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RESEARCH ARTICLE

A qualitative study – the experience of general practitioners with older adult patients with osteoarthritis

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ABSTRACT

Background

Osteoarthritis is a degenerative condition commonly effecting older adult patients in the community. There is a "demographic transition" leading to an ageing population.

Objectives

To perform a qualitative study about how general practitioners (GPs) look at osteoarthritis, and its effects on patients' lives as regards the biopsychosocial model. The aim is to analyse the GPs' perspectives about the local available sources and any possible improvements.

Method

Interpretative phenomenological analysis (IPA) was used as it allows the discovery of the details of each individual GP. Two GPs who have been practising for more than 5 years within the community volunteered through the Malta College of Family Doctors. Snowball sampling was used to recruit another two. Semi-structured interviews were then conducted, transcribed and analysed.

Results

There was a common feeling that dealing with such a widespread disease is challenging within the community and there is a need for a specialised osteoarthritis clinic in the community to cater for all these patients' needs via an interdisciplinary team. The need for a holistic approach was agreed amongst all the participants. There were four major themes: (i) osteoarthritis as a major health concern, (ii) the GP – a key role in the management of osteoarthritis in the community, (iii) challenges in community care and (iv) the future of primary care in the management of osteoarthritis.

Conclusion

Osteoarthritis is a common, challenging condition which is treated by GPs; but being multi-faceted, input from other professionals is required.

Keywords

Osteoarthritis, older adults, general practitioners, interdisciplinary team

INTRODUCTION

Stating the Problem

Osteoarthritis, also known as osteoarthrosis is a degenerative condition affecting any joint in the body (Kumar, et al., 2004). It can be described as simple "wear and tear" by the treating physician, but it can seriously hamper one's activities of daily living. Being so common, it is mostly treated in the community by family doctors or general practitioners. Within the community there are various degrees of osteoarthritis, and it may affect one or more joints (Kumar, et al., 2004). There are also individuals who have to undergo major operations that involve joint replacements which necessitate more intensive rehabilitation (Malta National Statistics Office, n.d.; Malta Directorate for Health Information and Research, 2012).

Worldwide there is a "demographics transition" whereby the rates of mortality and fertility are decreasing, leading to a shift towards an ageing population (United Nations, 2017). Internationally the average male life expectancy is 79 years and that of females is 83. Since 2001 this has increased by 3 years for males and 2.12 years for females. There was an estimated increase in the Maltese population from 411,579 in 2011 to 429,000 by 2025; however this has already been exceeded with a current population of 432,761 in 2019 (Malta National Statistics Office, n.d.; Worldometers, n.d.).

According to the European Health Interview Survey carried out between 2014 and 2015, and published in February 2018, 12.5% of the Maltese population who are over 15 years of age had self-reported osteoarthritis. There was an unexpected decline in self-reported osteoarthritis from 15% in the survey carried out in 2008 to 12.5% in 2015. This might possibly be explained as these figures are based on self-reports rather than data being gathered by healthcare professionals. This condition is mostly found in persons above the age of 65. In the latest survey of 2015, 30.7% of people in the 65-75 age group reported osteoarthritis, with an increase to 44.3% in the 75 years and over age group. There was no difference between the male and female groups. As a result of the growing ageing population, these numbers are expected to increase in future years. (Malta Directorate for Health Information and Research, 2008 and 2018)

Having an ageing population implies that there will be a rising number of patients with osteoarthritis (Malta National Statistics Office, n.d.). However, as yet there are no guidelines locally about the management of osteoarthritis, neither for general practitioners nor for specialists working within the hospital setting. General practitioners (GPs) often form a random or convenient interdisciplinary team – that is they contact the necessary team member depending on the case (Malta Directorate for Health Information and Research, 2012).

Research Aims

The aim of the study is to explore how general practitioners (GPs) look at osteoarthritis, its effects on patients' lives and the currently available resources within the community. It will seek to understand the GPs' daily experiences and challenges when dealing with patients with osteoarthritis and referral to secondary care.

These are the three research questions:

a. How are general practitioners contributing to the management of osteoarthritis in the community?
b. What are their daily challenges when working with patients with osteoarthritis?
c. What is lacking locally? Do general practitioners feel the need for local guidelines?

METHOD

Ethical approval was granted from the Ethics Committee within the Faculty of Medicine and Surgery of the University of Malta. GPs were invited to participate via the Malta College of Family Doctors. GPs who had been working in the local community for at least 5 years were eligible. Two candidates were eligible and they referred to two other GPs who were interested (snowball sampling). Informed consent was taken.

Interpretative Phenomenological Analysis

Data was collected by means of semi-structured interviews, then transcribed and analysed using Interpretative Phenomenological Analysis (IPA) to come up with different superordinate themes and sub-themes. IPA was chosen as the most suitable qualitative methodology since the interest is to understand the individual lived experiences of GPs working with older adults with arthritis in the community. This resonates the phenomenological philosophy of IPA. At the same time, IPA is idiographic because it is interested in the detail of an individual case (Smith, 2008).

Data was collected by means of semi-structured interviews, then transcribed and analysed using IPA to come up with different superordinate themes and subthemes.

RESULTS

The four superordinate themes are:

1. Osteoarthritis as a major health concern,
2. The GP – A key role in the management of osteoarthritis in the community
3. Challenges in community care
4. The future of primary care in the management of osteoarthritis

From the results it is clear that osteoarthritis is a common disease which affects the individual in a biopsychosocial way. Being so common, GPs tend to see more patients with this condition making this study more relevant. All participants realised their vital role in managing the condition, and act as a co-ordinator to meet the patients' needs. The main challenges in the community may be divided into the macrosystem and microsystem. The major challenges in the healthcare system are the lack of time and lack of readily available interdisciplinary team. The challenges in the microsystem system vary from financial issues to inadequate home support. All participants stressed the importance of more services in the community and a more readily available community interdisciplinary team. More awareness should be raised amongst family practitioners. There were mixed feelings amongst the participants about the need for a specific policy.

The following four tables show the different superordinate themes, themes and subthemes which were identified after transcription of data from the four interviews.

Table 1: Superordinate theme 1 - Osteoarthritis as a major health concern

SUPERORDINATE THEME 1: Osteoarthritis as a major health concern

Theme	Subtheme	Description
Theme 1: Common and increasing prevalence		
Theme 2: The debilitating nature of arthritis	**Subtheme 1:**	The biopsychosocial aspect - physical - pain, mobility, number of co-morbid diseases - social - psychological - hopelessness and helplessness
	Subtheme 2:	The invisible side, being dismissed, unmet needs
	Subtheme 3:	Vicious cycle (self-aggravating)
Theme 3: Different degrees and types of osteoarthritis		
Theme 4: Osteoarthritis and the Maltese	**Subtheme 1:**	Maltese lifestyle contributing to disease - lack of exercise - obesity
	Subtheme 2:	Likely population attitude - osteoarthritis seen as "handicap" - resistance for treatment

Table 2: Superordinate Theme 2 - The GP - A key role in the management of osteoarthritis in the community

SUPERORDINATE THEME 2: The GP - A key role in the management of osteoarthritis in the community	
Theme 1: Patient centred approach - Establishing a collaborative relationship with the patient	**Subtheme 1**: Validation of patient's problem rather than dismissing it
	Subtheme 2: Negotiating a plan
	Subtheme 3: Coordinating and roping in support for the patient - liaising with other professionals - services - support from neighbours and family
Theme 2: Patient education	
Theme 3: GP as a motivator	

Table 3: Superordinate 3 – Challenges in the community

SUPERORDINATE THEME 3: Challenges in community care	
Theme 1: Challenges in the macrosystem (health care system)	**Subtheme 1:** Lack of time
	Subtheme 2: Fragmentation of the interdisciplinary team
	Subtheme 3: Lack of specialised professionals within the community
	Subtheme 4: Patients lost in the waiting lists
	Subtheme 5: GPs not aware of the available community services
	Subtheme 6: Private GPs unable to refer to physiotherapy (public sector)
	Subtheme 7: Rehabilitation facilities
Theme 2: Challenges in the microsystem (patient related and social environment)	**Subtheme 1:** Living arrangements and social support - inadequate housing - support from family and neighbours - the difference between rural and urban areas
	Subtheme 2: Patients' attitudes towards life - Maltese seeing osteoarthritis as a "handicap"
	Subtheme 3: Patients' reluctance and non-adherence
	Subtheme 4: Financial challenges
	Subtheme 5: Patients' co-morbid diseases

Table 4: Superordinate theme 4 - The future of primary care in the management of osteoarthritis

SUPERORDINATE THEME 4: The future of primary care in the management of osteoarthritis	
Theme 1: Specialised osteoarthritis clinic	**Subtheme 1:** Interdisciplinary team
	Subtheme 2: Effective inter-professional communication
	Subtheme 3: Better doctor-patient relationship
Theme 2: Enhancing awareness amongst GPs	
Theme 3: Increase community services and rehabilitation facilities	
Theme 4: Guidelines about osteoarthritis as an attempt to use them within the local practices	

DISCUSSION

Osteoarthritis as a major health concern,

Osteoarthritis has a big impact on patients' lives, especially the geriatric population, that is those above the age of 65 (Bowker, et al., 2012). It is of major health concern as it is common and increasing in prevalence with an ageing population. Its impact is great as it is a debilitating and progressive condition which affects the individual in the whole biopsychosocial aspects.

Firstly, from a biological point of view, osteoarthritis links to two of the geriatric giants as described by Professor Bernard Isaacs (1924-1995) who was a leading professor of geriatric medicine. Osteoarthritis is associated with immobility and instability (falls). The other geriatric giants are incontinence and cognitive impairment (Bowker, et al., 2012). These are called "geriatric giants" because they are very common health challenges among older adult patients and have a major impact on their lives.

Immobility may be caused by various factors including osteoarthritis and stroke. This in turn may lead to loss of independence and self-space. The loss of independence is associated with social isolation as the individual might not be able to go out as previously. This "social detachment" is linked to psychological distress and hopelessness.

Osteoarthritis may lead to immobility which exacerbates the risk of other serious complications, mainly deep vein thrombosis, pressure ulcers with poor healing secondary to malnutrition and muscle wasting. All these are components which make a person "frail" (Bowker, et al., 2012).

Frailty is an important concept when dealing with older adult patients with reduced physiological reserve who hence are more prone to severe complications (Kumar, et al., 2004; Bowker, et al., 2012). An extreme example, yet unfortunately common, is that of osteoarthritic patients who have limited mobility and severe difficulties in instrumental activities of daily living. Such patients may suffer from malnutrition and are mostly bed or chair bound leading to pressure ulcers. Having poor physiological reserve; they would heal poorly, may get infected and may result in severe sepsis and possibly death.

Osteoarthritis may also lead to pain which can ultimately result in falls. This may in turn lead to fractures, urgent hospitalisation and surgery with post-operative complications.

The participants claimed that they notice a difference in the attitude of Maltese as opposed to foreigners. Whereas the former tend to see the condition as a "handicap", the latter do their best in order to continue with their usual activities and also manage to go abroad. Unfortunately, the predominance of a sedentary lifestyle amongst many of the Maltese leads to obesity and increased risk for osteoarthritis.

The GP – A key role in the management of osteoarthritis in the community

All the participants emphasised the important role GPs play in the management of osteoarthritis in the community. The GP is usually the first healthcare professional who manages the patient with osteoarthritis and refers to other professionals accordingly. A patient-centred approach is important in the management plan. The GP co-ordinates the patient's care and helps in patient education, including the reduction of major risk factors such as obesity, sedentary lifestyle, tobacco and alcohol. Despite this. genetic factors have also been linked (Kumar, et al., 2004). According to the 2002 Health Interview Survey, 40.2% of patients with osteoarthritis confirmed some limitations in their day-to-day activities in the previous six months. This was significant when compared to the 18% in the non-osteoarthritic group. To this end, the aim of the 2010 report for the prevention and control of non-communicable diseases in Malta is in fact to reduce the percentage of arthritic patients with self-reported activity limitations (during the previous 6 months) from 40.2% to 30% by 2020 (Malta Department of Health Promotion and Disease Prevention, 2010).

Various strategies are being undertaken in order to reduce the rate of this non-communicable disease including training and support for healthy living, weight management and healthy eating classes, and promoting physical activities (Malta Department of Health Promotion and Disease Prevention, 2010).

A number of studies have been conducted abroad that evaluate the experience of general practitioners working with patients suffering from osteoarthritis and which assess patients' satisfaction. A complex rapport may exist between patients and their caring general practitioner as patients may feel that their pain is taken for granted and not appropriately managed. Many patients feel disappointed with late diagnosis and management. On the other hand, GPs may avoid using the term "osteoarthritis" to avoid encouraging patients to take the "sick" role as many general practitioners feel that osteoarthritis is an inevitable part of ageing and adopt a fatalistic approach (Paskins, et al., 2014; Torio, et al., 1997).

Challenges in community care

The challenges met in community care may be divided in those of the macrosystem and the microsystem. The macrosystem refers to the health care system in Malta while the microsystem is the patient's social support network.

Taking the macrosystem first, the participants mentioned the lack of time during the consultation in family practice. Apart from this there is fragmentation of the interdisciplinary team with further difficulties for private GPs as they are unable to refer to services (such as physiotherapy services) in the public sector. It was emphasised that there is lack of some specialised professionals in the community such as the service of occupational therapy. Some patients are lost in the waiting lists and at times it is very frustrating for the patient and the caring GP to know what has happened to their appointment. Some GPs may be unaware of all the services currently being offered and this would need to be addressed. There is also a lack of rehabilitation facilities in the community and referral to these services can only be done through a hospital referral.

Secondly, when it comes to the microsystem some patients have inadequate housing and lack of social support from family and neighbours, especially in the urban areas. The participants mentioned the reluctance of some patients to adhere to the given advice, mostly because of

issues of stigma. This occurs when patients are reluctant to use a stick. Older adults might also have financial challenges which impede them from accessing some medications or private services. Also, having medical co-morbidities makes it more challenging for an individual with osteoarthritis to adapt.

The future of primary care in the management of osteoarthritis

The future might see a specialised osteoarthritis clinic with an inter-disciplinary team involvement. Having better inter-professional communication and more effective doctor-patient relationship will benefit all parties. Increasing disease awareness amongst GPs and extending community services will be ideal in the management of the condition. There was uncertainty about the need of a specific guideline for the management of osteoarthritis.

Strengths of the study

This study is the first such local study which tried to address a common problem. The appropriate tool – IPA – was used. With the author being a medical doctor, this may have helped in leading the semi-structured interviews. These interviews were carried out at the GPs' clinics hence making the GPs feel more at ease in their familiar environment. There was inter-rater reliability as the author's supervisor went through the interviews and made sure that the themes reflected the GPs' experiences. Also the main themes were cross-checked with the participants themselves so as to increase the validity of the results.

Limitations of the study

Ideally a pilot study would have been conducted prior the study itself, but this was not possible because of time constraints. Another limitation of the study is the small number of participants that was recruited. Ideally more participants would have been recruited so as to be able to have a wider range of experiences. Despite this IPA is mostly focused on the intense experience of the participant.

For a more complete study about the impacts of osteoarthritis, other members of the multidisciplinary team as well as patients and their relatives should have been included. The selection process may have resulted in the participation of more interested and up-to-date GPs, hence possibly not representing the average GP. The participants may have felt a bit uneasy in expressing themselves in front of another medical professional.

Although all participants agreed to conduct the interviews in English, some may have felt more confident expressing themselves in Maltese. Bias in the transcription process was reduced by cross-checking by the author's supervisor. At the end, the themes were shown to the respective participants so as to make sure that these really reflect their thoughts. This was the time for any clarification or amendment of different themes.

Relevance of the Study

Being the first local study of its kind, it was challenging to conduct; however, it contributed to the local community by highlighting areas for possible improvements.

To date there are no local guidelines for the management of osteoarthritis. However, there are a number of international guidelines such as the National Institute for Health and Care Excellence (NICE) guidelines published in February 2014 in the UK and those published by the American Society of Rheumatology in 2012 (National Institute for Health and Care Excellence, 2008; Hochberg, et al., 2012). There are some discrepancies in these guidelines, but both underline the impact such disease may have on the quality of life. Unusually so for the scientific and medical field, the NICE guidelines emphasise the biopsychosocial model. The NICE guidelines allow healthcare professionals not only to treat the patients' pain, but also appreciate the great impact it may have on their psychosocial wellbeing – 'Can he/she do the shopping?'; 'Does it affect his/her hobbies?'; 'What about his/her self-esteem as he/she is becoming more dependent?'

The Elderly Needs Assessment Survey of 2012 highlights a number of facts about the older adult in the Maltese community. It sheds light on the negative impact immobility has on older people's

lives. It not only interferes with the basic activities of daily living but also affects instrumental activities of daily living, such as going shopping to the grocer. Osteoarthritis is the commonest disease of the older adults leading to immobility (Malta: Department of Health Promotion and Disease Prevention, 2010). Being so common it is an important disease that deserves a sound holistic approach when it comes to managing it. Unfortunately, the community services being offered - including transport, handyman services, cleaning services amongst others – are being underutilised (National Institute for Health and Care Excellence, 2008).

CONCLUSION

The three main research questions were answered in the study, with a number of important points and recommendations being highlighted.

How are general practitioners contributing to the management of osteoarthritis in the community?

The main finding of the study is that osteoarthritis is a common disease which affects the individual in a multimodal way which is best managed in an interdisciplinary team. They all emphasised the key role being played by the GP in the management of the condition.

What are their daily challenges when working with patients with osteoarthritis?

As illustrated in the results section and discussion a number of challenges were acknowledged by the participants. These were subdivided into the challenges in the healthcare system and the problems some patients have because of poor support network.

What are we lacking locally? Do general practitioners feel the need for local guidelines?

A number of proposals were mentioned but the strongest recommendation of all is that for the establishment of a specialised osteoarthritis clinic at the health centres. This would allow for a holistic approach to the patients' needs through an interdisciplinary approach. It would be ideal as different professionals would share the same clinic and address the patients' different needs. This would ultimately be cost-effective and would reduce a lot of the current red tape and decrase the waiting times. To man such clinics, there surely needs to be a bigger number of professionals who are motivated in making these patients' lives better. Such clinics would be similar to the already-functioning fibromyalgia clinics at the local health centres.

Major emphasis on the importance of healthy lifestyle is to be done locally. The Health Promotion Department is already working hard in promoting a healthy lifestyle; but possibly more should be done. There should be more education amongst the general public, in schools and amongst GPs. Also, GPs should be updated regularly as to the available local services so as to make better use of the already existing services. Meetings between GPs (working locally) and public service officials would allow for better discussion about local needs and would allow improved local services.

A self-help group for patients with osteoarthritis and other rheumatological conditions is already established in Malta. Its aim is to enhance the well-being of patients by empowering them in their daily lives. However, the lack of awareness amongst the interviewed GPs may reflect a general lack of awareness of its existence. Promoting its function amongst GPs would surely allow it to help an even greater number of affected patients.

In conclusion the research questions were adequately tackled in this study. Further research including different team members might add more useful ideas for better person-centred management of osteoarthritis in the community.

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