# Article information:

The discordance between clinical and radiographic knee osteoarthritis: A systematic search and summary of the literature | BMC Musculoskeletal Disorders | Full Text  
<https://bmcmusculoskeletdisord.biomedcentral.com/articles/10.1186/1471-2474-9-116>

# Article summary:

1. There is a lack of association between knee pain and radiographic knee osteoarthritis (OA).

2. The prevalence of radiographic OA in people with knee pain ranges from 15-76%, and in those with radiographic knee OA, the proportion with pain ranges from 15%-81%.

3. The definition of x-ray osteoarthritis, the definition of symptoms, and demographic factors such as age and ethnicity can influence these estimates.

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

The article "The discordance between clinical and radiographic knee osteoarthritis: A systematic search and summary of the literature" provides a comprehensive review of studies investigating the association between knee pain and radiographic knee osteoarthritis. The authors aim to identify estimates of the prevalence of radiographic knee OA in adults with knee pain and vice versa, as well as determine if the definitions of x-ray osteoarthritis and symptoms, and variation in demographic factors influence these estimates.

The article is well-structured, with clear objectives and methods outlined. The authors conducted a systematic literature search to identify population studies that combined x-rays, diagnosis, clinical signs, and symptoms in knee OA. They then analyzed these studies to determine the prevalence of radiographic OA in people with knee pain and vice versa.

One potential bias in this study is that it only includes papers published in English. This may limit the generalizability of the findings to non-English speaking populations. Additionally, the authors only included observational studies, which may limit their ability to draw causal conclusions about the relationship between knee pain and radiographic OA.

The authors also acknowledge that there are several factors that could potentially influence the association between knee pain and radiographic OA. These include age, gender, ethnicity, and the definition of symptoms used in each study. However, they only explore three factors (age, gender, ethnicity) in their analysis.

Another limitation is that the authors do not provide a detailed discussion of potential mechanisms underlying the discordance between clinical symptoms and radiographic findings. For example, they do not explore how other factors such as muscle weakness or joint instability may contribute to knee pain independent of radiographic changes.

Overall, this article provides a useful summary of existing literature on the association between knee pain and radiographic OA. However, its limitations should be taken into consideration when interpreting its findings. Further research is needed to better understand the complex relationship between clinical symptoms and radiographic changes in knee OA.

# Topics for further research:

* Mechanisms underlying the discordance between clinical symptoms and radiographic findings in knee osteoarthritis
* Role of muscle weakness in knee pain independent of radiographic changes
* Joint instability and its contribution to knee pain in osteoarthritis
* Non-English speaking populations and the prevalence of knee osteoarthritis
* Causal relationship between knee pain and radiographic osteoarthritis
* Factors influencing the association between knee pain and radiographic osteoarthritis beyond age
* gender
* and ethnicity.

# Report location:

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