



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.

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.

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.

Characteristic	Women n (%)	Age (years) Mean (SD)	Pain,VAS 0-100 Mean (SD)	EQ-5D Mean (SD)
Baseline	68 (83)	62.5 (7.2)	42.0 (18.4)	0.763 (0.080)

Table 1:
Baseline characteristics (n=82)

Outcome measures	Mean (95% CI) difference 3- month baseline	Mean (95% CI) difference 12- month baseline	Mean (95% CI) difference 12- month 3-month
Pain (VAS)	-12.7 (-18.9 to -6.5)	-10.5 (-16.4 to -4.6)	2.2 (-2.8 to -7.2)
EQ-5D	0.047 (0.015 to 0.079)	0.041 (0.010 to 0.073)	-0.006 (-0.042 to 0.029)

Table 2:
Change from baseline to 3- and 12-month follow-ups



Figures 1A & B:
GLA:D education and supervised neuromuscular exercise