



**45 years of age and over**  
Patient presents with joint pain

**Patient-centred consultation**

**Information gathering**

<ul style="list-style-type: none"> <li>Activity-related pain improved by rest</li> <li>Morning stiffness (duration &lt;30 mins)</li> <li>Gradual changes in symptoms</li> <li>No hot swollen joints</li> <li>No fever or unexplained weight loss</li> <li>No immediate prior injury</li> </ul>	<ul style="list-style-type: none"> <li>Pain worse on resting, improved by activity</li> <li>Prolonged morning stiffness (duration &gt;30 mins)</li> <li>Rapid worsening of symptoms</li> <li>Hot swollen joints</li> <li>Systemic upset</li> <li>History of trauma or cancer</li> </ul>
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**Red flags present**

● Manage the patient's acute pain as appropriate and refer

**Pharmacist**

**Non-pharmacist**

● Refer to GP or acute NHS walk-in centre  
● Advise patient to return for monitoring/follow-up

● Refer to pharmacist

**Manage**

**Essential non-pharmacological recommendations**

- Education/information on usage-related joint pain;
- Strengthening, flexibility and aerobic exercises;
- Weight management if required;
- NICE additional treatments if required (e.g. thermotherapy);
- Appropriate footwear (if lower limb joint pain);
- Signpost to community/support initiatives;
- Refer to relevant healthcare professionals (e.g. physiotherapists, dietitians and occupational therapists).

**First line: Topical NSAID (7 or 14 days\*)**

(e.g. diclofenac, ibuprofen, methylsalicylate) Often effective, very safe — some local reactions

**Symptoms improving**

- Trial cessation at 7 or 14 days\*;
- If symptoms recur, re-assess for alternative causes of pain/red flags;
- Discuss with patient ongoing desire to resume treatment (referral to GP may be necessary)\*\* or trial second-line treatment.

**No symptom improvement by day 7 or 14\***

- Stop treatment and seek medical advice or discuss trial of second-line treatment

**New or worsening symptoms**

- Seek further medical advice\*\*

**Second line: Paracetamol or oral NSAID + PPI (14 days)**

Paracetamol is good for mild-moderate pain; more effective if taken regularly or

Oral NSAID improves pain and stiffness. May cause side effects, use at lowest dose for shortest time plus PPI cover to reduce incidence of upper gastrointestinal side effects

**Symptoms improving**

- Trial cessation at 14 days;
- If symptoms recur, re-assess for alternative causes of pain/red flags;
- Discuss with patient their desire to resume therapy or trial third line;
- Consider seeking medical advice.

**No symptom improvement at 14 days**

- Stop treatment and seek medical advice or discuss trial of third-line treatment with patient

**New or worsening symptoms**

- Seek further medical advice\*\*

**Third line: OTC opioid (14 days)**

(e.g. combination paracetamol + codeine)

Poorly tolerated owing to central nervous system side effects. Can be addictive; use at lowest dose for shortest time

**Symptoms improving**

- Trial cessation at 14 days;
- If symptoms recur, seek medical advice.

**No symptom improvement at 14 days**

- Stop treatment and seek medical advice\*\*

**New or worsening symptoms**

- Seek further medical advice\*\*

**Key:**

\* = Check manufacturer's patient information leaflet for duration of licensed use

\*\* = Pharmacists should use their professional judgement to act in a patient's best interests and recommend medicines that are known to be safe and effective for the condition they are treating. Pharmacists should communicate with the patient to understand their needs, ensure there is a genuine clinical need for treatment, involve the patient fully in the decision-making process, ensuring any risks are effectively communicated. If referral is required, pharmacists should determine the most appropriate referral route (GP or NHS 111) based on risk associated with patient symptoms.

NSAID = non-steroidal anti-inflammatory drug

PPI = proton pump inhibitor

OTC = over the counter

● **Step 1:** Presentation

● **Step 2:** Consultation

● **Step 3:** Recommendations and referral

● **Step 4:** Monitor patient progress

