Good Life with Arthritis in Denmark (GLA:D) - Implementation of evidence-based care for knee and hip osteoarthritis in clinical practice

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AIM

Current quality of care does not reflect international guidelines in osteoarthritis (OA). Evidence suggests that a comprehensive approach fitted to the specific settings and population is needed to successfully implement guidelines.

• The aim of this study was to introduce a nationwide initiative in Denmark (Good Life with Arthritis in Denmark (GLA:D)) aimed at implementing international guidelines for knee and hip OA, and to evaluate the 3 and 12 month effectiveness in a pilot study.

RESULTS

• 82 patients on average 62.5 years with knee and/or hip OA were included (Table 1).
• 96% of the participants completed the 12 months follow-up.
• Significant improvements in pain and EQ-5D at 3 and 12 months (Table 2).
• At the 12 months follow-up, 72% of the participants were using what they had learned at least every week and only 8% never used it.
• 92% rated the GLA:D concept as good or very good.

• At 13 months after the pilot, GLA:D is offered at 87 units in both primary and secondary care across all 5 health care regions in Denmark. More than 1200 patients have entered data into the registry.

CONCLUSION

• In the pilot study performed in clinical practice, GLA:D reduced pain and increased quality of life in patients with knee and hip OA.
• Improvements persisted 9 months after the intervention ended.
• GLA:D is feasible; health care providers are willing to pay for a two-day education, the program is available across the country, and patients and therapists are able and willing to enter data into the registry.
• Teaching clinical guidelines to physiotherapists and providing a free of charge registry for data collection will increase the quality of care.

Table 1:
Baseline characteristics (n=82)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Women (%</th>
<th>Age (years) Mean (SD)</th>
<th>Pain,VAS 0-100 Mean (SD)</th>
<th>EQ-5D Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>68 (83)</td>
<td>62.5 (7.2)</td>
<td>42.0 (18.4)</td>
<td>0.763 (0.080)</td>
</tr>
</tbody>
</table>

Table 2:
Outcome measures

<table>
<thead>
<tr>
<th>Outcome measures</th>
<th>Mean (95% CI) difference 3-month baseline</th>
<th>Mean (95% CI) difference 12-month baseline</th>
<th>Mean (95% CI) difference 12-month 3-month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain (VAS)</td>
<td>-12.7 (-18.9 to -6.5)</td>
<td>-10.5 (-16.4 to -4.6)</td>
<td>2.2 (-2.8 to -7.2)</td>
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<tr>
<td>EQ-5D</td>
<td>0.047 (0.015 to 0.079)</td>
<td>0.041 (0.010 to 0.073)</td>
<td>-0.006 (-0.042 to 0.029)</td>
</tr>
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METHODS

GLA:D is a non-surgical treatment program for patients with knee and hip OA. It consists of three 1.5-hour sessions of patient education and 12 sessions of individualized, physiotherapist supervised neuromuscular exercise (Figures 1A & B). GLA:D is taught to physiotherapists during a two-day course. Furthermore, GLA:D is a registry holding data from the baseline assessment and from the 3 and 12 month follow-ups.

A pilot study was performed with two treating therapists in one physiotherapy clinic in Denmark. Pain (VAS 0-100, primary outcome) and EQ-5D were evaluated at baseline and after 3 and 12 months. Furthermore, compliance with and opinion of GLA:D was collected.