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Narrative Medicine Essay

Barriers to Providing PRP Injections to Patients with Knee Osteoarthritis in the United States

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Mr. S presented to my clinic complaining of pain in the right knee. He was otherwise healthy and walked and hiked 3 to 4 times per week to maintain his cardiovascular health. Over the last 6 months, his activity became limited due to persistent right knee pain. Prior to his visit with me, he had already tried acetaminophen and nonsteroidal anti-inflammatories, physical therapy, corticosteroid injections, and hyaluronic acid injections. His orthopedic surgeon suggested a knee replacement, but he was not keen to have surgery as he was still working, and taking an extended leave of absence would prove problematic for his employer. He preferred to wait until he retired in 2 years and came in to discuss options that could “buy” him time. He inquired about platelet-rich plasma (PRP) injections, noting that his friend had experienced several months of pain relief following treatment. After explaining to him that the treatment was not covered by insurance and revealing the out-of-pocket cost, his mood deflated as he could not afford the treatment.

The conversation above highlights a growing number of similar conversations that I am having with my patients. Over the past decade, I have seen more and more patients who have inquired about PRP after hearing about successful treatments from their friends, colleagues, or the media. PRP injections do have some evidence that supports their use for the treatment of knee osteoarthritis; however, access remains limited due to lack of endorsement by organizations like the American College of Rheumatology and policy barriers. Specifically, many insurance carriers consider the treatment investigational and simply do not cover it.

The mechanism by which PRP works is well understood. In simple terms, PRP therapy involves concentrating platelets from the patient’s own blood using a centrifuge and then injecting these platelets back into the affected joint. These platelets then release growth factors that help modulate inflammation and tissue repair. To be clear, PRP will not “cure” osteoarthritis, but it can help reduce symptoms.

Unfortunately, the evidence supporting the therapeutic effects of PRP at this time is limited, although it continues to grow. Bensa et al. published a meta-analysis of 18 randomized controlled trials demonstrating that PRP is clinically effective for knee OA and higher platelet concentrations led to better and longer outcomes.¹ Another review evaluating current evidence on PRP by Tanguilig et al.

showed PRP can significantly improve pain and function in knee OA and can be considered a favorable therapeutic option.²

When comparing to other accepted treatments, the evidence is even more interesting. One systematic review and meta-analysis covering almost 3,000 patients demonstrated that patients receiving PRP injections for knee pain had a significantly greater reduction in pain compared to receiving hyaluronic acid injections.³ Some studies have similarly shown that PRP can be more effective than corticosteroid injections. One study demonstrated that while steroid injections provided greater relief at 1 month, PRP injections provided greater relief in 6 months and 12 months.⁴ To throw in another curveball, there is increasing scrutiny that steroid injections face due to their side effects. A study published in *JAMA* showed that patients receiving knee steroid injections had greater cartilage volume loss when compared to placebo.⁵ Similarly, steroids are known to have a host of downstream effects including but not limited to increasing blood glucose, osteoporosis, and weight gain—and thus some patients are not eligible for steroid based treatment or simply do not want it.

When discussing injectable treatments for knee osteoarthritis, there is no single comprehensive correct answer. Whether a steroid, hyaluronic acid, or PRP is chosen depends on the specific clinical picture and discussion between the clinician and patient. However, evidence increasingly supports that PRP should be included in these discussions, as PRP injections for knee osteoarthritis can provide a safe alternative with long-term pain relief. And therein lies the problem: due to limited insurance coverage, steroids and hyaluronic acid remain the more viable options for knee injections, as PRP injections are cost-prohibitive for many patients.

Why should a patient not have access to PRP when it provides a reasonable and safe alternative to other treatment options? In the case of Mr. S, he is at cross-roads. If he elects to wait a couple years for knee replacement without access to PRP treatment, he may suffer in pain for the next few years and compromise his cardiovascular health due to reduced ability to exercise. On the flip side, if he undergoes knee replacement now, he may incur a financial burden due to missed work or potential disruption to his employment. If PRP were an option for him, this treatment could have provided relief for long enough to allow him to retire before undergoing knee replacement. While none of these scenar-

ios is guaranteed or without other caveats, it is clear that the elimination of PRP from this treatment algorithm eliminates an opportunity to try a novel treatment that could work ideally for his situation.

What is evident from this scenario is that policy is not keeping up with science. This is not just true in the United States, but also in other developed countries throughout the world. Patients are denied cutting edge treatments due to bureaucratic policy decisions that care more about cost and less about outcome. The level of regulation is pervasive from private insurance companies to governmental funded

health plans. In any country with limited economic resources, it is often difficult to decide how funds are best allocated. However, if a society values access to novel health-care treatments and does not want to wait several years prior to having access those treatments- then society must encourage government to act as such.

As a rheumatologist, one of my main goals of treatment is to optimize my patient's function and quality of life. I remain hopeful that one day, healthcare policy will evolve enough to allow me to have all available tools in my toolbox for all patients.



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