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2 3	NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
4	Guideline scope
5	Osteoarthritis: care and management
6 7	This guideline will update the NICE guideline on <u>osteoarthritis: care and</u> <u>management</u> (CG177).
8 9	The guideline will be developed using the methods and processes outlined in <u>developing NICE guidelines: the manual</u> .
10 11	This guideline will also be used to update the NICE <u>quality standard</u> for osteoarthritis.
12	1 Why the guideline is needed
13 14 15	New evidence that could affect recommendations was identified through the surveillance process. Topic experts, including those who helped to develop the existing guideline, advised NICE on whether areas should be updated or
16	new areas added. Full details are set out in the surveillance review decision.
17	Key facts and figures
18	Osteoarthritis is the most common form of arthritis. It typically presents with
19	joint symptoms such as pain and stiffness, mostly affecting the knee, hip,
20	hand and foot joints. Symptoms vary from mild and intermittent, to more
21 22	persistent or severe. The condition does not inevitably get worse, but symptoms fluctuate and flare-ups are common.
23	Osteoarthritis is more common in women, people living in deprived areas,
24	people aged 45 and over and people who are obese. The prevalence of
25	osteoarthritis continues to increase.

1 Osteoarthritis has a negative impact on daily activities, quality of life and 2 health outcomes. In 2016, musculoskeletal conditions, including osteoarthritis, 3 resulted in 30.8 million lost working days in the UK. The additional cost of 4 living for people with osteoarthritis was estimated to be £480 per year in 2012. 5 This included costs for extra heating, travel, parking, prescriptions and 6 adjustments to the home. In the UK approximately 8.75 million people aged 7 45 years or more have sought treatment for osteoarthritis. In 2018 there were 8 over 65,000 hip and 65,000 knee replacements undertaken in the NHS, 9 mostly for osteoarthritis. Many people with osteoarthritis have multimorbidity, 10 which can increase the complexity of their care.

11 Osteoarthritis may prevent people managing their other health problems

12 properly. This could be because limitations on their activity can affect self-

13 management (for example from the dexterity needed to take tablets through to

14 undertaking aerobic exercise) or their ability to seek support from a healthcare

15 professional (for example because of difficulty mobilising). Or it could be

16 because of the negative impact of pain on their mood and motivation.

17 Current practice

GPs are a common first point of contact for people with osteoarthritis. But although some people may re-present to their GP over many years, some only present once and others never present. This may be because of common myths – for example, that nothing can be done or that joint pain is part of normal ageing.

A range of non-pharmacological, pharmacological and surgical interventions
can reduce joint pain and improve function. But these interventions are not
used consistently and healthcare professionals often do not see osteoarthritis
as a clinical priority.

27 Although joint replacement surgery can be highly effective, not everyone

needs it, and it remains unclear who will benefit the most from it. In addition,

29 there is uncertainty about whether treatment for an osteoarthritis flare-up

30 should be different to treatment for ongoing symptoms.

- 1 An increasing breadth of multidisciplinary professionals provide care for
- 2 people with osteoarthritis. All need to be equipped to deliver high-quality and
- 3 cost-effective care across the care pathway.

4 Policy, legislation, regulation and commissioning

- 5 NHS England has developed a plan to improve outcomes for people with
- 6 <u>musculoskeletal conditions</u> as part of its work on long-term conditions.

7 2 Who the guideline is for

- 8 This guideline is for:
- healthcare professionals providing NHS-commissioned services.
- 10 commissioners of health and social care services.
- people using services, their families and carers, and the public.
- 12
- 13 It may also be relevant for:
- private healthcare providers, including physiotherapy and care homes.
- 15 NICE guidelines cover health and care in England. Decisions on how they
- 16 apply in other UK countries are made by ministers in the Welsh Government,
- 17 <u>Scottish Government</u> and <u>Northern Ireland Executive</u>.

18 Equality considerations

- 19 NICE has carried out <u>an equality impact assessment</u> during scoping. The
- 20 assessment:
- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

3 What the guideline will cover

2 3.1 Who is the focus?

3 Groups that will be covered

- Adults aged 16 years and over with osteoarthritis or suspected
- 5 osteoarthritis

6 No specific subgroups of people have been identified as needing specific

7 consideration.

8 Groups that will not be covered

- 9 People with conditions that may make them susceptible to osteoarthritis or
- 10 often occur alongside osteoarthritis, including:
- 11 crystal arthritis (gout or pseudo-gout)
- 12 inflammatory arthritis (including rheumatoid arthritis and psoriatic
 13 arthritis)
- 14 septic arthritis (an infection in the joint)
- 15 diseases of childhood that pre-dispose a person to osteoarthritis
- 16 medical conditions presenting with joint inflammation, such as
- 17 haemochromatosis (a build-up of iron levels in the body)
- 18 malignancy.

19 **3.2** Settings

20 Settings that will be covered

• All settings where NHS healthcare is provided or commissioned.

22 **3.3** Activities, services or aspects of care

23 Key areas that will be covered

- 24 We will look at evidence in the areas below when developing the guideline,
- 25 but it may not be possible to make recommendations in all the areas.
- 26 1 Assessment and diagnosis
- 27 2 Information for people with osteoarthritis, their family and carers

1	3	Non-pharmacological management, such as:	
2		 exercise therapy 	
3		 weight loss 	
4		- education	
5		 osteoarthritis programmes 	
6		 electrotherapy 	
7		 aids and devices (including mobility aids) 	
8	4	Pharmacological management, such as:	
9		 oral medications 	
10		 topical agents 	
11		- intra-articular injections (injections in the space between two bones of	
12		a joint)	
13	5	Follow-up and review	
14	6	Arthroscopic procedures (minimally invasive surgery of the joint)	
15	7	Referral for joint replacement surgery	
16	Note that guideline recommendations for medicines will normally fall within		
17	licensed indications; exceptionally, and only if clearly supported by evidence,		
18	use outside a licensed indication may be recommended. The guideline will		
19	assume that prescribers will use a medicine's summary of product		
20	characteristics to inform decisions made with individual patients.		
21	Are	as that will not be covered	
22	1	Joint replacement surgery	
23	2	Stand-alone psychological interventions (unless part of an osteoarthritis	
24		programme)	
25	3	Nutritional supplements	
26	4	Thermotherapy	
27	5	Manual therapy	
28	6	Acupuncture	

1 Related NICE guidance

2 **Published**

- 3 Platelet-rich plasma injections for knee osteoarthritis (2019) NICE
- 4 interventional procedures guidance IPG637
- 5 Total distal radioulnar joint replacement for symptomatic joint instability or
- 6 <u>arthritis</u> (2017) NICE interventional procedures guidance IPG595
- Joint distraction for ankle osteoarthritis (2015) NICE interventional
 procedures guidance IPG538
- 9 Joint distraction for knee osteoarthritis without alignment correction (2015)
- 10 NICE interventional procedures guidance IPG529
- 11 Implantation of a shock or load absorber for mild to moderate symptomatic
- 12 medial knee osteoarthritis (2015) NICE interventional procedures guidance
 13 IPG512
- 14 Total hip replacement and resurfacing arthroplasty for end-stage arthritis of
- 15 <u>the hip</u> (2014) NICE technology appraisal guidance TA304
- 16 Weight management: lifestyle services for overweight or obese adults
- 17 (2014) NICE guideline PH53
- 18 Shoulder resurfacing arthroplasty (2010) NICE interventional procedures
- 19 guidance IPG354
- Depression in adults with a chronic physical health problem: recognition
 and management (2009) NICE guideline CG91
- 22 Individually magnetic resonance imaging-designed unicompartmental
- 23 interpositional implant insertion for osteoarthritis of the knee (2009) NICE
- 24 interventional procedures guidance IPG317
- Total wrist replacement (2008) NICE interventional procedures guidance
 IPG271
- 27 Arthroscopic knee washout, with or without debridement, for the treatment
- 28 <u>of osteoarthritis</u> (2007) NICE interventional procedures guidance IPG230
- 29 Metatarsophalangeal joint replacement of the hallux (2005) NICE
- 30 interventional procedures guidance IPG140
- 31 Artificial trapeziometacarpal joint replacement for end-stage osteoarthritis
- 32 (2005) NICE interventional procedures guidance IPG111

- 1 Artificial metacarpophalangeal and interphalangeal joint replacement for
- 2 <u>end-stage arthritis</u> (2005) NICE interventional procedures guidance IPG110

3 In development

- 4 <u>Midcarpal hemiarthroplasty for wrist arthritis</u>. NICE interventional
- 5 procedures guidance. Publication date to be confirmed.
- Chronic pain: assessment and management. NICE guideline. Publication
 expected August 2020
- 8 Joint replacement (primary): hip, knee and shoulder. NICE guideline.
- 9 Publication expected March 2020

10 NICE guidance about the experience of people using NHS services

- 11 NICE has produced the following guidance on the experience of people using
- 12 the NHS. This guideline will not include additional recommendations on these
- 13 topics unless there are specific issues related to osteoarthritis:
- 14 Medicines optimisation (2015) NICE guideline NG5
- 15 Patient experience in adult NHS services (2012) NICE guideline CG138
- 16 <u>Medicines adherence</u> (2009) NICE guideline CG76

17 **3.4 Economic aspects**

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS) perspective, as appropriate.

25 **3.5** Key issues and draft questions

26 While writing the scope, we have identified the following key issues and draft

27 questions related to them:

28 1 Assessment and diagnosis

1		1.1 What is the additional benefit of imaging in the diagnosis of
2		osteoarthritis in people with suspected osteoarthritis?
3	2	Information for people with osteoarthritis, their family and carers
4		2.1 What information on osteoarthritis, including the management of
5		flare-ups, do people with osteoarthritis, their family and carers need after
6		diagnosis?
7	3	Non-pharmacological management
8		3.1 What is the clinical and cost effectiveness of exercise, weight loss
9		and education alone or in combination (osteoarthritis programmes) for
10		the management of osteoarthritis?
11		3.2 What is the clinical and cost effectiveness of electrotherapy for the
12		management of osteoarthritis?
13		3.3 What is the clinical and cost effectiveness of aids and devices
14		(including mobility aids) for the management of osteoarthritis?
15	4	Pharmacological management
16		4.1 What is the clinical and cost effectiveness of oral pharmacological
17		interventions for the management of osteoarthritis?
18		4.2 What is the clinical and cost effectiveness of topical agents for the
19		management of osteoarthritis?
20		4.3 What is the clinical and cost effectiveness of intra-articular injections
21		with corticosteroids or hyaluronic acid for the management of
22		osteoarthritis?
23	5	Follow-up and review
24		5.1 What follow-up and review is needed for people with osteoarthritis?
25		5.2 What is the clinical and cost effectiveness of X-ray or MRI during the
26		management of osteoarthritis (for example, in the management of flares
27		or before consideration for referal to surgery)?
28	6	Arthroscopic procedures
29		6.1 What is the clinical and cost effectiveness of arthroscopic procedures
30		for the management of osteoarthritis?
31	7	Referral for joint replacement surgery
32		7.1 What factors indicate the need for referral for possible joint
33		replacement surgery in people with osteoarthritis?

- 1 7.2 Are patient factors (for example, BMI, age) associated with increased
- 2 benefits or harms after joint replacement surgery in people with
- 3 osteoarthritis?
- 4 The key issues and draft questions will be used to develop more detailed
- 5 review questions, which guide the systematic review of the literature.
- 6 3.6 Main outcomes
- 7 The main outcomes that may be considered when searching for and
- 8 assessing the evidence are:
- 9 health-related quality of life
- 10 physical function
- 11 pain
- 12 osteoarthritis flare-ups
- 13 psychological distress
- 14 adverse events.

15 4 NICE quality standards and NICE Pathways

16 4.1 NICE quality standards

- 17 NICE quality standards that may need to be revised or updated when
- 18 this guideline is published
- 19 Osteoarthritis (2015) NICE quality standard QS87

20 4.2 NICE Pathways

- 21 When this guideline is published, we will update the existing NICE Pathway on
- 22 <u>osteoarthritis</u>. NICE Pathways bring together everything NICE has said on a
- 23 topic in an interactive flowchart.

5 Further information

This is the draft scope for consultation with registered stakeholders. The consultation dates are 1 May to 31 May 2019.

The guideline is expected to be published in August 2021.

You can follow progress of the guideline.

Our website has information about how <u>NICE guidelines</u> are developed.

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