IDEAL PATIENT EXPERIENCE

66 year old Judy had experienced right knee pain for some time. Recently, the pain had become worse and now kept her awake at night, and it was much worse if she had been busy during the day. She had gained weight recently, and she knew this contributed to her worsening knee pain.

Judy felt that she was in a slow downward spiral that was affecting her health in many different ways. Her knee pain limited her activity, her reduced activity led to weight gain, her weight gain made her feel bad about herself, and she was becoming increasingly frustrated with life. Judy realised that this could not continue so decided to talk with her GP.

Judy's GP had heard this story many times. Her history of decreased activity, uncontrolled knee pain, feelings of helplessness and weight gain were common complaints, and were consistent with a diagnosis of osteoarthritic change in the knee. The GP assured Judy that certain analgesics and anti-inflammatory medication could help control the pain. Her problems of weight gain and frustration required a different approach involving a variety of interventions for Judy to have the best possible outcome.

The GP took time to give Judy an understanding of the causes of OA and to point out that conservative management targeting weight loss and muscle strength could contribute positively to managing her symptoms. As OA is a chronic condition the GP realised that it would be important to measure Judy's progress in order to provide her with objective feedback that would encourage Judy to continue with her lifestyle changes. As a first step the GP arranged for Judy to have X-rays of her knee, and referred her to the OACCP at her local health service.

Judy was contacted by the local MSK Coordinator, prior to an appointment with the OACCP, to assess her eligibility and suitability for their program. Judy fulfilled the criteria to participate in the program, and at her first visit baseline measures were recorded. She worked with the MSK Coordinator to develop an overall management plan. This plan involved Judy seeing a dietitian to help her lose weight, working with a physiotherapist to oversee a water-based exercise program and specific strengthening exercises to increase her functional capacity, and seeing a pharmacist to advise on medication to better manage her pain.

It was anticipated that her psychological issues would diminish as her symptoms improved. Judy was also given written information specific to OA that had been developed by Arthritis NSW. Judy's progress would be formally monitored and assessed at the OACCP at three, six and twelve month intervals, and there were opportunities for her to be reviewed more frequently if need be. Judy agreed to attend the OACCP twice a week until her first formal review, and also agreed to see her GP's practice nurse to clarify her knowledge of OA and its impact on her overall health.

Judy returned to her GP to view and discuss the X-rays of her knee. The GP showed Judy the changes seen on the X-rays and explained that these were consistent with OA of the knee. Her condition was not so advanced to show significant narrowing of the usual joint space. They also discussed the option of referral to an orthopaedic surgeon. The GP told her that he would write to the MSK Coordinator at the OACCP to advise them of the X-ray results and the discussion around a possible surgical referral. This information was added to Judy's management plan which had been developed at the OACCP, and the GP agreed to work with Judy on all aspects of the recommendations in the plan.

At her three month review at the OACCP, Judy had lost 3kg and her waist measurement had decreased by 5cm. Her DASS-21 scores put her in the normal range for all measures. With the help of the MSK Coordinator Judy reset her goals for the next three months, and further appointments were made with the physiotherapist and dietitian.

At her six month review Judy had lost another 2kg and significant improvement was shown in both her VAS for pain, and her quality of life questionnaire. After reviewing her goals again Judy identified the support that she might need from the OACCP in order to achieve her new aims.

After twelve months Judy's symptoms had significantly reduced and she was able to shop at the local supermarket without having to rest halfway round. Her weight had been constant for the past six months, and she was adhering to her ongoing exercise program.

Judy decided to delay her appointment with the orthopaedic surgeon and she discussed this decision with her GP and MSK Coordinator. She was discharged from the OACCP with long-term exercise goals and further support techniques to help maintain an appropriate diet and exercise program. She was also given the details of her local Arthritis NSW group to access their self-management programs. Judy was advised that she could return to the program if she felt the need and the MSK Coordinator sent letters to Judy's GP and orthopaedic surgeon regarding her progress.