Method 12 GPs at 6 practices were able to refer to the nurse-led OA self-management programme by a simple referral slip) any patients they considered suitable, provided that he or she had consulted them that day for a problem related to OA hip or knee. The programmes of three 2-hour sessions were held locally. A leaflet about the programme was to be given to the patient. Patients could apply by completing the short attached questionnaire and returning it in the stamped addressed envelope provided.

Results Over 9 months only 44 patients have been referred, 37 of which were interested in attending. Of the 23 so far booked into completed programmes, 11 have attended all three sessions, 5 have attended 2, and 3 have attended 1. 4 did not attend at all. The response of those who have attended has been very positive but a follow up questionnaire is planned to elicit the opinions of all those referred including nonattenders.

Discussion The rate of referral from the GPs has been far lower than anticipated. Pressure on GP time might have been a factor but the GP referral method was deliberately kept as simple as possible – hardly more detailed than a blood test request form. A number of other possibilities need to be explored: 1. Did patients consult their GP about their OA as often as anticipated? 2. Did the GPs fail to refer many suitable patients and 3. If so does this suggest that the participating GPs placed only a low value on patient self-management education for OA?

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HP0012 THE DISCRIMINATORY VALIDITY OF THE NEW ZEALAND SCORE FOR HIP AND KNEE SURGERY IN A UK POPULATION

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Background There is currently no standardised method for prioritising patients joint replacement surgery in the UK. The New Zealand (NZ) score could be used to assist prioritisation.¹ This approach has not been tested in the UK.

Objectives To determine whether the NZ score is associated with measures of pain and function, in a sample of 176 people who were currently waiting for, or being considered for total knee replacement.

Methods Patients completed the WOMAC scores, a Likert scale for distress (0–4), and a 100 mm VAS for pain. Leg power was tested using a leg extensor power rig. The number of sit to stands in one minute was recorded. In NZ a cut off point of between 55–65 is used. Those scoring below 55 are not recommended for surgery. Patients were stratified into 2 groups. The first group included all those scoring below 55, and the second group all those who scored 55 or above. Spearman's correlation was performed to identify correlation between the NZ score and other measures. Mann-Whitney tests were performed in order to test differences between groups.

Results 44% were male, with a mean age of 69(SD9). Mean duration of symptoms was 10 years (SD12), and mean VAS score for pain was 57 (SD24). 68% were already listed for surgery. Significant correlations were found between the NZ score and all other measures $p < 0.01$ (2-tailed). A higher NZ score was associated with more pain, less functional ability and reduced strength. The Rho values are shown in the table. Median scores for all measurements were significantly different between the two groups $p < 0.01$ (2-tailed). 28% scored 55 or above, 85% of these were already listed for surgery, 67% were listed as “routine” cases and 33% were listed as “soon”. Those scoring above 55 were weaker, had reduced function, and more pain than those scoring below 55. These differences were statistically and clinically significant.

Conclusion The NZ score is associated with pain and function in a UK population of patients waiting for, or being considered for total knee replacement surgery. Further research is needed to identify whether a score of 55 is the optimal cut off point. This cut off point did not distinguish between patients who were already listed for surgery and those who were not. However, it did identify higher patient need.

Abstract HP0012 Table 1

	Spearman's Rho value NZ score versus other measures	Group 1 Median Score	Group 2 Median Score
WOMAC function	0.54	1.92	2.57
WOMAC pain	0.50	1.90	2.50
Sit to stands in 1 min	–0.52	9.00	0.00
Pain VAS score	0.52	52.00	76.00
Leg extensor power/ BMI	–0.54	1.18	0.29

Spearman's correlation showing association between NZ score and other measures, along with median scores of group 1 (scoring under 55) and group 2 (scoring 55 or over).

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HP0013 CHANGES IN MEASURES OF PAIN AND FUNCTION IN INTERVENTION STUDIES OF SEVERE KNEE OSTEOARTHRITIS: COMPARISON TO PATIENT PERCEPTIONS

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Background Questionnaires and physical performance tests are recommended for measuring changes in pain and function in knee osteoarthritis. The significance of changes in these measures is poorly understood.

Aim To compare associations between patients' perceptions of change in function and pain due to a chronic disease management program, with physical performance tests and questionnaire assessments.

Method The sample were 109 people being considered or waiting for knee replacement, who attended a six-week chronic disease management program. Interventions were goal setting, planning, symptom management, exercise, diet and lifestyle advice. Function and pain were assessed before and after the