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Review Article

Recent Advances in the Understanding and Management of Osteoarthritis: A Comprehensive Review

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ABSTRACT

Osteoarthritis (OA) stands as the foremost prevalent form of arthritis, causing substantial pain and disability worldwide. According to the 2015 Global Burden of Disease study, OA exhibits a significantly higher incidence among women, doubling that of males, and its prevalence escalates with age, particularly peaking after 60 years. Symptoms of OA encompass pain, painful stiffness, and radiographic evidence, with a notable age-standardized prevalence of symptomatic hand OA at 6% and 14.4% for males and females, respectively. In India, a nation of 1.252 billion people, primary knee OA frequency was studied across five distinct locations, revealing significant risk factors such as age, sex, obesity, genetics, and nutritional factors, as well as alignment and cell/extracellular matrix interactions, crucial in articular cartilage physiology.

The pathophysiology of OA is typically segmented into three stages: proteolytic degradation (Stage I), synovial inflammation (Stage II), and proinflammatory cytokine involvement (Stage III). Diagnosis relies on various modalities including magnetic resonance imaging (MRI), ultrasound, and optical coherence tomography (OCT). In the management of OA, both pharmacological and non-pharmacological treatments are pivotal. Analgesic drugs are commonly employed, while steroid injections aim to alleviate discomfort and enhance function. Efforts in OA management and understanding continue to evolve, offering hope for improved outcomes and quality of life for affected individuals.

Keywords: Osteoarthritis; Pathophysiology; Diagnosis; Management; Risk Factors

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1. Introduction

Osteoarthritis (OA) stands as the most prevalent form of arthritis globally, constituting a primary source of pain and disability. It manifests as a clinical syndrome typified by joint pain, varying degrees of functional limitations, and a diminished quality of life on a worldwide scale. The 2015 global burden of disease, injury, and risk factors study underscores the significant incidence of this ailment. OA exhibits a twofold higher prevalence among women compared to men and demonstrates an escalating frequency with advancing age, particularly surging after the age of 60. Often construed as both a disease and an age-related process, OA reflects an increasing incidence of joint-related issues. To address this widespread health concern, a plethora of nonpharmaceutical and pharmaceutical interventions are available, either independently or in combination. Diagnosis of OA primarily relies on clinical evaluation conducted by trained examiners, leveraging an individual's symptoms and physical examination findings.

2. Epidemiology

Osteoarthritis (OA) represents a substantial burden on global health, with its epidemiology revealing key insights into its prevalence, incidence, and risk factors.

Incidence and Prevalence:

OA is recognized as the most prevalent form of arthritis, affecting millions worldwide. Incidence rates vary across populations, influenced by demographic factors such as age, sex, and geographical location. Prevalence estimates suggest a higher occurrence among females compared to males, with a notable increase in prevalence observed with advancing age, particularly after the age of 60.

Geographical Variations:

The prevalence of OA exhibits geographical variations, influenced by cultural, environmental, and genetic factors. Studies conducted in diverse populations highlight differences in OA prevalence and patterns of joint involvement, shedding light on the multifactorial nature of the disease.

Age and Gender Disparities:

Age remains a significant risk factor for OA development, with increasing prevalence observed in older age groups. Additionally, gender disparities exist, with females exhibiting higher rates of OA incidence and severity compared to males. Hormonal factors, particularly estrogen levels, may contribute to these differences, although the exact mechanisms remain under investigation.

Impact on Quality of Life:

OA significantly impacts individuals' quality of life, leading to pain, functional limitations, and reduced mobility. The socioeconomic burden of OA extends beyond individual suffering, affecting healthcare systems and society as a whole.

Emerging Trends:

Recent trends in OA epidemiology highlight the growing recognition of modifiable risk factors such as obesity, sedentary lifestyle, and occupational hazards. Efforts to promote early detection, preventive strategies, and targeted interventions aim to mitigate the impact of OA on global health.

In conclusion, understanding the epidemiology of OA is essential for informing public health policies, developing effective interventions, and improving outcomes for individuals affected by

this prevalent musculoskeletal condition. Continued research efforts are necessary to address the complex interplay of genetic, environmental, and lifestyle factors underlying OA epidemiology.

3. Risk Factors

Osteoarthritis (OA) development and progression are influenced by a multitude of risk factors spanning demographic, lifestyle, and physiological domains. Understanding these risk factors is crucial for both preventive strategies and targeted interventions.

Age:

Age stands as one of the most prominent risk factors for OA. As individuals grow older, the likelihood of developing OA increases due to wear and tear on joints over time.

Gender:

Gender disparities exist in OA prevalence and severity, with females generally experiencing higher rates of OA compared to males. Hormonal factors, particularly estrogen levels, may contribute to these differences, although further research is needed to elucidate the mechanisms.

Obesity:

Obesity significantly elevates the risk of developing OA, particularly in weight-bearing joints such as the knees and hips. The excess weight places added stress on joints, accelerating cartilage degeneration and increasing inflammation.

Joint Injury or Trauma:

Previous joint injuries or trauma, including fractures, ligament tears, and dislocations, increase the risk of developing OA later in life. Joint instability and altered biomechanics

following injury contribute to cartilage breakdown and OA progression.

Genetics:

Genetic predisposition plays a significant role in OA susceptibility. Certain genetic variations have been associated with an increased risk of OA development, highlighting the hereditary component of the disease.

Occupational Factors:

Occupational hazards such as repetitive joint stress, heavy lifting, and prolonged kneeling or squatting may contribute to OA development, particularly in occupations that involve manual labor or repetitive motion.

Joint Alignment and Structure:

Abnormal joint alignment, such as bowlegs or knock-knees, can predispose individuals to OA by altering joint mechanics and increasing joint stress. Structural abnormalities, such as joint malformations or congenital defects, may also contribute to OA risk.

Physical Inactivity:

Lack of regular physical activity and sedentary lifestyle are associated with an increased risk of OA. Physical activity helps maintain joint health by promoting cartilage nourishment, muscle strength, and joint flexibility.

Metabolic Factors:

Metabolic conditions such as diabetes, metabolic syndrome, and dyslipidemia may contribute to OA development through mechanisms involving chronic inflammation, insulin resistance, and altered lipid metabolism.

Joint Overuse:

Repetitive joint overuse, often seen in occupations or activities that involve repetitive motion or excessive joint loading, can accelerate joint degeneration and increase the risk of OA.

Recognizing these diverse risk factors allows for the implementation of targeted preventive measures and personalized treatment approaches aimed at reducing the burden of OA and improving the quality of life for affected individuals.

4. Nutritional Factors in Osteoarthritis

Dietary Patterns:

Dietary patterns, such as the Mediterranean diet, emphasize the consumption of fruits, vegetables, whole grains, fish, and healthy fats. These diets are associated with reduced inflammation and improved joint health, potentially mitigating the risk of osteoarthritis (OA) development.

Omega-3 Fatty Acids:

Omega-3 fatty acids found in fatty fish, flaxseeds, and walnuts possess anti-inflammatory properties that may alleviate OA-related inflammation and pain. Incorporating omega-3 sources into the diet can contribute to joint health and symptom management in OA.

Antioxidants:

Antioxidants, including vitamins C and E, selenium, and carotenoids, neutralize oxidative stress and inflammation in joints. Foods rich in antioxidants, such as berries, nuts, seeds, and leafy greens, may support joint protection and cartilage maintenance.

Vitamin D:

Vitamin D is essential for bone health and may reduce the risk of cartilage loss in OA. Dietary sources like fatty fish, fortified dairy products,

and sunlight exposure can help maintain adequate vitamin D levels and support musculoskeletal function.

Calcium:

Calcium is crucial for bone density and skeletal health. Consuming calcium-rich foods such as dairy products, leafy greens, and fortified foods supports overall bone and joint health, which is important in OA prevention and management.

Collagen and Gelatin:

Collagen and gelatin supplements provide the building blocks for cartilage repair and support joint structure and function. These protein-rich substances have shown promise in promoting joint health and reducing OA symptoms.

Weight Management:

Nutritional factors play a significant role in weight management, which is closely linked to OA risk and progression. Balanced nutrition and portion control help maintain a healthy weight, reducing joint stress and inflammation associated with OA.

Hydration:

Adequate hydration supports joint lubrication and cartilage function. Consuming water and hydrating foods like fruits and vegetables helps optimize joint health and mobility, contributing to OA management.

5. Hypothesis of the Pathophysiology of Osteoarthritis

Osteoarthritis (OA) is a complex musculoskeletal disorder characterized by the progressive degeneration of articular cartilage, alterations in subchondral bone, synovial inflammation, and joint space narrowing. While the precise etiology of OA remains incompletely understood, several

hypotheses have been proposed to elucidate its pathophysiological mechanisms:

Mechanical Stress Hypothesis:

The mechanical stress hypothesis posits that repetitive mechanical loading and abnormal joint biomechanics contribute to cartilage breakdown and OA development. Excessive mechanical stress on weight-bearing joints leads to cartilage degradation, chondrocyte apoptosis, and alterations in extracellular matrix composition.

Inflammatory Hypothesis:

The inflammatory hypothesis suggests that chronic low-grade inflammation plays a pivotal role in OA pathogenesis. Inflammatory mediators, such as cytokines, chemokines, and prostaglandins, are released in response to joint injury, mechanical stress, and metabolic factors. These inflammatory molecules promote synovial inflammation, cartilage degradation, and osteophyte formation, perpetuating the cycle of joint damage.

Aging and Senescence Hypothesis:

The aging and senescence hypothesis proposes that age-related changes in chondrocyte function and metabolism contribute to OA progression. With advancing age, chondrocytes undergo cellular senescence, leading to impaired cartilage repair mechanisms, decreased proteoglycan synthesis, and increased susceptibility to oxidative stress and DNA damage.

Genetic Predisposition Hypothesis:

Genetic predisposition plays a significant role in OA susceptibility, as evidenced by familial aggregation and genome-wide association studies. Variations in genes encoding cartilage matrix proteins, inflammatory cytokines, and enzymes involved in cartilage homeostasis may

influence an individual's risk of developing OA and the severity of joint involvement.

Metabolic Dysfunction Hypothesis:

The metabolic dysfunction hypothesis posits that metabolic abnormalities, such as obesity, dyslipidemia, and insulin resistance, contribute to OA pathogenesis. Adipose tissue-derived cytokines, adipokines, and metabolic factors disrupt joint homeostasis, promoting inflammation, cartilage degradation, and osteophyte formation.

Extracellular Matrix Degradation Hypothesis:

The extracellular matrix degradation hypothesis suggests that aberrant catabolic and anabolic processes within the articular cartilage lead to matrix breakdown and loss of cartilage integrity. Imbalance between matrix metalloproteinases, aggrecanases, and tissue inhibitors of metalloproteinases disrupts cartilage turnover, impairing its structural and functional properties.

6. Signs and Symptoms of Osteoarthritis (OA)

Osteoarthritis (OA) presents a spectrum of signs and symptoms that collectively characterize this degenerative joint condition. Among the most prevalent indicators is joint pain, a persistent discomfort that often worsens with movement and tends to ease with rest. This pain can range from a dull ache to sharper twinges, depending on the affected joint. Stiffness is another hallmark of OA, frequently felt after periods of immobility or upon waking in the morning. It typically resolves with gentle movement but can significantly impair joint functionality during initial motion.

In addition to pain and stiffness, swelling commonly accompanies OA due to inflammation and the accumulation of synovial fluid within affected joints. Swelling often results in visible

enlargement of the joint and contributes to discomfort and limited range of motion. Individuals with OA may also experience joint crepitus, characterized by a cracking or grating sensation within the joint during movement. This sensation arises from irregularities in joint surfaces and cartilage erosion, indicative of OA progression.

As OA advances, joint instability may develop, leading to feelings of looseness or unsteadiness within the affected joint. This instability poses a risk of falls and further compromises joint function and mobility. Moreover, OA frequently results in a limited range of motion, affecting flexibility and hindering the ability to perform daily activities such as bending, kneeling, or reaching. Reduced range of motion significantly impacts an individual's independence and quality of life.

Recognizing and addressing these signs and symptoms is essential for the timely diagnosis and management of osteoarthritis. Early intervention can help alleviate pain, improve joint function, and enhance overall well-being, enabling individuals to maintain an active and fulfilling lifestyle despite the challenges posed by OA.

7. Management of osteoarthritis (OA)

Managing osteoarthritis (OA) involves a comprehensive approach tailored to each individual's needs and the severity of their condition. Here's a descriptive overview of the management strategies: Lifestyle Modifications play a pivotal role in OA management. Weight management is crucial, as excess weight adds strain to weight-bearing joints. Maintaining a healthy weight can alleviate pressure and reduce pain. Regular exercise, focusing on low-impact

activities like swimming, walking, or cycling, helps improve joint flexibility, strengthens muscles around the joints, and reduces stiffness. Implementing joint protection techniques, such as using assistive devices like braces or splints, and avoiding activities that worsen joint pain, can help safeguard affected joints and prevent further damage. Medications are often used to manage pain and inflammation associated with OA. Pain relievers such as acetaminophen or nonsteroidal anti-inflammatory drugs (NSAIDs) are commonly recommended. NSAIDs can help reduce pain and inflammation, but long-term use may have adverse effects, so they should be used under medical supervision. Topical treatments like NSAID creams or capsaicin creams can provide localized pain relief and are suitable for some individuals.

Physical Therapy is an integral component of OA management. Physical therapists develop customized exercise programs to improve joint mobility, strengthen muscles, and enhance overall function. They may also provide manual therapy techniques to alleviate pain and improve joint flexibility. Occupational Therapy focuses on adapting daily activities to accommodate OA-related limitations. Occupational therapists assist individuals in finding alternative ways to perform tasks, recommend assistive devices or adaptive equipment, and optimize ergonomics to reduce joint stress. Injections may be considered for individuals with moderate to severe OA who experience significant pain or inflammation. Corticosteroid injections can provide temporary relief by reducing inflammation within the affected joint. Hyaluronic acid injections, also known as viscosupplementation, may help lubricate and cushion the joint, alleviating pain and improving mobility for some individuals.

Surgery is reserved for individuals with severe OA that does not respond to conservative treatments. Joint replacement surgery, such as total knee or hip replacement, can significantly improve joint function and quality of life for eligible candidates. Complementary Therapies such as acupuncture, massage therapy, or dietary supplements like glucosamine and chondroitin sulfate, are sometimes used to manage OA symptoms. While evidence on their effectiveness varies, some individuals may find these therapies helpful as adjuncts to conventional treatments. Overall, OA management requires a multidisciplinary approach involving healthcare providers, physical therapists, occupational therapists, and individuals themselves. By implementing a combination of lifestyle modifications, medications, therapies, and, if necessary, surgical interventions, individuals with OA can effectively manage their symptoms and maintain an active lifestyle.

7.1 Pharmacological therapy

Pharmacological therapy is a key component in the management of osteoarthritis (OA), aiming to alleviate pain, reduce inflammation, and improve joint function. Here's a more descriptive exploration of pharmacological treatments for OA:

Pain Relievers:

Pain relievers, including acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs), are commonly prescribed to manage OA symptoms. Acetaminophen is often recommended as a first-line treatment for mild to moderate pain due to its analgesic properties. NSAIDs, available in both over-the-counter and prescription forms, help reduce pain and inflammation by inhibiting prostaglandin

production. However, long-term use of NSAIDs may pose risks of gastrointestinal bleeding, cardiovascular events, and kidney damage, requiring careful monitoring and consideration *of individual risk factors*.

Topical Treatments:

Topical NSAIDs, such as diclofenac gel or cream, provide localized relief by delivering medication directly to the affected joint. These treatments are well-tolerated and may be preferred by individuals who experience gastrointestinal side effects with oral NSAIDs. Capsaicin cream, derived from chili peppers, can also be effective in relieving OA-related pain by desensitizing nerve receptors and reducing pain transmission signals.

Corticosteroid Injections:

Corticosteroid injections are administered directly into the affected joint to reduce inflammation and alleviate pain associated with OA flare-ups. These injections offer short-term relief and may be recommended for individuals with moderate to severe symptoms that are unresponsive to oral medications or conservative treatments. While corticosteroid injections can provide significant pain relief, their effects are temporary, and repeated injections may lead to cartilage damage and joint degeneration over time.

Hyaluronic Acid Injections:

Hyaluronic acid injections, also known as viscosupplementation, involve injecting a gel-like substance into the joint to improve lubrication and cushioning. This treatment aims to restore the viscoelastic properties of synovial fluid, thereby reducing friction and pain during joint movement. While the effectiveness of hyaluronic acid injections remains debated, some

individuals may experience symptom relief and improved joint function following treatment.

Disease-Modifying Osteoarthritis Drugs (DMOADs):

DMOADs are a class of medications designed to slow the progression of OA by targeting underlying disease processes, such as cartilage degradation and inflammation. While several DMOADs are currently under investigation, none have been conclusively proven to modify the course of OA or regenerate damaged cartilage. Research into novel DMOADs continues, with the aim of identifying effective disease-modifying therapies for OA in the future.

In summary, pharmacological therapy plays a crucial role in the management of OA by addressing pain, inflammation, and functional impairment. However, the choice of medication should be individualized based on factors such as the severity of symptoms, comorbidities, and potential side effects. Close monitoring and regular follow-up with healthcare providers are essential to ensure safe and effective treatment outcomes for individuals with OA.

7.2 Non-pharmacological treatments

Non-pharmacological treatments for osteoarthritis (OA) encompass a variety of interventions aimed at reducing pain, improving joint function, and enhancing overall quality of life without relying on medications. Here's a more descriptive exploration of non-pharmacological treatments for OA:

Exercise and Physical Activity:

Exercise programs tailored to the individual's needs and abilities are central to OA management. Low-impact exercises such as walking, swimming, and cycling help strengthen

muscles around the affected joints, improve joint flexibility, and reduce stiffness. Physical activity also promotes weight loss, which can alleviate pressure on weight-bearing joints and reduce pain.

Physical Therapy:

Physical therapy involves targeted exercises, stretches, and manual techniques designed to improve joint mobility, strength, and function. Physical therapists work closely with individuals to develop personalized treatment plans, focusing on specific areas of weakness or limitation. Therapeutic modalities such as heat, cold, ultrasound, and electrical stimulation may also be used to alleviate pain and promote healing.

Occupational Therapy:

Occupational therapists assist individuals with OA in adapting their daily activities to minimize joint strain and maximize independence. They may recommend assistive devices such as splints, braces, or ergonomic tools to reduce joint stress during tasks like dressing, cooking, and grooming. Occupational therapy aims to optimize functional abilities and enhance quality of life for individuals with OA.

Weight Management:

Maintaining a healthy weight is essential for managing OA symptoms, as excess weight places added stress on weight-bearing joints. Nutrition counselling, dietary modifications, and lifestyle changes can help individuals achieve and maintain a healthy weight, reducing pain and improving joint function.

Joint Protection Techniques:

Joint protection techniques involve modifying movement patterns and using assistive devices to reduce strain on affected joints. Techniques such

as pacing activities, avoiding repetitive motions, and using supportive footwear can help minimize pain and prevent further joint damage.

Heat and Cold Therapy:

Heat and cold therapy modalities provide symptomatic relief for OA-related pain and inflammation. Heat therapy, using warm compresses or heating pads, helps relax muscles, increase blood flow, and alleviate stiffness. Cold therapy, using ice packs or cold compresses, reduces inflammation and numbs the affected area, providing temporary pain relief.

Tai Chi and Yoga:

Mind-body practices such as tai chi and yoga promote relaxation, balance, and joint flexibility, making them beneficial for individuals with OA. These gentle, low-impact exercises emphasize controlled movements, breathing techniques, and mindfulness, helping reduce stress and improve overall well-being.

Education and Self-Management Strategies:

Education about OA, its symptoms, and management strategies empowers individuals to take an active role in their care. Self-management techniques such as pacing activities, stress reduction, and proper body mechanics can help individuals effectively cope with OA and maintain optimal function.

Conclusion

In conclusion, osteoarthritis (OA) presents a multifaceted challenge requiring a comprehensive approach to management. Through this review, we have explored the intricate pathophysiology of OA, including factors such as mechanical stress, inflammation, aging, genetics, metabolic dysfunction, and extracellular matrix degradation. These insights

underscore the complexity of OA and the need for personalized treatment strategies tailored to individual needs and disease progression. Effective management of OA encompasses both pharmacological and non-pharmacological interventions. Pharmacological therapies such as pain relievers, topical treatments, corticosteroid injections, and hyaluronic acid injections offer symptomatic relief, while non-pharmacological approaches including exercise, physical therapy, weight management, joint protection techniques, and complementary therapies address underlying mechanisms and promote joint health.

Furthermore, education and self-management strategies empower individuals with OA to actively participate in their care, fostering resilience and enhancing quality of life. By integrating evidence-based treatments, promoting lifestyle modifications, and emphasizing holistic approaches to care, healthcare providers can optimize outcomes and mitigate the impact of OA on patients' daily functioning and well-being. Looking ahead, ongoing research efforts aimed at elucidating the underlying mechanisms of OA and identifying novel therapeutic targets hold promise for advancing treatment options and improving outcomes for individuals with this prevalent and debilitating condition. By fostering collaboration among healthcare professionals, researchers, and patients, we can strive towards a future where effective management strategies alleviate the burden of OA and enhance the lives of those affected by this chronic joint disease.

Conflict of Interest

The authors declare no conflicts of interest associated with the completion and publication of this work. There are no financial or personal relationships with other people or organizations that could potentially bias our research, influence

the interpretation of the results, or create undue influence on the decision to publish. This work has been conducted with transparency and integrity, and any potential conflicts of interest have been appropriately addressed. We are committed to maintaining the highest ethical standards in research and publication.

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