

Real-World Self-Management in Osteoarthritis and Joint Pain: Diagnostic and Treatment Behaviors in US Adults

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1. Medical & Scientific Affairs 2. Consumer Business Insights & Analytics

Background

- Arthritis is the most common cause of joint pain¹
- Osteoarthritis (OA) and non-OA joint pain are frequently self-managed outside of clinical care.
- Real-world diagnostic pathways, information seeking behaviors, and treatment choices remain poorly characterized.

Purpose

To characterize diagnostic experiences, information-seeking behaviors, and treatment practices among US adults with:

- OA
- Non-OA joint pain
- Both OA and non-OA joint pain

Methods

Study Design

Cross-sectional, online survey (56 items)

Population

N = 750 adults, aged 18-75 y

- 400 OA
- 179 non-OA joint pain
- 186 both conditions

Timing

Survey administered January-February 2025

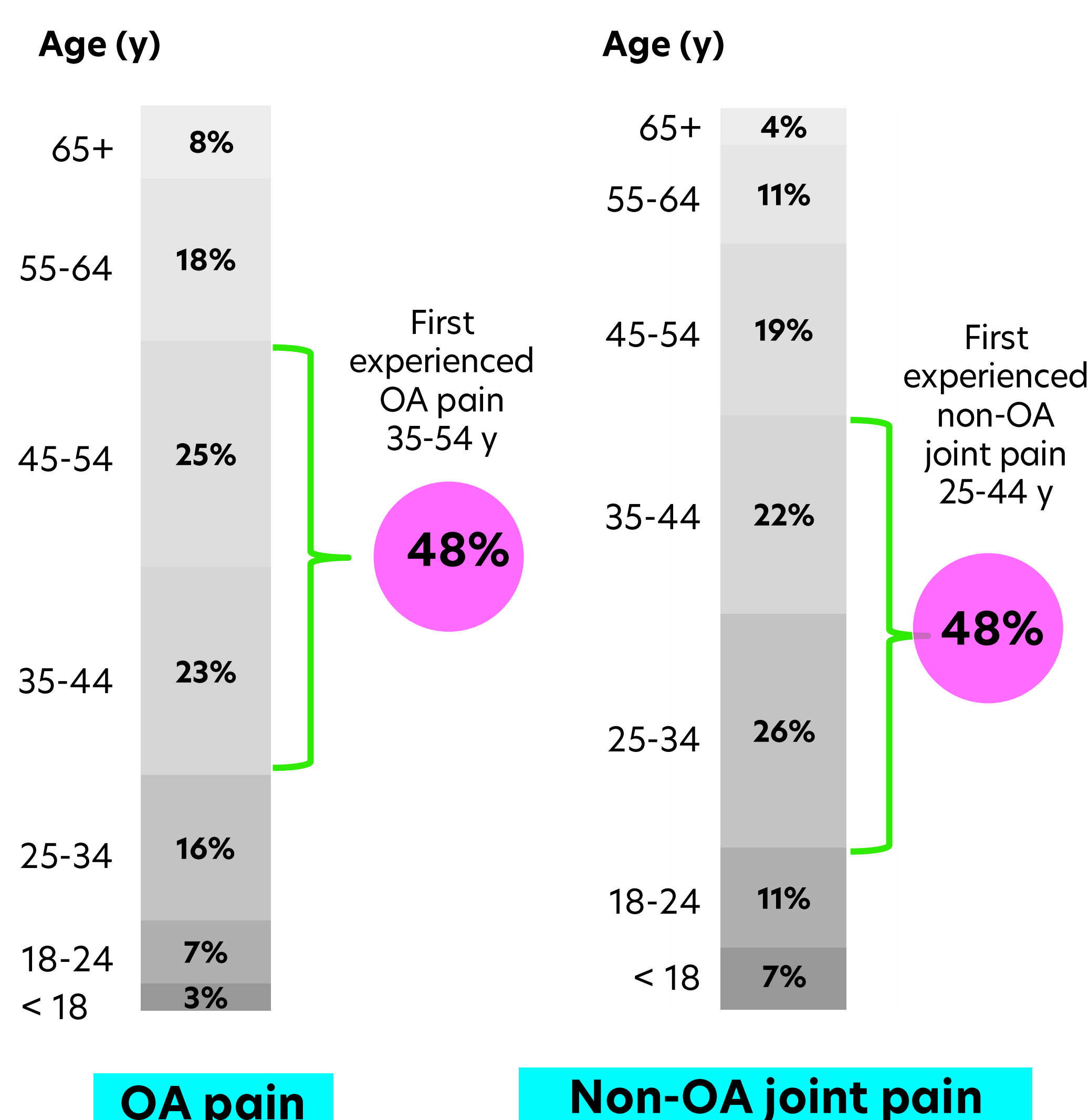
Key Domains Assessed

- Joint pain experience and onset
- Diagnostic pathways
- Information-seeking behaviors
- Treatment strategies

Results

Pain Onset, Recurrence, & Severity

- OA pain typically began **after age 35**
- Non-OA joint pain typically started **after age 25**

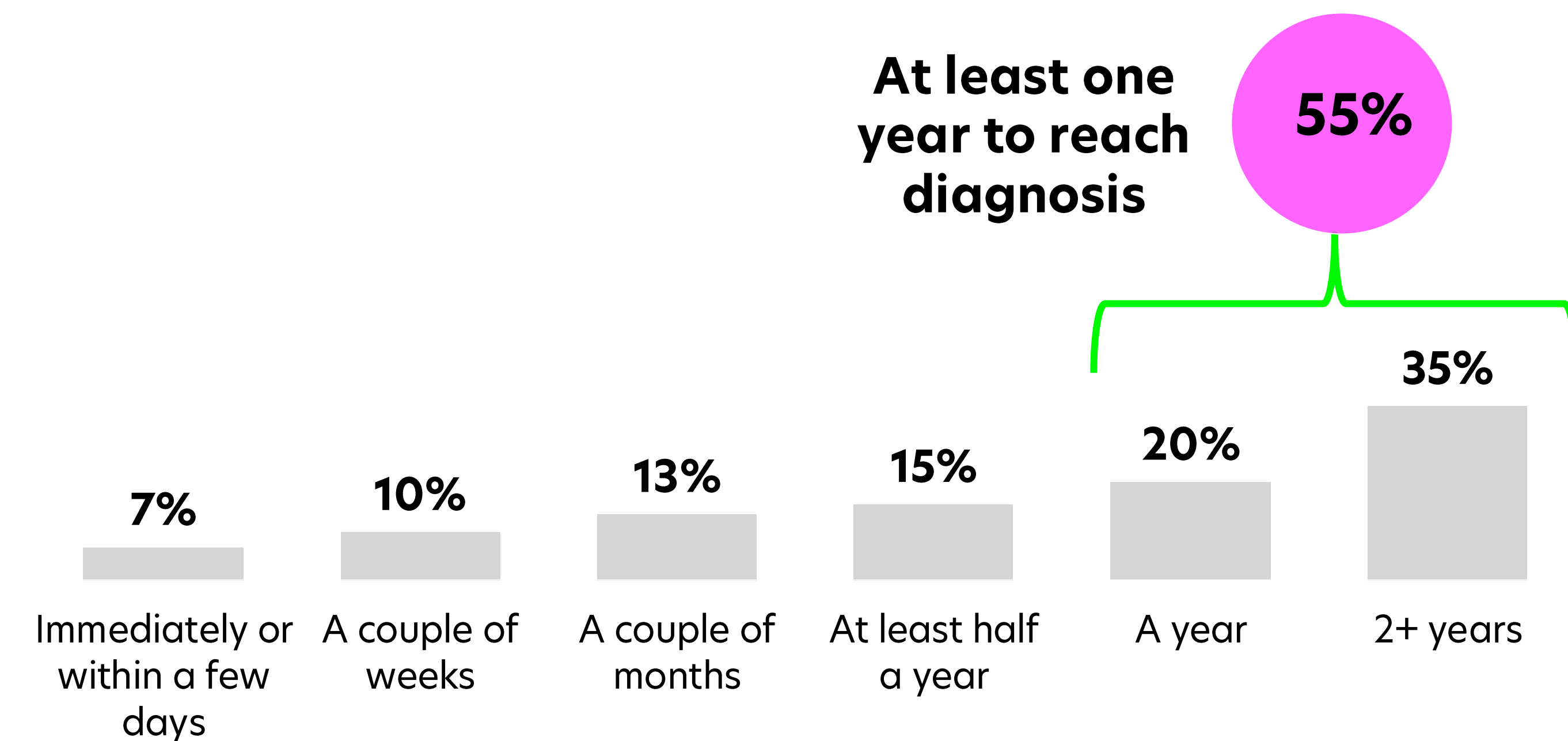


- 90% of all participants experienced weekly pain
- ~Two-thirds rated pain as moderate

Results

Diagnostic Pathways

It can take most sufferers > 1 year before they realize they have OA

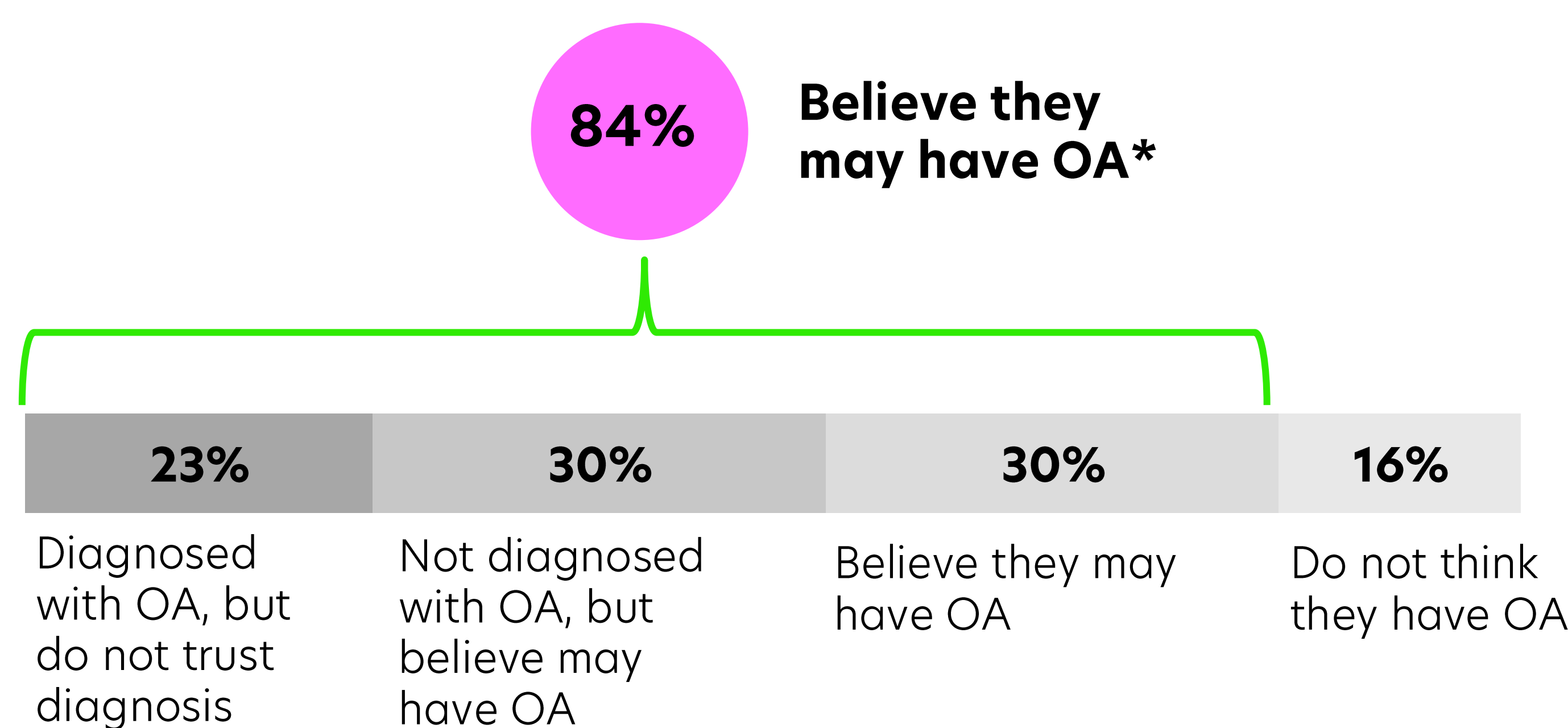


The majority of OA sufferers find out they have OA through an HCP diagnosis

	ALL	18-34	35-44	45-54	55-64	65+
Healthcare professional diagnosed OA	85%	78%	71%	88%	85%	93%
Net: Self-diagnosis	15%	22%	29%	12%	15%	7%
Friend or family had OA, so I was familiar with it	5%	12%	10%	4%	5%	1%
Friend or family thought/suggested I had OA	2%	6%	5%	1%	-	-
I researched it online	3%	2%	10%	4%	1%	1%
I came to the conclusion myself based on my own knowledge of OA	5%	2%	5%	3%	9%	5%

- Official diagnosis from HCP is the most common route of OA diagnosis across all age groups.
- 45+ and 65+ age groups are significantly more likely to be diagnosed by HCP compared to younger counterparts.
- Under 45 age groups are significantly more likely to self-diagnose, using family insight or online research

Most non-OA joint pain sufferers believe they might have OA*, reinforcing need for condition education

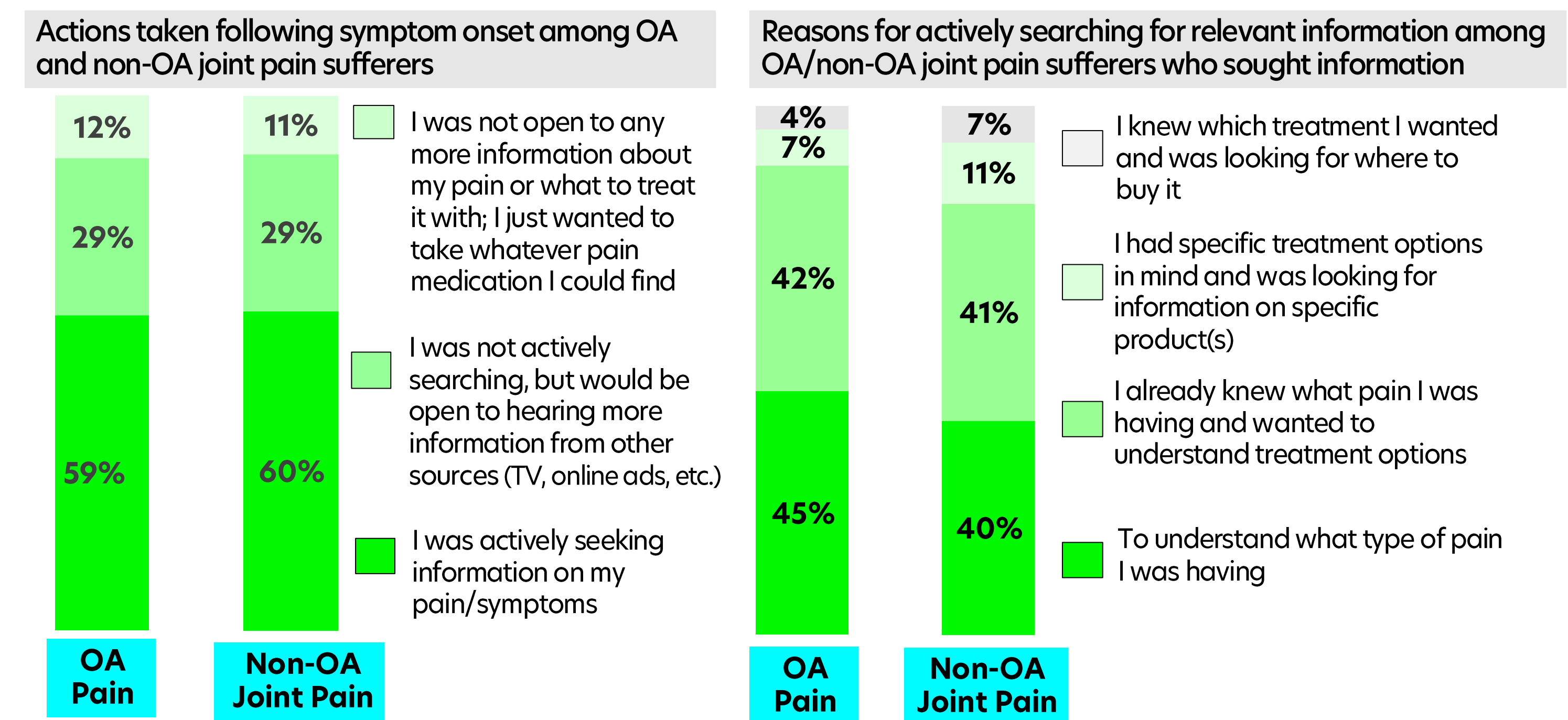


*Self-identifying arthritis among non-OA joint pain only sufferers

Results

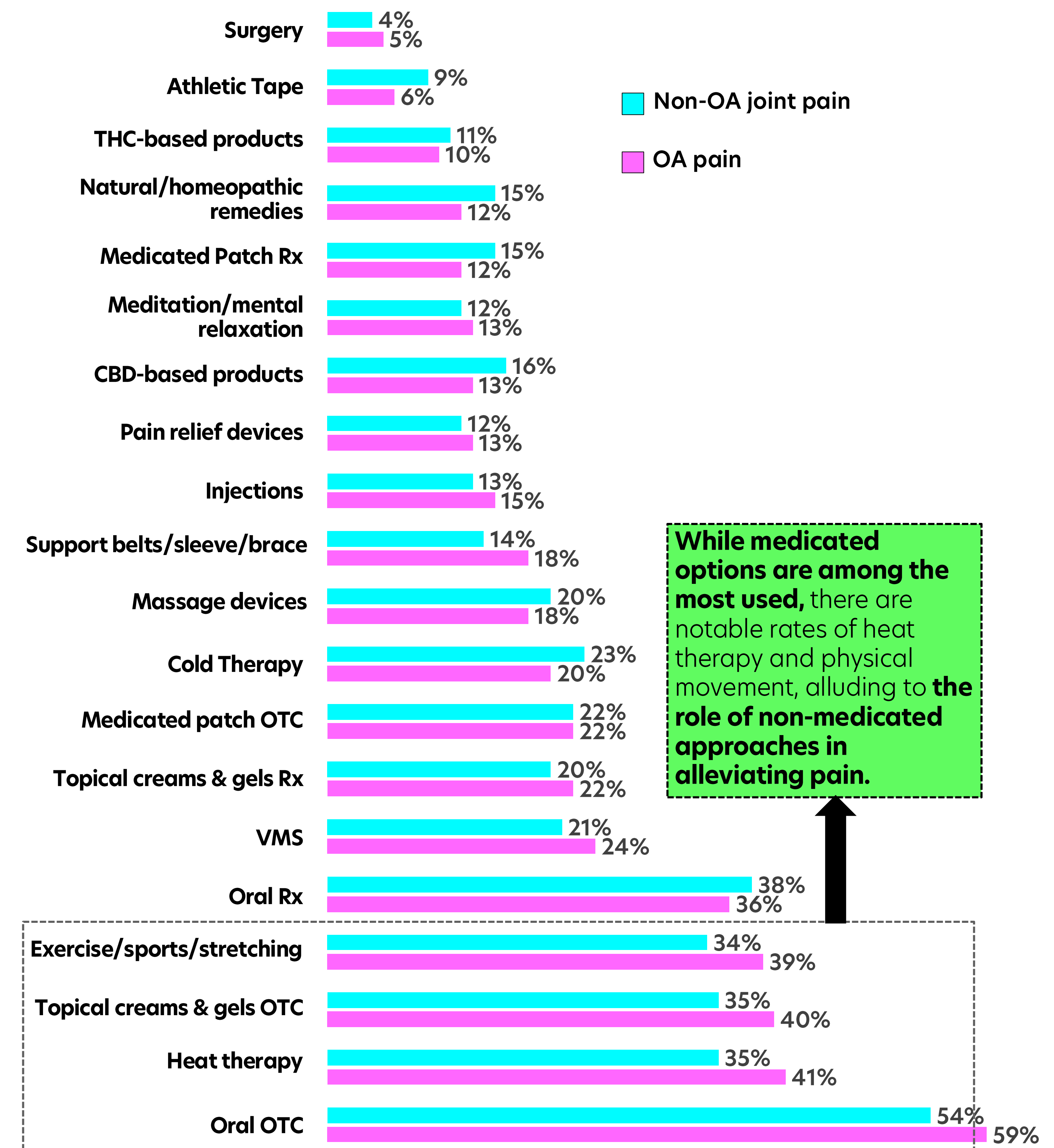
Information Seeking & Treatment Patterns

Most sufferers actively search for information when first experiencing symptoms, mainly to understand the pain/treatment



Oral OTC use is most prominent, combined with Tool Kitting. Most topical OTC users also use oral OTC

Past 6-month treatment products used among OA/non-OA joint pain sufferers



Conclusions

- OA and non-OA joint pain sufferers show substantial overlap in pain characteristics, information-seeking behavior, and treatment practices despite demographic and diagnostic differences.
- OA and non-OA joint pain sufferers use and benefit from the combination of pharmacological & nonpharmacological treatment as recommended in guidelines. Tools supporting this approach should be a key content of the training for primary care practitioners who play a large initial role in managing care.
- These findings highlight opportunities to improve early recognition and diagnosis of OA, particularly for younger sufferers, tailor educational resources, and support more effective self-management strategies across both populations.

Reference

1. Joint Pain: Causes & Treatment, accessed April 20, 2026 2. CH-Insights-1377, 2025 OA/Joint Pain A&U.

Acknowledgements & Disclosure

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