

Standards of Care for People with Osteoarthritis

eumusc.net standards of care aim to ensure that health care professionals know what should be done for people with osteoarthritis, and so that people with the condition know what standards of care they should receive. There are also checklists for people with osteoarthritis to use to ensure they are receiving the most appropriate care.

These recommendations are based on existing Clinical Practice Guidelines and expert consensus. The standards focus on prevention, access to care, early treatment and management of established disease.

Standards of Care for People with Osteoarthritis

1. **People with symptoms of OA should have access to a health professional competent in making a (differential) diagnosis.**

2. **People with symptoms of OA should be assessed at diagnosis and upon significant worsening for**
   - **Pain**
   - **Function**
   - **Physical activity**
   - **BMI**
   - **Ability to do their tasks and work**

   Functioning in daily life includes people´s capacity to carry out activities related to their work, hobbies or social activities.

3. **People with OA should receive a treatment plan with a shared treatment target set between them and a health professional.**

   The treatment plan should be developed in partnership between the health professional and the person with OA. The treatment plan should include at least:
   - information about the disease
   - an individualised activity and exercise program
   - if the persons BMI > 27 information on weight management should be given and a referral to a weight management program should be offered

   Comorbidities have to be taken into account in the development of the treatment plan.

4. **People with OA should have access to different health professionals such as occupational therapist and physiotherapist if needed to treat their symptoms and achieve optimal possible functioning in daily life and participation in social roles.**

5. **People with OA should achieve optimal pain control using pharmacological and non-pharmacological means.**

   - Maybe it is not possible to reach the status of being completely pain-free but people should achieve satisfactory pain control.
   - People should be informed about pharmacological and non-pharmacological treatment options, what can be expected from them and their risks and benefits.

6. **People with OA should achieve optimal function using pharmacological and non-pharmacological means.**

   If a patient is diagnosed with symptomatic OA and has functional limitation then an improvement of his/her functional ability by 20% on a patient reported outcome measure should be reached within three months after initiation/change of pharmacological/non pharmacological treatment..(Measured by visit or telephone contact or letter)

7. **People with OA receiving NSAID or aspirin therapy should be assessed for GI bleeding risk, CVD risks and renal risks.**

8. **People with OA should receive information tailored to their needs within 3 months of diagnosis by health professionals about**
   - **their disease and all aspects of living with and managing their OA, in written form and in a format suited and tailored to the individual, in a timely fashion appropriate to their needs.**
   - **the benefit of exercises and physical activity and should be instructed to exercise appropriately.**
   - **aids, devices and other products for environmental adaptations.**
   - **on ergonomic principles and activity-based methods to enhance functioning in daily life and participation in social roles.**
   - **the importance of an ideal body weight**
   - **the role of analgesics – their potential benefits and risks**
   - **a healthy lifestyle (such as discontinuation of all types of tobacco use, balanced use of alcohol, physical activity, healthy diet, management of sleep disturbance if necessary)**
   - **prevention of accidents and injuries**
   - **support groups and patient organisations**
   - **when to think about surgery**
   - **additional treatment options provided some people might find useful**

   The individualized exercise program should include advice for physical activity, range of motion-, muscle strengthening- and aerobic exercises.

9. **People with OA should receive information about weight reduction if necessary.**

   People with OA with a BMI > 27 should receive information on weight management and should be offered a referral to a weight management program.

10. **People with OA failing to respond to pharmacological and non-pharmacological therapy should be considered for surgical intervention. If referred, they should be seen by an orthopaedic surgeon within a reasonable time.**

    People with OA considered for surgical intervention should be offered a pre-surgical assessment along with information about of the procedure, the risk and benefits, post-operative care and individualised discharge plan.

What this means for you and your Osteoarthritis…

1. Was my OA diagnosed by a health professional?
2. Do I have regular assessment concerning my symptoms and functioning in daily life?
3. Do I have a treatment target and a corresponding treatment plan?
4. Do I have the opportunity to receive support if needed from health professionals such as rheumatologist, dietician, general practitioner, nurse, occupational therapist, physiotherapist, psychologist and social worker?
5. Do I know how to control pain associated with OA?
6. Do I know how to maximise my physical function despite having OA?
7. Have I been assessed for any risks associated with my treatment?
8. Do I understand my disease and my role in its management?
   Have I been offered information in different formats and/ or education about my disease?
   Have I been informed about living with and managing my OA?
   Have I been informed about a healthy lifestyle?
   Have I been informed about exercises specific for me?
   Have I been informed about pain relieving medication – the benefits and potential risks?
   Do I know what benefit I can have from my exercise program?
   Have I been informed and did I receive advice and training on aids, devices and ergonomic principles to enhance function in daily life and participation in social roles?
9. If my BMI is > 27, have I been informed about weight reduction?
10. Have I been informed about when surgery should be considered, what it involves, its benefits and risks?

eumusc.net is an information and surveillance network promoting a comprehensive European strategy to optimise musculoskeletal health. It addresses the prevention and management of MSC's which is neither equitable nor a priority within most EU member states. It is focused on raising the awareness of musculoskeletal health and harmonising the care of rheumatic and musculoskeletal conditions.

It is a 3 year project that began in February 2010. It is supported by the European Community (EC Community Action in the Field of Health 2008-2013), the project is a network of institutions, researchers and individuals in 22 organisations across 17 countries, working with and through EULAR.

eumusc.net: creating a web-based information resource to drive musculoskeletal health in Europe
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