

Hot off the press! NICE and Osteoarthritis an Update

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NICE OA Guidelines

- Guideline 59 (2008)
- NICE methods
- Draft Update Guideline
 - Stakeholder Consultation now open

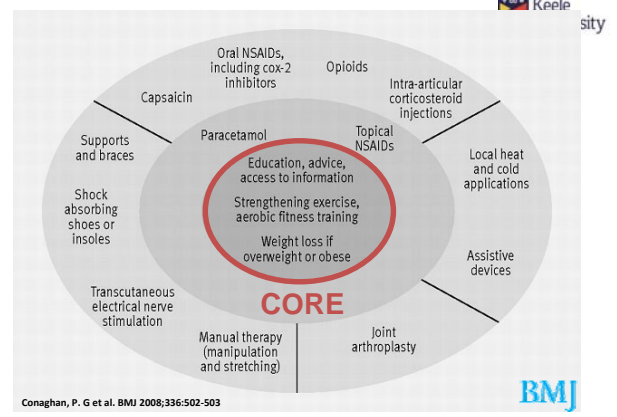
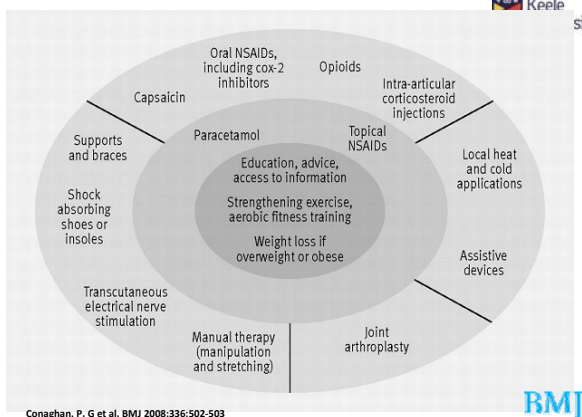
<http://www.nice.org.uk/nicemedia/pdf/cg59niceguideline.pdf>

GUIDELINE 59 2008

Osteoarthritis (OA) refers to a clinical syndrome of joint pain accompanied by varying degrees of functional limitation and reduced quality of life

- ▮ Persistent joint pain with use
- ▮ Age 45 years and over
- ▮ Any morning stiffness lasting not more than half an hour
- ▮ No x-ray required

NICE OA Management Guidelines



Education, advice, access to information

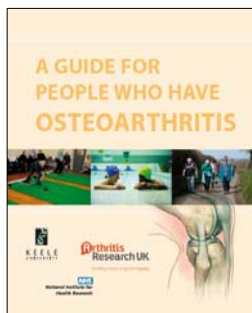
- Positive changes in behaviours and beliefs
- 3 main components
 - general
 - specific
 - benefits/risks
- Health beliefs and perceptions influence ability to retain information



- 1 Meta-analysis (Superio - Cabuslay et al. 1996) (N=9 RCTs)
- Patient education vs control
- Study duration between 1 to 42 months
- Pain Effect size: 0.16, 95% CI -0.69 to 1.02

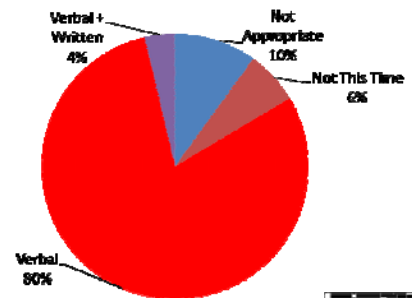
Education, advice, access to information

- HCPs should offer accurate verbal and written information to all people with OA
 - enhance understanding
 - counter misconceptions
- should be an ongoing, integral part of the management plan rather than a single event a one point in time



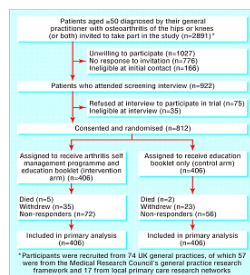
http://www.keele.ac.uk/media/keeleuniversity/ri/primarycare/pdfs/OA_Guidebook.pdf

Information (8 general practices)



Self-management

- 1 RCT (Buszewicz et al, 2006) (N=812)
 - Self-management programme + education booklet
 - vs education intervention booklet alone



Buszewicz, M. et al. BMJ 2006;333:879
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Self-management

- Individualised strategies should be agreed between HCP & person with OA
- Positive behavioural changes should be targeted
 - exercise, weight loss, footwear, pacing

- Individually or in groups
- Emphasise core treatment

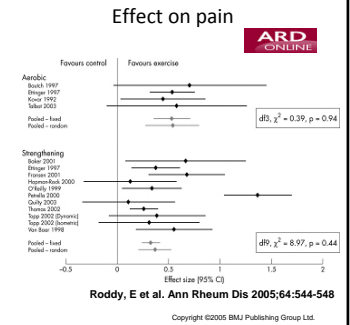
Exercise

- Used to reduce pain & improve function
- Safe
- Erroneous health beliefs
 - wearing out joints, causes pain, has risks
- Evidence for Knee OA in the main



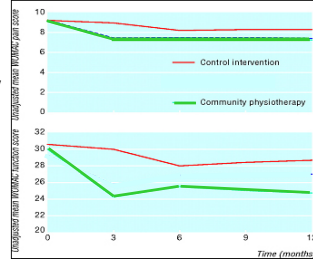
Evidence

- 1 Meta-analysis (Roddy et al. 2005)
 - Aerobic walking 4 RCTs (N=449)
 - Home - based quadriceps strengthening exercises 8 RCTs (N=2004)
 - Outcomes 8 weeks to 2 years



Evidence

- RCT (Hay et al. 2006) (N=325)
 - Community physiotherapy + advice leaflet vs control



Hay, E. M et al. BMJ 2006;333:995

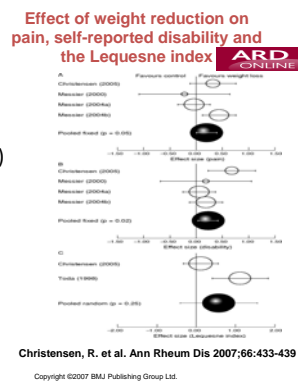
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Exercise

- Core treatment irrespective of age, comorbidity, pain severity or disability
 - local muscle strengthening
 - general aerobic fitness
- HCP to make a judgement on how to ensure participation

Weight loss

- NICE obesity guidelines
 - Weight loss vs no weight loss
 - 1 MA (Christensen et al. 2007)
 - 4 RCTs, N=417
 - 8 weeks to 18 months

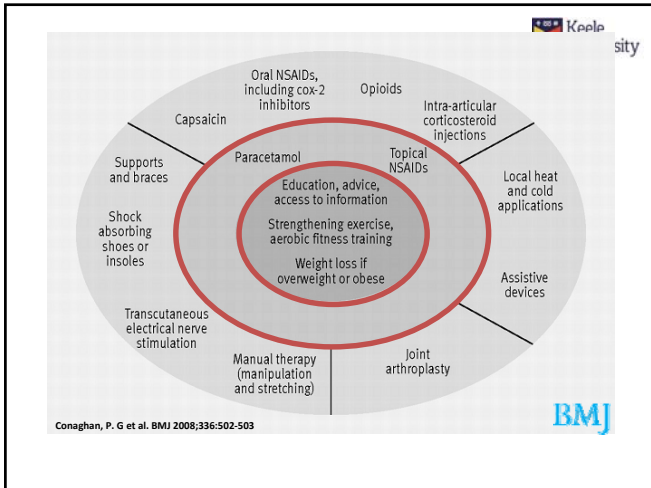


Christensen, R. et al. Ann Rheum Dis 2007;66:433-439

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Weight loss

- Should be a core treatment for people who are obese or overweight



Paracetamol

Healthcare professionals should consider offering paracetamol for pain relief in addition to core treatment - regular dosing may be required

Paracetamol should be considered ahead of oral NSAIDs, COX-2 inhibitors or opioids

Topical NSAIDs

- People >50 with knee pain in community
- Large RCT (n=282) and preference study (n=303)
- Advice to use topical NSAIDs vs oral NSAID
- No difference in WOMAC scores over 12 months
- Slight increase in side effects in oral NSAID group

Topical treatments

- Healthcare professionals should consider offering topical NSAIDs for pain relief in addition to core treatment for people with knee or hand osteoarthritis
- Topical NSAIDs should be considered ahead of oral NSAIDs, COX-2 inhibitors or opioids
- Topical capsaicin should be considered as an adjunct to core treatment for knee or hand osteoarthritis

Recommendations with significant costs	Costs (£ per year)
Topical NSAIDs	23207
Proton pump inhibitors	54039
Estimated cost of implementation	77246
Recommendations with significant savings	Savings (£ per year)
Invasive treatments	- 51357
Estimated saving of implementation	- 51357

per 100,000 population

Acupuncture

Foster, N. E et al. BMJ 2007;335:436

- Health economic evidence mixed
- Electro-acupuncture consistently above the NICE threshold

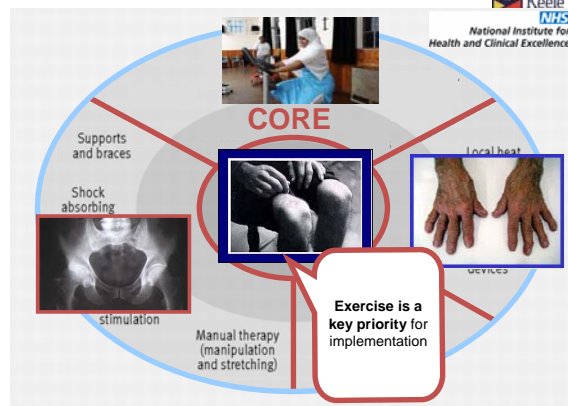
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Slide 23

t1 Need to double check presentation of this data with costing analyst.
traj, 31/01/2008

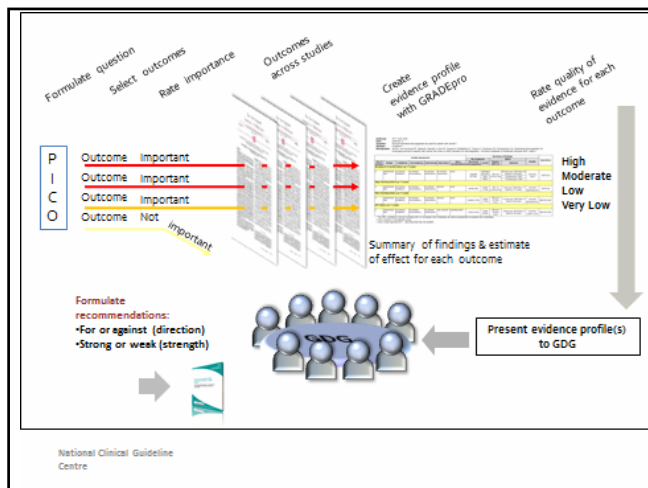
Electroacupuncture

- Electroacupuncture should not be used to treat people with OA

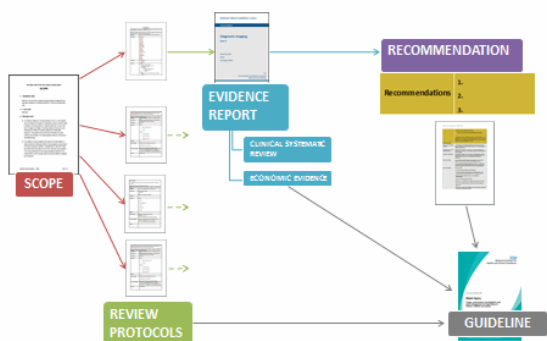


National Institute of Health and Care Excellence

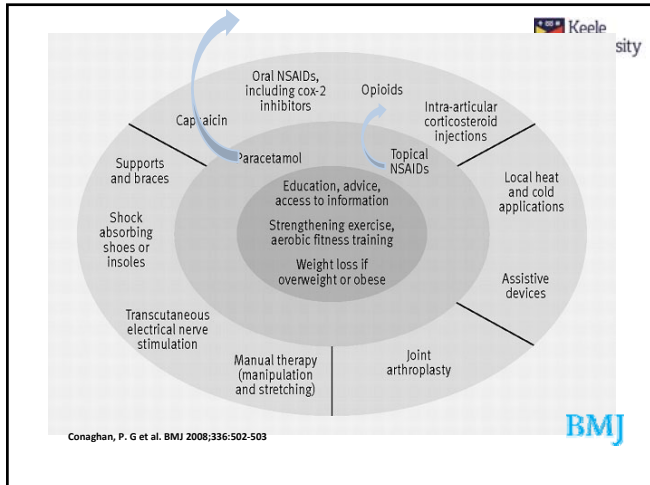
NICE METHODS



Development Process



DRAFT UPDATE GUIDELINE



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Paracetamol

Healthcare professionals should consider offering paracetamol for pain relief in addition to core treatment - regular dosing may be required

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Keele University

Pharmacological management

- Do not routinely offer paracetamol for the management of osteoarthritis. Be aware of the potential side effects and limited clinical benefit. **[new 2014]**
 - There is uncertainty about the clinical benefit and risks of side effects when paracetamol is taken intermittently or for the management of exacerbations of osteoarthritis.
- If prescribing paracetamol: use it at the lowest effective dose for the shortest possible period of time **and** use cautiously if prescribing in combination with an oral NSAID. **[new 2014]**

Keele University

Follow-up and review

- Offer regular reviews to all people with symptomatic osteoarthritis. Agree the timing of the reviews with the person. Reviews should include:
 - monitoring the person's symptoms and the ongoing impact of the condition on their everyday activities and quality of life
 - monitoring the long-term course of the condition
 - discussing the person's knowledge of the condition, any concerns they have, their personal preferences and their ability to access services
 - reviewing the effectiveness and tolerability of all treatments
 - support for self-management. **[new 2014]**

Keele University


Follow-up and review

- Consider an annual review for any person with one or more of the following:
 - troublesome joint pain
 - more than one joint with symptoms
 - more than one comorbidity
 - taking regular medication for their osteoarthritis**[new 2014]**

Keele University

Do not use

- Nutraceuticals
 - Do not offer glucosamine or chondroitin products for the management of osteoarthritis. **[2014]**
- Acupuncture
 - Do not offer acupuncture for the management of osteoarthritis. **[new 2014]**



What next?

- Draft Update
 - Stakeholder Consultation
 - Published Update
- Implementation (e.g. MOSAICS study)
- Research recommendations
 - Arthritis Research UK OA Clinical Studies Group
 - NIHR Portfolio

Acknowledgements

 | primary care centre

Guideline Development Group
Technical Team
NICE