INTERNATIONAL MODELS

There is a paucity of literature reporting the implementation of guidelines for OA management into system wide chronic care osteoarthritis programs. One study from the Netherlands examined the feasibility and effectiveness in the real life implementation of OA programs and established positive outcomes using a randomised controlled trial methodology [41]. The authors reported statistically significant effect for knowledge, pain and self-efficacy in the knee program and for pain in the hip program. Further, the authors described results from this study to have ecological validity, meaning the ability of programs tested under controlled conditions to produce comparable outcomes in real life conditions. Large scale implementation was encouraged by the authors across the Dutch primary health care system along with continuous monitoring of the implementation of the program and its outcomes.

Multiple studies report positive effects on pain and functional levels in OA of the hip and knee: the North American internet-based arthritis self-management program [42], a Scandinavian evidence-based exercise and health education program [41], and an exercise and weight loss program in Denmark [43]. One Swedish program, BOA (Better Management of Patients with Osteoarthritis), has published the model but is yet to publish outcomes [44]. The model has the primary objectives of reducing the need for health care use and sick leave due to OA, as well as increasing quality of life and level of independence and physical activity among people with OA in the hip or knee. The secondary aim of the BOA is to ensure people with OA receive equal and optimal management on the first contact with a health care provider, independent of where initiation of this first contact occurs.

The BOA includes three sessions with a physiotherapist and occupational therapist to provide health education, specific exercises and advice on weight control. The program is planned to pilot at ten centres and is based on the knowledge that only a minority of all people who receive surgery for OA have seen a physiotherapist at any time before surgery. Outcome measures were not recorded or reported.

Although high levels of evidence support the benefit of regular exercise, weight loss, education and appropriate analgesia, the implementation of multimodal, multidisciplinary programs to address the symptoms of OA of the hip and knee, has not been widely reported or disseminated.