Education specific recommendations from clinical practice guidelines

|  |  |
| --- | --- |
| **Recommendation ID from guideline** | **Recommendation** |
| *ACR* | |
| n/a | Education about the condition |
| n/a | Education about medication effects |
| n/a | Education about medication side effects |
| n/a | Education about joint protection measures |
| n/a | Education about fitness and exercise goals and approaches |
| *EULAR* | |
| 3 | All people with knee/hip OA should receive an individualised management plan (a package of care) that includes the core non-pharmacological approaches, specifically:  a information and education regarding OA  b addressing maintenance and pacing of activity  c addressing a regular individualised exercise regimen  d addressing weight loss if overweight or obese  e reduction of adverse mechanical factors (eg, appropriate footwear)  f consideration of walking aids and assistive technology |
| 4 | When lifestyle changes are recommended, people with hip or knee OA should receive an individually tailored programme,including long-term and short-term goals, intervention or action plans, and regular evaluation and follow-up with possibilities for adjustment of the programme |
| 5 | To be effective, information and education for the person with hip or knee OA should:  a be individualised according to the person’s illness perceptions and educational capability  b be included in every aspect of management  c specifically address the nature of OA (a repair process triggered by a range of insults), its causes (especially those pertaining to the individual), its consequences and prognosis  d be reinforced and developed at subsequent clinical encounters;  e be supported by written and/or other types of information (eg, DVD, website, group meeting) selected by the individual  f include partners or carers of the individual, if appropriate |
| 6 | The mode of delivery of exercise education (eg, individual 1 : 1 sessions, group classes, etc) and use of pools or other facilities should be selected according both to the preference of the person with hip or knee OA and local availability  Important principles of all exercise include:  a ‘small amounts often’ (pacing, as with other activities)  b linking exercise regimens to other daily activities (eg, just before morning shower or meals) so they become part of lifestyle rather than additional events  c starting with levels of exercise that are within the individual’s capability, but building up the ‘dose’ sensibly over several months |
| 7 | People with hip and/or knee OA should be taught a regular individualised (daily) exercise regimen that includes:  a strengthening (sustained isometric) exercise for both legs, including the quadriceps and proximal hip girdle muscles (irrespective of site or number of large joints affected)  b aerobic activity and exercise  c adjunctive range of movement/stretching exercises  Although initial instruction is required, the aim is for people with hip or knee OA to learn to undertake these regularly on their own in their own environment |
| 8 | Education on weight loss should incorporate individualised strategies that are recognised to effect successful weight loss and maintenance\*—for example:  a regular self-monitoring, recording monthly weight  b regular support meetings to review/discuss progress  c increase physical activity  d follow a structured meal plan that starts with breakfast  e reduce fat (especially saturated) intake; reduce sugar; limit salt; increase intake of fruit and vegetables (at least ‘5 portions’ a day)  f limit portion size;  g addressing eating behaviours and triggers to eating (eg, stress)  h nutrition education  i relapse prediction and management (eg, with alternative coping strategies) |
| 11 | \*People with hip or knee OA at risk of work disability or who want to start/return to work should have rapid access to vocational rehabilitation, including counselling about modifiable work-related factors such as altering work behaviour, changing work tasks or altering work hours, use of assistive technology, workplace modification, commuting to/from work and support from management, colleagues and family towards employment |
| *NICE* | |
| 1.2.4 | Discuss the risks and benefits of treatment options with the person, taking into account comorbidities. Ensure that the information provided can be understood. |
| 1.2.5 | Offer advice on the following core treatments to all people with clinical OA: access to appropriate information, activity and exercise, and interventions to achieve weight loss if the person is overweight or obese. |
| 1.3.1 | Offer accurate verbal and written information to all people with OA to enhance understanding of the condition and its management, and to counter misconceptions, such as that it inevitably progresses and cannot be treated. Ensure that information sharing is an ongoing, integral part of the management plan rather than a single event at time of presentation. |
| 1.3.2 | Agree on individualized self-management strategies with the person with OA. Ensure that positive behavioral changes, such as exercise, weight loss, and use of suitable footwear and pacing, are appropriately targeted. |
| 1.3.3 | Ensure that self-management programs for people with OA, either individually or in groups, emphasize the recommended core treatments, especially exercise. |
| 1.4.1 | Advise people with OA to exercise as a core treatment, irrespective of age, comorbidity, pain severity, or disability. Exercise should include local muscle strengthening and general aerobic fitness. |
| 1.4.7 | \*Offer advice on appropriate footwear (including shock-absorbing properties) as part of core treatments for people with lower-limb OA. |
| 1.6.6 | When discussing the possibility of joint surgery, check that the person has been offered at least the core treatments for OA, and give him or her information about the benefits and risks of surgery and the potential consequences of not having surgery, recovery and rehabilitation after surgery, how having a prosthesis might affect him or her, and how care pathways are organized in his or her local area. |
| OARSI | |
| n/a | Information about disease progression |
| n/a | Education about self-care techniques |
| n/a | Promote hope, optimism, and a positive expectation of benefit from treatment |