



ELSEVIER

Contents lists available at ScienceDirect

Best Practice & Research Clinical Rheumatology

journal homepage: www.elsevierhealth.com/berh

8

Osteoarthritis: Models for appropriate care across the disease continuum



Kelli D. Allen^{a, b, *}, Peter F. Choong^{c, d}, Aileen M. Davis^{e, f, g, h}, Michelle M. Dowse^{c, d}, Krysia S. Dziedzicⁱ, Carolyn Emery^{j, k}, David J. Hunter^{l, m}, Elena Losina^{n, o}, Alexandra E. Page^p, Ewa M. Roos^q, Søren T. Skou^{r, s, t}, Carina A. Thorstensson^{u, v}, Martin van der Esch^w, Jackie L. Whittaker^x

^a Department of Medicine, Thurston Arthritis Research Center, University of North Carolina, 3300 Thurston Bldg., CB# 7280, Chapel Hill, NC, 27599-7280, USA

^b Center for Health Services Research in Primary Care, Department of Veterans Affairs Medical Center, Durham, NC, USA

^c Department of Orthopaedics and The University of Melbourne, Level 2, Clinical Sciences Building, 29 Regent Street, Fitzroy, 3065, Victoria, Australia

^d Department of Surgery, St. Vincent's Hospital Melbourne, Level 2, Clinical Sciences Building, 29 Regent Street, Fitzroy, 3065, Victoria, Australia

^e Division of Health Care and Outcomes Research, Krembil Research Institute, University Health Network, MP11-322, 399 Bathurst Street, Toronto, ON, M5T2S8, Canada

^f Institute of Health Policy, Management and Evaluation, University of Toronto, MP11-322, 399 Bathurst Street, Toronto, ON, M5T2S8, Canada

^g Institute of Rehabilitation Science, Canada

^h Departments of Physical Therapy and Surgery, University of Toronto, MP11-322, 399 Bathurst Street, Toronto, ON, M5T2S8, Canada

ⁱ Institute of Primary Care and Health Sciences, Arthritis Research UK Primary Care Centre, Keele University, Keele, ST5 5BG, UK

^j Sport Injury Prevention Research Centre, University of Calgary, Canada

^k Faculty of Kinesiology, Cumming School of Medicine, University of Calgary, Canada

^l Institute of Bone and Joint Research, The Kolling Institute, The University of Sydney, Sydney, Australia

^m Rheumatology Department, Royal North Shore Hospital, St Leonards, NSW, 2065, Australia

ⁿ Orthopedic and Arthritis Center for Outcomes Research, Department of Orthopedic Surgery, Brigham & Women's Hospital & Boston University School of Public Health – US, 75 Francis Street, BC-4-4016, Boston, MA, 02115, USA

^o Policy and Innovation eValuations in Orthopedic Treatment (PIVOT) Research Center, Department of Orthopedic Surgery, Brigham & Women's Hospital & Boston University School of Public Health – US, 75 Francis Street, BC-4-4016, Boston, MA, 02115, USA

^p San Diego Musculoskeletal and Joint Research Foundation, Private Practice, American Academy of Orthopaedic Surgeons Health Care Systems Committee, San Diego, CA, USA

^q Research Unit for Musculoskeletal Function and Physiotherapy, Institute of Sports Science and Clinical Biomechanics, University of Southern Denmark, Campusvej 55, DK-5230, Odense M, Denmark

* Corresponding author. Department of Medicine, Thurston Arthritis Research Center, University of North Carolina, 3300 Thurston Bldg., CB# 7280, Chapel Hill, NC, 27599-7280, USA. Tel.: +1 919 966 0558; fax: +1 919 966 1739. E-mail address: kdallen@email.unc.edu (K.D. Allen).

[†] Research Unit for Musculoskeletal Function and Physiotherapy, Institute of Sports Science and Clinical Biomechanics, University of Southern Denmark, 5230, Odense, Denmark

[§] Clinical Nursing Research Unit, Aalborg University Hospital, 9000, Aalborg, Denmark

[‡] Department of Physiotherapy and Occupational Therapy, Næstved-Slagelse-Ringsted Hospitals, Region Zealand, 4200, Slagelse, Denmark

[‡] Institute of Neuroscience and Physiology, Department of Clinical Neuroscience and Rehabilitation. The Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden

[‡] The BOA-registry, Center of Registers Västra Götaland, Centre of Registers Västra Götaland, 41345, Gothenburg, Sweden

^w Reade Centre for Rehabilitation and Rheumatology, Rehabilitation Research Centre, Dr. J. van Breemenstraat 2, 1056 AB Amsterdam, P.O. Box 58271, 1040 HG, Amsterdam, The Netherlands

^x Department of Physical Therapy, Faculty of Rehabilitation Medicine and Glen Sather Sports Medicine Clinic, University of Alberta, 2-50 Corbett Hall, 8205-114 Street, Edmonton, AL, T6G 2G4, Canada

A B S T R A C T

Keywords:

Osteoarthritis
Quality of healthcare
Implementation
Health services

Osteoarthritis (OA) is a leading cause of pain and disability worldwide. Despite the existence of evidence-based treatments and guidelines, substantial gaps remain in the quality of OA management. There is underutilization of behavioral and rehabilitative strategies to prevent and treat OA as well as a lack of processes to tailor treatment selection according to patient characteristics and preferences. There are emerging efforts in multiple countries to implement models of OA care, particularly focused on improving nonsurgical management. Although these programs vary in content and setting, key lessons learned include the importance of support from all stakeholders, consistent program delivery and tools, a coherent team to run the program, and a defined plan for outcome assessment. Efforts are still needed to develop, deliver, and evaluate models of care across the spectrum of OA, from prevention through end-stage disease, in order to improve care for this highly prevalent global condition.

Published by Elsevier Ltd.

Osteoarthritis burden and gaps in management

Symptomatic osteoarthritis (OA), defined as having persistent symptoms in addition to positive imaging findings or functional limitations, is a leading cause of chronic pain and disability among adults [1]. It places a substantial burden at the individual level, affecting psychological well-being, sleep, work participation, social participation, management of comorbid health conditions, and health-related quality of life [2]. OA also has a tremendous societal and public health impact. For example, the 2010 Global Burden of Disease Survey found that knee and hip OA were responsible for 17 million years lived with disability worldwide [1]; the burden is likely higher when other joints are considered. OA is associated with increased healthcare utilization and costs as well as higher non-healthcare-related costs including work force loss, productivity loss, and formal and informal caregiving [2]. OA is the most rapidly growing cause of disability globally [3], and this rising epidemic will place increasing burden on both patients and healthcare systems. Rates of total joint replacement (TJR) surgeries are increasing dramatically in many developed countries [4], leading to concerns about meeting demands. Prevention and early management are critical to address the significant and increasing public health burden of OA.

Guidelines from professional societies emphasize that a combination of behavioral and clinical strategies is essential for OA management (Fig. 1) [5]. Core therapies, appropriate for all individuals with OA, include self-management education, exercise (land- or water-based structured progressed

Download English Version:

<https://daneshyari.com/en/article/5665539>

Download Persian Version:

<https://daneshyari.com/article/5665539>

[Daneshyari.com](https://daneshyari.com)