



Surveillance report 2017 – Osteoarthritis: care and management (2014) NICE guideline CG177

Surveillance report

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Surveillance decision

We will plan an update of the guideline on [osteoarthritis](#).

During surveillance editorial or factual corrections were identified. Details are included in [appendix A](#): summary of evidence from surveillance.

Reason for the decision

Assessing the evidence

We found 296 studies through surveillance of this guideline.

Evidence that could affect recommendations was identified. Topic experts, including those who helped to develop the guideline, advised us about whether the following sections of the guideline should be updated:

Pharmacological management

Oral analgesics

Evidence identified in surveillance suggests that paracetamol may not have a clinically important effect on pain in people with osteoarthritis. A review of oral analgesics was planned as part of the previous update of this guideline in 2014.

The following statement was included in the guideline in 2014: 'NICE intends to undertake a full review of evidence on the pharmacological management of osteoarthritis. This will start after a review by the MHRA of the safety of over-the-counter analgesics is completed'.

The review from the Medicines and Healthcare products Regulatory Agency (MHRA) has been completed and further new evidence has been identified that may help to inform recommendations. Therefore, the planned full review of oral analgesics should be undertaken in an update to this guideline.

Decision: This section of the guideline should be updated.

Topical agents

The evidence identified in surveillance did not indicate a need to update this section of the guideline. However, part of a recommendation in this section states: 'Consider topical NSAIDs and/or paracetamol ahead of oral NSAIDs, COX-2 inhibitors or opioids'. Any change to the recommended use of oral analgesics may impact on this recommendation.

Decision: This section of the guideline should be updated.

Intra-articular injections

Evidence identified in surveillance on the effects of both intra-articular hyaluronic acid and corticosteroids was inconsistent. A review of this section of the guideline is necessary to determine whether the recommendations to consider corticosteroids, but not to use hyaluronic acid, remain relevant.

Decision: This section of the guideline should be updated.

Non-pharmacological management

Electrotherapy (defined in the guideline as ultrasound, laser, transcutaneous electrical nerve stimulation, pulsed shortwave diathermy and interferential therapy)

New evidence suggested that the evidence-base has grown for some methods of electrotherapy that are not currently recommended in the guideline, particularly ultrasound and electromagnetic field therapy. A review of the evidence on electrotherapies in an update of the guideline is therefore necessary.

Decision: This section of the guideline should be updated.

We also found evidence that supports current recommendations on:

- the holistic approach to osteoarthritis assessment and management
- education and self-management
- other aspects of non-pharmacological management such as exercise, devices (including orthoses), acupuncture and nutritional supplements.

We did not find any evidence related to diagnosis, referral for consideration of joint surgery, or follow-up and review.

The sections of the guideline in which new evidence was found represent a substantial update of the guideline.

Overall, an update of the guideline with modified scope was thought to be necessary. The scoping work should consider:

- the areas in which surveillance found new evidence indicating a need to update the guideline
- whether the remaining areas of the guideline should be retained or included in the update.

Equalities

No equalities issues were identified during the surveillance process.

Overall decision

After considering all the evidence and views of topic experts, we decided that an update with a modified scope is necessary for this guideline.

See [how we made the decision](#) for further information.

How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on a surveillance review of NICE's guideline on [osteoarthritis](#) (NICE guideline CG177) in 2017.

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

Evidence

We found 292 studies in a search for randomised controlled trials and systematic reviews published between 7 May 2013 and 11 Feb 2017. One relevant study was identified after the end search date. We also included 3 relevant studies from a total of 155 identified by members of the guideline committee who originally worked on this guideline.

From all sources, we considered 295 studies to be relevant to the guideline.

We also checked for relevant ongoing research, which will be evaluated again at the next surveillance review of the guideline.

See [appendix A](#): summary of evidence from surveillance for details of all evidence considered, and references.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline.

Views of stakeholders

Stakeholders are consulted only if we decide not to update the guideline following checks at 4 and 8 years after publication. Because this surveillance decision was to update, we did not consult on the decision.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

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