

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Centre for Clinical Practice

SCOPE

Clinical guideline title: Osteoarthritis: the care and management of osteoarthritis

Quality standard title: Osteoarthritis care and management

Short title: Osteoarthritis

1 Introduction

1.1 *Clinical guidelines*

Clinical guidelines are recommendations by NICE on the appropriate treatment and care of people with specific diseases and conditions within the NHS. They are based on the best available evidence.

This scope defines what the guideline will (and will not) examine, and what the guideline developers will consider.

This is an update of '[Osteoarthritis](#)', NICE clinical guideline 59 (2008). See section 3.3.1 for details of which sections will be updated. We will also carry out an editorial review of all recommendations to ensure that they comply with NICE's duties under equalities legislation.

This update is being undertaken as part of the guideline review cycle.

1.2 *Quality standards*

Quality standards are a set of specific, concise quality statements and measures that act as markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions.

For this clinical guideline a NICE quality standard will be produced during the guideline development process, after the development of the clinical guideline recommendations.

This scope defines the areas of care for which specific quality statements and measures will (and will not) be developed.

The guideline and quality standard development processes are described in detail on the NICE website (see section 7).

2 Need for guidance

2.1 *Epidemiology*

- a) Osteoarthritis is the most common form of peripheral joint arthritis and disability in the UK. It affects mainly the knee, hip, hand and feet joints. It is a chronic musculoskeletal disorder characterised by involvement of all joint structures including the cartilage and bone. People with osteoarthritis have joint pain, stiffness, reduced participation in daily activities and poor quality of life. In the UK approximately 8.5 million people have painful joints attributed to osteoarthritis.
- b) Osteoarthritis is more common in women and people in older age groups; X-ray studies show that at least 50% of people older than 65 have evidence of osteoarthritis. Obesity is another common risk factor. This, along with the aging population, is contributing to the increasing number of people with osteoarthritis.
- c) The total cost to the UK economy is estimated at 1% of annual gross national product. In 1999/2000, 36 million working days were lost because of osteoarthritis, costing the economy nearly £3.2 billion in lost production.
- d) A range of lifestyle, pharmacological, non-pharmacological, surgical and rehabilitation interventions can help manage pain and increase the mobility of people with osteoarthritis.

2.2 ***Current practice***

- a) Osteoarthritis represents a massive burden on the NHS. In 2000, osteoarthritis was responsible for 3 million GP consultations and 115,000 hospital admissions in the UK. It is likely that osteoarthritis represents a major proportion of new referrals to physiotherapists, rheumatologists and orthopaedic surgeons. Many people with osteoarthritis have multiple comorbidities, increasing the complexity of their care. Each year £250 million is spent on community and social services for osteoarthritis-related problems.
- b) Most people with osteoarthritis first present to their GP. However, the care pathway for osteoarthritis is not well defined and differs depending on the anatomical site. Because osteoarthritis is a chronic condition, people may re-present to their GP over many years.
- c) Research suggests many people with osteoarthritis never consult a doctor. The reasons for this are unclear but may be related to people feeling that 'nothing can be done' or that joint pain must be accepted as part of ageing.
- d) A small percentage of people with osteoarthritis may be referred from their GP to allied healthcare professionals (predominantly physiotherapy but also occupational therapy and podiatry services), or to rheumatologists and orthopaedic surgeons. Knee and hip osteoarthritis make up the majority of surgical referrals, and in parts of the UK intermediary or triage services (often led by physiotherapists) will see such surgical referrals in line with the NHS Musculoskeletal Framework (2006)¹.
- e) Although little research has been carried out in the area, conservative (non-joint replacement) management of osteoarthritis

¹ The Musculoskeletal Services Framework– A joint responsibility: doing it differently. Department of Health 2006.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138413

may not be satisfactory, with up to 80% of people reporting constant pain and a third of these reporting their pain as unbearable.

- f) The financial burden in secondary care due to joint replacement is large and increasing. In 2010 there were 116,000 hip and knee joint replacements in the UK, at a cost of £890 million pounds.
- g) There is a pressing need to improve osteoarthritis management and provide standards describing high quality and cost-effective care across the care pathway.

3 Clinical guideline

3.1 Population

3.1.1 Groups that will be covered

- a) Adults with a working diagnosis² of osteoarthritis.

3.1.2 Groups that will not be covered

- a) People with predisposing and associated conditions including:
 - spinal, neck and back pain
 - crystal arthritis (gout or pseudo-gout)
 - inflammatory arthritis (including rheumatoid arthritis, psoriatic arthritis and the seronegative arthritides)
 - septic arthritis
 - diseases of childhood that predispose to osteoarthritis
 - medical conditions presenting with joint inflammation, such as haemochromatosis.

² A working diagnosis of osteoarthritis should include:

- persistent joint pain that becomes worse with use
- predominantly in people age 45 years or older
- morning stiffness lasting no more than half an hour.

3.2 *Healthcare settings*

- a) All settings where NHS healthcare is provided or commissioned.

3.3 *Management*

3.3.1 Key issues that will be covered

- a) Clinical diagnosis.
- b) Licensed preparations of glucosamine and chondroitin.
- c) Pharmacological management, including:
- hyaluronan intra-articular injections
 - etoricoxib
 - non-steroidal anti-inflammatory and proton pump inhibitor fixed combination therapy
 - paracetamol (especially adverse events).

The guideline will assume that prescribers will use a drug's summary of product characteristics to inform decisions made with individual patients.

- d) Acupuncture.
- e) Issues related to surgery, including:
- Consideration of the timing of surgery as part of the osteoarthritis management pathway
 - The role of decision aids in choosing surgical intervention.
- f) Follow up.

3.3.2 Key issues that will not be covered

Areas addressed in the 2008 guideline that will not be reviewed:

- a) Holistic approach to assessment and management.

- b) Education and self-management.
- c) Non-pharmacological management, including:
 - exercise and manual therapy
 - thermotherapy
 - weight loss
 - electrotherapy
 - aids and devices
 - unlicensed preparations of glucosamine and chondroitin
 - topical treatments
 - referral to specialist services other than surgery.

3.4 *Main outcomes*

- a) Pain and stiffness.
- b) Function and participation.
- c) Quality of life.
- d) Adverse events.

3.5 *Economic aspects*

Developers will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate. The preferred unit of effectiveness is the quality-adjusted life year (QALY), and the costs considered will usually be only from an NHS and personal social services (PSS) perspective. Further detail on the methods can be found in 'The guidelines manual' (see section 7).

4 Quality standard

Information on the NICE quality standards development process is available on the NICE website, see section 7.

4.1 Areas of care

The areas of care of a patient's pathway used to inform the development of the quality statements are set out in section 4.1.1. The content of the quality standard statements may change during the process and may differ after consultation with stakeholders.

4.1.1 Areas of care that will be considered

- a) Diagnosis.
- b) Assessment.
- c) Management, including:
 - symptom management
 - self-management
 - core treatments
 - pharmacological therapy
 - non-pharmacological therapy.
- d) Referral to specialist services.
- e) Surgical interventions.
- f) Review.

4.1.2 Areas of care that will not be considered

- a) Unlicensed preparations of glucosamine and chondroitin.

4.2 Economic aspects

Developers will take into account both clinical and cost effectiveness when prioritising the quality statements to be included in the quality standard. The economic evidence will be considered, and the cost and commissioning impact of implementing the quality standard will be assessed.

5 Status

5.1 Scope

This is the consultation draft of the scope. The consultation dates are 12 December 2011 to 9 January 2012.

5.2 Timings

The development of the guideline recommendations and the quality standard will begin in February 2012.

6 Related NICE guidance

6.1.1 NICE guidance that will be incorporated in or updated by the clinical guideline

This guideline will update the following NICE guidance:

- Osteoarthritis. [NICE clinical guideline 59](#) (2008).

6.2 Related NICE guidance

Published

- Depression with a chronic physical health problem. [NICE clinical guideline 91](#) (2009)
- Depression in adults. [NICE clinical guideline 90](#) (2009)
- Rheumatoid arthritis. [NICE clinical guideline 79](#) (2009)
- Medicines adherence. [NICE clinical guideline 76](#) (2009)
- Individually magnetic resonance imaging-designed unicompartamental interpositional implant insertion for osteoarthritis of the knee. [NICE interventional procedure guidance 317](#) (2009)
- Total wrist replacement. [NICE interventional procedure guidance 271](#) (2008)
- Arthroscopic knee washout, with or without debridement, for the treatment of osteoarthritis. [NICE interventional procedure guidance 230](#) (2007)
- Obesity. [NICE clinical guideline 43](#) (2006)
- Artificial metacarpophalangeal and interphalangeal joint replacement for

end-stage arthritis. [NICE interventional procedure guidance 110](#) (2005)

Falls. [NICE clinical guideline 21](#) (2004)

- Dyspepsia. [NICE clinical guideline 17](#) (2004)
- Guidance on the use of metal on metal hip resurfacing arthroplasty. [NICE technology appraisal guidance 44](#) (2002).
- Guidance on the selection of prostheses for primary total hip replacement. [NICE technology appraisal guidance 2](#) (2000)

NICE guidance under development

NICE is currently developing the following related guidance (details available from the NICE website):

- Safe and effective prescribing of strong opioids in palliative care of adults. NICE clinical guideline. Publication expected May 2012
- Patient experience in adult NHS services. NICE clinical guideline. Publication date to be confirmed.
- Service user experience in adult mental health. NICE clinical guideline. Publication date to be confirmed.

7 Further information

Information on the guideline development process is provided in:

- 'How NICE clinical guidelines are developed: an overview for stakeholders the public and the NHS'
- 'The guidelines manual'
- 'Developing NICE quality standards: interim process guide'.

These are available from the NICE website

(www.nice.org.uk/GuidelinesManual and

www.nice.org.uk/aboutnice/qualitystandards). Information on the progress of

the guideline and quality standards is also available from the NICE website

(www.nice.org.uk).