

English Summary GLA:D Annual Report 2014

Background

National and international clinical guidelines for osteoarthritis suggest a combined approach consisting of patient education, exercise and weight management, if needed. However, this approach is insufficiently implemented in clinical care. Good Life with Arthritis in Denmark (GLA:D) is an initiative from the Research Unit for Musculoskeletal Function and Physiotherapy at University of Southern Denmark with the overarching aim to implement current clinical guidelines for osteoarthritis into clinical care.

GLA:D consists of three parts

- Education of physical therapists in delivering care in accordance with clinical guidelines
- Patient education and neuromuscular exercise for patients with OA-like symptoms primarily from the hip or knee
- The national GLA:D-registry for data collection and evaluation of results

GLA:D aims

- Access to care according to clinical guidelines across health care sectors and geographic regions
- Pain reduction
- Reduced intake of pain killers
- Improved physical function and physical activity
- Improved quality of life
- Reduced number of visits and health care cost for the individual and the society

Brief summary of results 2014: How many and what patients are part of the GLA:D-registry, and what are the treatment results?

Who participates in GLA:D?

The average GLA:D participant is an overweight 64 year old married woman with knee pain. However, participants ages range from 18-94, 25% are men, 30% are normal weight, 25% live alone and 25% state hip pain as their primary problem. Most have problems from more than one knee or hip, and 1 out of 3 also from the hands. Medical comorbidities are common. 1 out of 3 have high blood pressure. Heart disease, lung disease and diabetes are reported by 6-8% of the 3,477 participants who contributed with baseline data from January 31, 2013 until December 31, 2014. 57% used either paracetamol, NSAIDs or opioids for pain relief during the last 3 months.

32% of GLA:D participants work full time, 50% are retired and 17% have retired early or hold sick pension. 14% of the knee patients (n=2,534) and 8% of the hip patients (n=932) had been on sick leave during the

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year prior to GLA:D due to their joint. For 58% the sick leave period was less than one month, for 23% 1-3 months and for 20% more than 3 months.

What are the changes at 3 and 12 months following GLA:D?

The GLA:D participants are evaluated again at 3 and 12 months. At December 31, 2014 2,290 patients had been evaluated at baseline and 3 months, and 425 patients had undergone baseline and 12-month evaluation. The follow-up data are restricted to these subgroups where changes can be reported within-group for the same patients. **Please note that since data come from a registry, without a control group, and the intervention was delivered in clinical practice, and not in a rigorous research setting, it cannot be ruled out that factors other than the GLA:D intervention are responsible for the changes seen.**

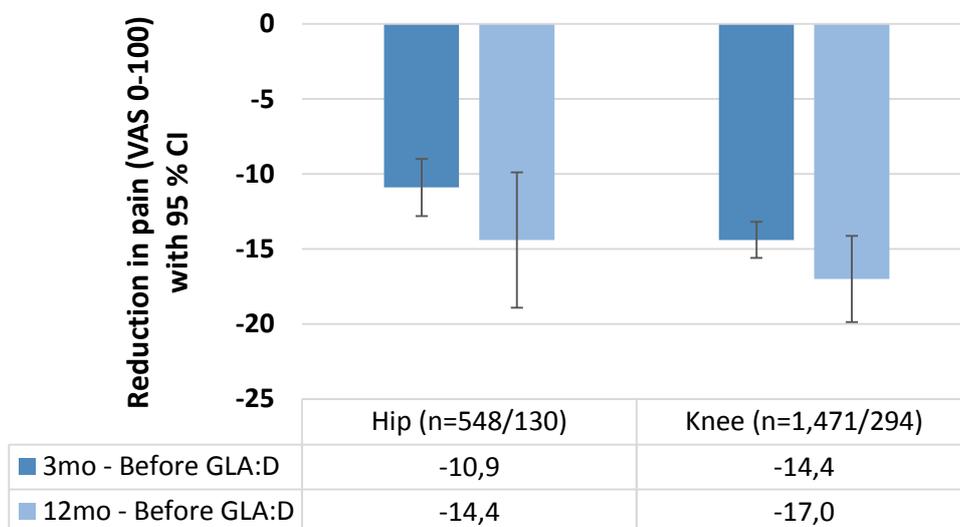
While 54 patients (12.7%) were on sick-leave during the year prior to GLA:D due to their joint, only 35 (8.2%) were on sick leave during the year following GLA:D due to their joint. While 57% used pharmacological pain relievers (paracetamol, NSAIDs or opioids) at baseline, this proportion was reduced to 36% at 3 months. In parallel, fear of movement was decreased, and 1 out of 3 reported increased physical activity level at 3 and 12 months. At 3 months, walking speed was increased, as was the ability to sit and rise from a chair. Pain level was decreased at 3 months and further decreased at 12 months (see figure below), paralleled by an improvement in joint-related quality of life at 3 and 12 months. At baseline, BMI was 28.3 for those with knee pain and 26.6 for those with hip pain. At three months, the corresponding values were slightly lower, 28.1 and 26.3.

Are there any differences between patients with knee and hip pain?

There were few differences between patients with problems from the knee or hip. While self-efficacy increased and the proportion wanting surgery went down for knee patients, the self-efficacy was unchanged and the proportion wanting surgery went up for the hip patients.

What was the compliance with GLA:D, and how satisfied are patients with GLA:D?

About 90% took part in two educational sessions, and 84% participated in at least 10 supervised neuromuscular exercise sessions. 95% and 91% are satisfied or very satisfied with the GLA:D program at 3 and 12 months, and most patients use their new skills everyday, both at 3 (n=2030) and 12 months (n=427).



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