

## Identifying indicators for quality of care in osteoarthritis

Quality indicators can act as a measure of how well osteoarthritis patients are being treated, and how likely they are to receive a particular level of care from their general practitioner (GP).

### INTRODUCTION

Osteoarthritis is a common condition that makes a person's joints stiff and painful, particularly in the morning. It is a frequent reason for people over the age of 45 to see their GP. There are interventions and guidelines that can help to reduce the pain and disability that osteoarthritis causes, but these are not always followed by doctors, and some patients may not always receive the best possible care.

### WHAT DID THE AUTHORS HOPE TO FIND?

By reviewing other publications on osteoarthritis, the authors wanted to find out whether there was a set of general indicators (measures) that could be used to see how well GPs and primary care facilities are treating patients with osteoarthritis in the UK, and to then develop these into a form that could be used by doctors and by the people who audit and review them. This form is being tested now in a clinical study that will be published soon.

### HOW WAS THE REVIEW CONDUCTED?

A systematic review is a paper that aims to identify all the published evidence on a particular topic and draw it together into one summary. The researchers used a series of agreed search terms in several medical library databases. These search terms focused on guidelines, management and quality of care in osteoarthritis in the UK. This gave a long list of published articles that discussed the use or development of quality indicators in patients with osteoarthritis. Of these articles, 32 had the correct types of information, and these were chosen to be included in the review. The data and recommendations from these selected articles were then taken and summarised in the review under certain headings and themes.

### WHAT DO THE RESULTS SAY?

The review found that there are several quality indicators that may be useful to help decide how well patients with osteoarthritis are being treated. These include:

- ▶ measuring a patient's pain and loss of movement (function) that they may have in a joint
- ▶ whether or not patients are offered education or advice about their disease
- ▶ a programme of careful exercise to strengthen the muscles in less severe cases, or referral of more elderly or disabled patients to a physiotherapist or occupational therapist for devices such as sticks or frames to help them walk
- ▶ weight loss advice for patients who are overweight as this helps to take the pressure off the joints and will improve the osteoarthritis symptoms.

If patients require pain relief, paracetamol should be offered first, followed by anti-inflammatory drugs such as ibuprofen. If ibuprofen or other non-steroidal anti-inflammatory drugs are prescribed, patients should also receive a drug called a proton pump inhibitor, which can help to avoid side effects that may result in an ulcer in the patient's stomach. In some very severe cases, doctors should refer patients to a special orthopaedic surgeon, because it has been shown that surgery may improve pain and stiffness. There were also some things identified in the review that doctors should not do – for example, prescribing glucosamine or chondroitin sulphate.

### HOW RELIABLE ARE THE FINDINGS?

There are some limitations to this review. It is possible that the search strategy did not pick up all relevant articles. The review was set to look at studies published from 2000 onwards, and only those that were written in English. The search returned over 10,000 article titles, which were checked by a single reviewer before the authors jointly reviewed a smaller selection of papers. It is possible that relevant papers might have been wrongly removed from the list if their titles were not very descriptive. Also, unlike comparing outcome measures that work on a sliding numerical scale, the indicators the authors were looking at could be very subjective, meaning that it is hard to group them together. It is also possible that some indicators apply more to one group of patients than another – perhaps based on age or the joint that is affected. But the authors state that they are confident that no important indicators have been missed and that there was no bias in any of the

results that were included – this means that they do not think there was a reason for the results to favour the original study sponsor or one particular outcome over another.

#### WHAT DOES THIS MEAN FOR ME?

The authors say that people with osteoarthritis may be likely to have less pain and disability if doctors follow this set of quality indicators, although there is limited evidence yet that use of the indicators can improve quality. The authors have recommended that the indicators are used routinely to help to improve the care that osteoarthritis patients receive from their GPs, and that these indicators are built into the systems that audit and assess how well doctors are performing.

Doctors who use these indicators may be more likely to offer advice on interventions to help minimise the impact of osteoarthritis. They may also be more likely to prescribe drugs to relieve pain and help to reduce inflammation in the joints. These results are based on data from the UK, but they will apply to other countries with similar primary care systems. People with osteoarthritis should discuss their care with their GP or specialist if they want to know more about how these indicators might be applied to their own particular case.

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