





Conservative non-pharmacological management of knee osteoarthritis in Switzerland: there is an evidence-performance gap

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Aim of the study

- To survey current practice of general practitioners (GPs), rheumatologists, and orthopaedic surgeons
- To evaluate the influence factors on decision-making towards exercise
- To explore the perceived barriers and facilitators for the referral to exercise

Methods

Exploratory sequential mixed-methods design

- 11 semi-structured interviews with general practitioners (GPs), rheumatologists and orthopaedic surgeons
- Online survey informed by the interviews, sent to the members of three Swiss scientific medical societies

Background

International clinical guideline recommendations for knee osteoarthritis (OA) management²:



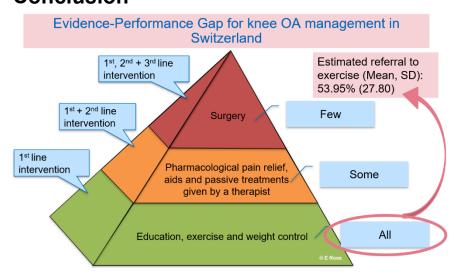




Issue in Switzerland regarding conservative management:

- Sparse information
- Unclear, whether, and to what extent, the guidelines are applied
- There might be an underuse of exercise and education

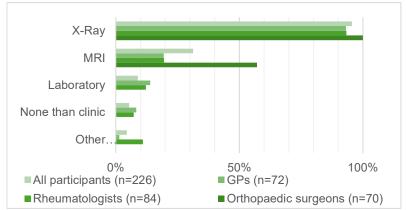
Conclusion



→ A structured exercise and education programme may help to close the gap

Finding 1 - Current Practice

What diagnostic tools are used to complement clinical assessments?



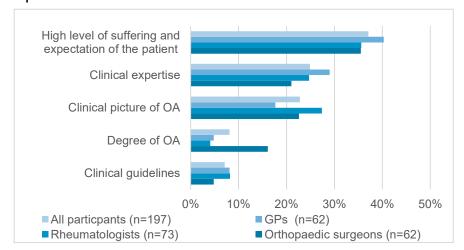
What are the most used treatment options?

- Patient education (98.6%)
- Recommendation on sports (96.0%)
- Pharmacological treatment (89.8%)
- Physiotherapy (83.2%)

Finding 2 - Decision-making

How many knee OA patients are referred to exercise? Mean (SD): 53.95% (27.80)

What influences the decision-making of the medical specialists?

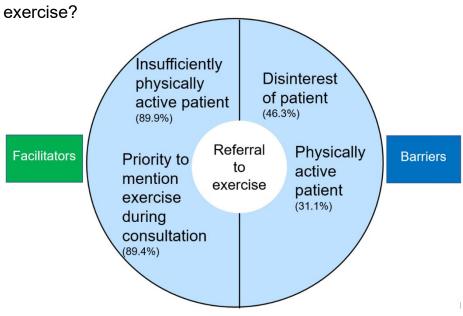


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² Osteoarthritis Research Society International (OARSI), European Alliance of Associations for Rheumatology (Eular), American College of Rheumatology ACR)

Finding 3 - Barriers and facilitators

What are the most important factors (not) to suggest exercise?



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