Yves Henrotin¹⁰

Factors influencing the decision for viscosupplementation in patients with knee osteoarthritis



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Thierry Conrozier , Jordi Monfort², Xavier Chevalier³, Raghu Raman⁴, Pascal Richette⁵, Demirhan Diraçoglù⁶, Hervé Bard⁷, Dominique Baron⁸, Jörg Jerosch⁸, Alberto Migliore , and Yves Henrotin¹¹



- VS must be considered in symptomatic patients only.
- VS may be considered for a condition whose symptoms have been present for more than 3 months.
- It is recommended to assess pain on a visual analogue or digital scale before considering VS.



Thierry Conrozier¹, Demirhan Diraçoglù², Jordi Monfort³, Xavier Chevalier⁴, Hervé Bard⁵, Dominique Baron⁶, Jörg Jerosch⁷, Alberto Migliore⁸, Pascal Richette⁹, and Yves Henrotin¹⁰

- The Kellgren-Lawrence classification is a key factor in the decision for VS.
- A standard x-ray of the knee must be obtained before the decision to use VS.
- If the x-ray is normal, the diagnosis must be confirmed by an MRI or a CT arthrogram before considering VS.



Thierry Conrozier¹, Demirhan Diraçoglù², Jordi Monfort³, Xavier Chevalier⁴, Hervé Bard⁵, Dominique Baron⁶, Jörg Jerosch⁷, Alberto Migliore⁸, Pascal Richette⁹, and Yves Henrotin¹⁰

VS may be considered with the aim of relieving pain, improving function, and reducing NSAID consumption.

The use of VS must not be considered with the aim of treating OA flare with effusion.

There is no justification for the administration of an intraarticular injection of a corticosteroid at the same time as VS.



Thierry Conrozier¹, Demirhan Diraçoglù², Jordi Monfort³, Xavier Chevalier⁴, Hervé Bard⁵, Dominique Baron⁶, Jörg Jerosch⁷, Alberto Migliore⁸, Pascal Richette⁹, and Yves Henrotin¹⁰

- VS can be envisaged as a first-line pharmacological treatment in patients having a contra-indication to the use of NSAIDs or step 1 and 2 analgesics.
- VS can be envisaged in patients with a contra-indication to knee replacement surgery.
- In the case of comorbidities (diabetes, hypertension, GI disorders, renal failure, etc.), **VS can avoid the use of potentially more dangerous treatments** (NSAIDs, corticosteroids).



Thierry Conrozier¹, Demirhan Diraçoglù², Jordi Monfort³, Xavier Chevalier⁴, Hervé Bard⁵, Dominique Baron⁶, Jörg Jerosch⁷, Alberto Migliore⁸, Pascal Richette⁹, and Yves Henrotin¹⁰

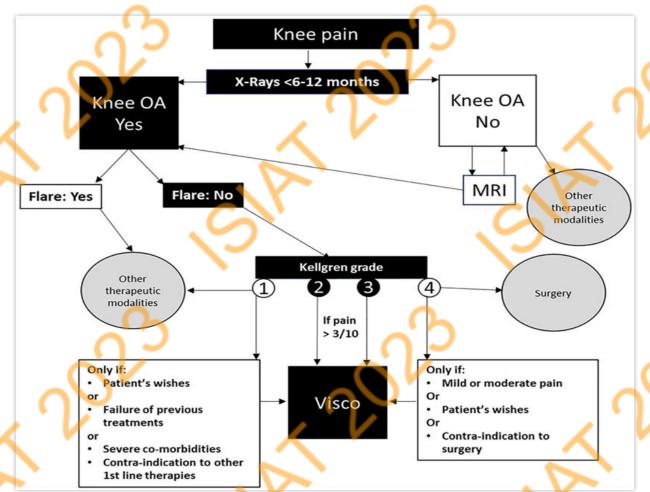
- Thrombin inhibitors.

 Knee VS can be envisaged in patients receiving antiplatelet agents, vitamin K antagonists, and direct factor Xa or thrombin inhibitors.
- After a first knee VS, patients must be systematically followed up for an efficacy evaluation approximately 6 months after the injection.



Thierry Conrozier¹, Demirhan Diraçoglù², Jordi Monfort³, Xavier Chevalier⁴, Hervé Bard⁵, Dominique Baron⁶, Jörg Jerosch⁷, Alberto Migliore⁸, Pascal Richette⁹, and Yves Henrotin¹⁰

Decision tree for a 1^{rst} treatment with VS in patient with knee pain



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Viscosupplementation

EUROVISCO good practice recommendations for viscosupplementation in clinical scenarios out of therapeutic guidelines

Jordi Monfort¹, Yves Henrotin^{2,3}, Xavier Chevalier⁴, Alberto Migliore⁵, Dominique Baron⁶, Jörg Jerosch⁷, Pascal Richette⁸, Hervé Bard⁹, Mats Brittberg¹⁰, Demirhan Diraçoglù¹¹, Raghu Raman¹², Thierry Conrozier¹³





Viscosupplementation

Recommendations for the use of viscosupplementation in knee osteoarthritis based on patient characteristics

Thierry Conrozier¹, Raghu Raman², Demirhan Diraçoglu³, Jordi Montfort⁴, Hervé Bard⁵, Dominique Baron⁶, Belarmino Goncalves⁷, Pascal Richette⁸, Mats Brittberg¹⁰, Alberto Migliore¹¹, Yves Henrotin¹², Xavier Chevalier¹³



- Appropriate patient Selection Select the "BEST RESPONDER"
- Identify a Positive Indications to use Viscosupplementation
- □ Use best **Products** for best results
- Use the best Injection Techniques,
- □ Re-treat the correct patient at the right time

EACH PATIENT PRESENTS WITH INDIVIDUAL NEEDS
AN INDIVIDUALIZED MULTIMODAL APPROACH IS RECOMMENDED



Thanks to: Yves Henrotin, Xavier Chevalier, Pascal Richette, Jörg Jerosch, Hervé Bard, Jordi Monfort, Raghu Raman, Dominique Baron, Demirhan Diraçoglu, Belarmino Goncalves, Mats Brittberg, Alberto Migliore

