Juvenile idiopathic arthritis

Clinical guideline for the diagnosis and management of juvenile idiopathic arthritis

Latest update: August 2009 Date of next update: 2014. Patient group: Patients aged under 16 years presenting with arthritic symptoms and those diagnosed with Juvenile idiopathic arthritis (JIA). Intended audience: Health professionals (general practitioners and allied health including physiotherapy) in the primary health care setting. Additional versions: Nil. Expert working group: Two working groups were involved: the Royal Australian College of General Practitioners (RACGP) Juvenile Idiopathic Arthritis Working Group consisted of 8 health care professionals (representing medicine, nursing, public health, and physiotherapy) and a consumer representative. The Australian Paediatric Rheumatology Working Group consisted of 7 medical fellows. Funded by: RACGP and the Australian Department of Health and Ageing. Consultation with: Draft versions of the guidelines were available on the RACGP website for public consultation, and over 200 stakeholder groups were targeted specifically. Approved by: National Health and Medical Research Council of Australia, RACGP. Location: http://www.racgp.org.au/guidelines/ juvenileidiopathicarthritis

Description: This is a 43 page document that presents recommendations to assist with the early diagnosis and multidisciplinary management of JIA in the primary care setting. The guideline focuses on evidence underpinning four main areas: the diagnosis of JIA, treatment and management of JIA in the early stage, during acute episodes, and the long term management of JIA. It covers issues such as early and accurate diagnosis, care and referral pathways, use of medications, non-pharmacological management including evidence for land and water exercise, patient self management education, and psychosocial support requirements. Two detailed algorithms are presented on pages 8–9, covering the diagnosis and early management of JIA, and the management of JIA. A summary of the 21 recommendations is presented on pages 10–11, with more detailed explanation of the recommendation level and specific evidence contained in pages 12–24. Three pages of resources are provided on pages 35–37 including publications, electronic sources (websites), and a history and clinical examination checklist to assist with examination and differential diagnosis.

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The COPD-X plan

Australian and New Zealand guidelines for the management of chronic obstructive pulmonary disease

Latest update: May 2010. Date of next update: 2014. Patient group: Individuals with chronic obstructive pulmonary disease (COPD). Intended audience: Health professionals who manage patients with COPD. Additional versions: This is the first update to the guidelines. The original guidelines were published in the Medical Journal of Australia in 2003. (http://www.mja.com.au/public/issues/178_06_170303/tho10508_all.html). Expert working group: The guidelines were developed by the Australian Lung Foundation and the Thoracic Society of Australia and New Zealand. The guidelines evaluation committee consisted of 8 Australian health professionals representing medicine, public health, and physiotherapy. A larger group of 27 experts from Australia and New Zealand including physiotherapists also contributed. Funded by: Australian Lung Foundation. Consultation with: Draft versions of the guidelines were available on the RACGP website for public consultation and over 200 stakeholder groups were specifically targeted. Approved by: The Royal Australian College of Physicians, The Royal College of Nursing Australia, the Australian Physiotherapy Association, Australian Asthma and Respiratory Educators Association, and the Asthma Foundation. Location: The website (http://www.copdx.org.au/home) contains the guidelines spread over pages on the site, as well as a .pdf version.

Description: The .pdf version is a 71 page document that presents recommendations and the underlying evidence to assist with the diagnosis and management of patients with COPD. The key recommendations are summarised on page 10 in the COPD-X plan: Confirm diagnosis, Optimise function, Prevent deterioration, Develop a self management plan, and manage exacerbations. Information is presented on the aetiology and natural history of COPD, the role of history, physical examination, and spirometry in diagnosis, methods to assess severity, and indicators for referral to specialist respiratory care. The evidence for the efficacy of medication and non-pharmacological approaches to optimise function is discussed, including exercise, education and self management, pulmonary rehabilitation, chest physiotherapy, psychosocial support, and nutrition. Likely co-morbidities and their management are presented, and surgical options and palliative care are discussed. Evidence and approaches for the reduction of risk factors such as smoking cessation, medication, vaccination, and oxygen therapy are presented. The section on self management promotes a multidisciplinary team approach. Evidence underpinning the management of acute exacerbations is presented. This includes guidelines to confirm the exacerbation and categorize its severity, pharmacological and non-pharmacological interventions, indicators for hospitalization or ventilation, and discharge planning. Appendices provide information on inhaler devices, and long term oxygen therapy.

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