



Authors' Reply to Toda: Multimodal Multidisciplinary Management of Patients with Moderate to Severe Pain in Knee Osteoarthritis: A Need to Meet Patient Expectations

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Dear Editor

We thank Dr. Toda very much for his letter [1] commenting on our previous manuscript [2].

Consider that ESCEO (European Society for Clinical and Economic Aspects of Osteoporosis, Osteoarthritis and Musculoskeletal Diseases) has always indicated a multimodal therapeutic approach, including non-pharmacological (e.g., weight loss and physical activity) and pharmacological approaches, with no hierarchy between these two approaches [3, 4].

Overall, we agree with Dr Toda regarding the concept that both short-term symptomatic and long-term structural management are of great importance. However, as mentioned in our manuscript [2], there have been debates for many years on the differential role of various non-steroidal anti-inflammatory drugs (NSAIDs) on cartilage integrity [5]. Altogether, increasing literature suggests that celecoxib is the preferred NSAID since it combines a good risk/benefit ratio when dealing with pain reduction and a beneficial effect on joint structure [4]. Finally, recent works have shown that

celecoxib, when combined with prescription crystalline glucosamine sulfate (pCGS), is probably the best option from the perspective of the long-term structural management of knee osteoarthritis (OA) [2].

In conclusion, we believe that our recent work shows the benefits of a multimodal approach to treat knee OA, considering both pharmacological and non-pharmacological approaches that are equally important to appropriately follow our patients with knee OA.

Declarations

Conflict of interest Veronese reports personal fees from IBSA, Mylan, Viatrix, Fidia outside of the submitted work; Reginster reports grants from IBSA-Genevrier, Mylan, CNIEL, Radius Health (through institution), consulting fees from IBSA-Genevrier, Mylan, CNIEL, Radius Health, Pierre Fabre, fees for participation in review activities from IBSA-Genevrier, MYLAN, CNIEL, Radius Health, Teva, payment for lectures from Ag-Novos, CERIN, CNIEL, Dairy Research Council (DRC), Echolight, IBSA-Genevrier, Mylan, Pfizer Consumer Health, Teva, Theramex, outside of the submitted work.

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