Management of rheumatoid arthritis

Rheumatoid arthritis

**Latest update:** February 2009. **Next update:** Not specifically stated, but will be planned when the evidence base has progressed sufficiently to alter the guideline. **Patient group:** Individuals diagnosed with Rheumatoid Arthritis (RA). **Intended audience:** UK healthcare professionals, people with RA and their carers, patient support groups, community organisations, and service providers. **Additional versions:** To accompany the guidelines, there is a document of Appendices, and a 600 page document of evidence tables, both available from the link below. There is also a 12-page quick reference guide, available from http://www.nice.org.uk/nicemedia/pdf/CG79QRGv2.pdf. **Expert working group:** Eighteen individuals from a variety of backgrounds comprised the guideline panel. Rheumatologists, general practitioners, physicians, physiotherapists, nurses, research fellows, health economists, patients, and carers were represented. **Funded by:** National Institute for Health and Clinical Excellence (NICE), UK. **Consultation with:** The National Collaborating Centre for Chronic Conditions and the Royal College of Physicians. **Approved by:** Royal College of Physicians. **Location:** http://www.rcplondon.ac.uk/pubs/brochure.aspx?e=271

**Description:** This 234 page document reviews the evidence available for the management of rheumatoid arthritis. It begins with a brief background summary about RA. Three pages (19–21) then present the key messages of the guideline including treatment algorithms. The main body of the guidelines presents the evidence and recommendations relating to: referral to specialists; diagnosis and investigations; patient communication and education; the importance of a multidisciplinary team approach presenting evidence for physiotherapy, occupational therapy and podiatry interventions; the pharmacological management of the disease; monitoring the disease including referral for surgery; and other aspects of management such as diet and complementary therapies. There is a detailed 10-page section on the evidence for physiotherapy interventions in people with RA including a variety of exercise therapies (eg water exercise, strengthening exercise), patient education and self management, thermotherapy (eg hot/cold packs), electrotherapy, assistive devices, and manual therapy. This includes five systematic reviews/meta-analyses and 15 RCTs that meet their criteria for inclusion. Tables are presented on the levels of evidence for interventions including hot and cold therapy, laser, ultrasound, TENS and exercise, general physiotherapy, strengthening/mobilisation, hydrotherapy, range of motion, and aerobic exercise. The shorter 12-page document is a very clear, readable document giving an overall summary of the recommendations, including care pathways for individuals with newly-diagnosed and established RA.

Upper limb disorders: occupational aspects of management

**Latest update:** June 2009. **Next update:** 2014. **Patient group:** Workers with selected upper limb disorders. **Intended audience:** Occupational health and healthcare professionals involved with the workplace management of workers with upper limb disorders, employers, employees. **Additional versions:** Nil. **Expert working group:** Fifteen individuals from the UK with a variety of backgrounds comprised the guideline panel, including occupational medicine, general practice, occupational health nursing, physiotherapy, occupational therapy, rheumatology, and patients and carer representatives. **Funded by:** Royal College of Physicians, Faculty of Occupational Medicine, NHS Plus. **Consultation with:** Royal College of Physicians, Faculty of Occupational Medicine, NHS Plus. **Approved by:** Royal College of Physicians, Faculty of Occupational Medicine, NHS Plus. **Location:** http://www.rcplondon.ac.uk/pubs/brochure.aspx?e=278

**Description:** This 62 page document reviews the evidence relating to carpal tunnel syndrome, non-specific arm pain, tenosynovitis, and lateral epicondylitis. Specifically, it reviews the evidence as to the workplace interventions that are effective at preventing the disorder occurring, reducing sickness absence, retaining the worker's ability to work a normal job, and what is able to prevent retirement due to ill health related to these disorders. Literature searches found 28 papers directly relating to these questions that were then critically appraised. After they were reviewed, only four papers met the agreed quality criteria (SIGN criteria). The main body of the guideline comprises 14 pages, where each of the four disorders are introduced, the papers addressing these particular questions of occupational aspects of management are discussed, evidence statements are made and a table of recommendations is presented. Overall, the group found a lack of high quality published evidence to answer these specific questions, and thus have made several recommendations for future research topics and audit criteria. Other useful sections to this guideline are the two-page executive summary at the start of the document, and the 21 pages of evidence tables provided at the end of the document, arranged by upper limb disorder.

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