

Arthritis Management in Primary Care and Adherence to National Guidelines

- a Swedish Survey Based on the Canadian Physiotherapists' Arthritis Care Questionnaire

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Conclusion:

PTs reported a lower feeling of confidence and to have assumed a lower numbers of roles in managing patients with RA than OA. There was a good adherence to the national guidelines for almost all listed treatment modalities. However, experienced evidence care and national guidelines did not totally agree. The results indicate a need for education in arthritis care, especially in RA.



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Background/Purpose:

For patients with osteoarthritis (OA) physical therapy is a recommended first line treatment and performed in primary care while patients with rheumatoid arthritis (RA) may be treated in primary care at disease onset and during stable phases of the disease. This requires updated skills and evidence based knowledge in arthritis treatment. The aim of the study was 1) to explore physical therapy arthritis practice in primary care 2) to study the application of evidence based care given to patients with OA or RA.

Methods:

All physical therapists (PTs) working in primary care in one health care region in Sweden (n=70) were e-mailed a questionnaire (the Canadian Physiotherapists Arthritis Care Survey) to assess:

- the frequency of current practice
- feeling of confidence
- educational needs
- adherence to national guidelines in managing patients with OA or RA.

The questionnaire was translated and culturally adapted into Swedish according to international recommendations. Interventions supported by national guidelines were compared with reports of treatment modalities in the questionnaire. Mann-Whitney U test, Chi-square test or Fishers Exact test, were used where appropriate, to analyze differences between groups (PT management of patients with OA vs. RA).

Table 1. Physical therapists' confidence in assessment, treatment and education of patients with OA or RA, ranging from very confident (VC) to not confident at all (NC), including also not relevant (NR), n=63-64.

Confidence in arthritis care	OA n (%)						RA n (%)					
	VC 5	4	3	2	NC 1	NR	VC 5	4	3	2	NC 1	NR
Assessment:												
Take a full medical history from a patient	52 (82)	11 (18)	0	0	0	0	10 (16)	30 (48)	18 (29)	4 (6)	1 (1)	0
Treatment:												
Prescribe exercise appropriate for:	49 (77)	15 (23)	0	0	0	0	17 (26)	28 (44)	12 (19)	7 (11)	0	0
Education:												
Educate about general management for:	37 (59)	20 (32)	5 (8)	1 (1)	0	0	5 (8)	21 (33)	22 (34)	12 (19)	3 (5)	1 (1)

OA=osteoarthritis, RA= rheumatoid arthritis

Table 2. Treatment provided or prescribed to a patient with OA or RA by physical therapists, n=59-64 and priority recommendations (ranging from 1-10) from Swedish National Guidelines (SNG)

Treatment	OA n (%)			SNG Rec OA	RA n (%)			SNG Rec RA
	Always	Some- times	never		Always	Some- times	never	
Therapeutic exercise in clinic	25 (40)	38 (60)	0 (0)	3 (knee) 4 (hip)	24 (37)	40 (63)	0 (0)	5
Therapeutic exercise at home	47 (75)	16 (25)	0 (0)	-	42 (66)	21 (33)	1 (1)	-
Therapeutic exercise in groups (clinic)	12 (19)	48 (76)	3 (5)	-	3 (5)	44 (73)	13 (22)	-
Pool exercise (individual or group)	3 (5)	59 (94)	1 (1)	-	9(14)	53 (86)	0 (0)	5
Thermotherapy (heat/cold)	1 (1)	47 (76)	14 (23)	-	5 (8)	44 (71)	13 (21)	-
Acupuncture	2 (3)	49 (77)	13 (20)	7 (knee)	4(6)	45 (70)	15 (24)	10
Ultrasound	0 (0)	1 (1)	60 (99)	not rec. (knee)	0 (0)	2 (3)	59 (97)	not rec.
Low level laser	0 (0)	0 (0)	61 (100)	10 (knee)	0 (0)	0 (0)	60 (100)	not rec.
TENS	1 (2)	61 (95)	2 (3)	7 (knee)	2 (3)	56 (89)	5 (8)	-
Joint mobilization	5 (8)	48 (79)	8 (13)	R&D (knee/hip)	3 (5)	46 (74)	13 (21)	-
Joint manipulation	1 (1)	22 (37)	37 (62)	-	0 (0)	13 (21)	48 (79)	-
Massage	0 (0)	16 (27)	43 (73)	not rec. (knee)	0 (0)	20 (33)	41 (67)	-
Education - physical activity	52 (83)	10 (16)	1 (1)	6 (knee/ hip)	40 (64)	21 (33)	2 (3)	8*, 9*, 10*
Education - disease manage- ment	48 (76)	13 (21)	2 (3)	6 (knee/ hip)	30 (48)	26 (42)	6 (10)	-
Education - joint protection	44 (71)	16 (26)	2 (3)	6 (knee/ hip)	30 (48)	27 (44)	5 (8)	-
Education - proper footwear	41 (65)	22 (35)	0 (0)	R&D (knee)	30 (48)	27 (43)	6(9)	-

OA=osteoarthritis, RA=reumatoid arthritis, Rec=recommendation, not rec.=not recommended, R&D=research and development, *8=coaching physical activity, *9=muscle strengthening exercises, *10=range of movement exercises / aerobic capacity

Results:

Sixty-four PTs (91%) responded to the survey.

- The PTs reported a higher feeling of confidence in assessment, treatment and education for patients with OA than for RA, p<0.001 (table 1).
- The total numbers of roles assumed by the PTs were higher in management of OA compared to RA, p<0.001.
- PTs who assumed a large numbers of roles also reported a higher feeling of confidence in assessing OA, p=0.036. PTs who assumed a lower numbers of roles also reported a lower feeling of confidence in RA treatment, p=0.045.
- The recommendations in the guidelines were reported to be followed by almost all PTs in managing patients with RA and for eight out of eleven treatment modalities for patients with OA. Most PTs did provide joint mobilization and education of proper footwear for patients with OA even though Swedish national guidelines did not recommend this as treatment until further research has proven its effectiveness.