Developmental co-ordination disorder

Developmental co-ordination disorder (DCD)

**Latest update:** 2011. **Next update:** Within 3 years. **Patient group:** Children with confirmed or suspected DCD. **Intended audience:** Healthcare professionals involved in the care of children with confirmed or suspected DCD (physicians, therapists). **Additional versions:** A short version of the guideline and a version for parents, teachers, and nursery nurses is available in German from: www.awmf.org/leitlinien/detail/ll/022-017.html. **Expert working group:** A guideline development group of 15 international experts from Europe, North America, and Australia representing backgrounds including physiotherapy, occupational therapy, neuropsychology, and paediatric medicine authored the guidelines. **Funded by:** The Association for the Scientific Medical Societies in Germany. **Consultation with:** Individuals from a variety of medical societies, therapist societies, patient and professional representatives also provided input. **Approved by:** The Association for the Scientific Medical Societies in Germany, and the European Academy for Childhood Disability (EACD): Recommendations on the definition, diagnosis and intervention of developmental coordination disorder. Developmental Medicine and Child Neurology 54: 54–93.

**Description:** These guidelines are a 40-page detailed document that present evidence to address several key issues relating to children with DCD. The definition of DCD is reviewed first, and the guideline includes recommendations on the definition of DCD, reviewing definitions and criteria for diagnosis according to the ICD-10, DSM-IV, and other organisations. Evidence for underlying mechanisms, clinical findings, consequences, prognosis, outcomes, and comorbidities are then presented. Details are provided regarding screening, assessment and monitoring of children with DCD, discussing evidence for frameworks of assessment, questionnaires, clinical assessment, teacher reports, standardised tests such as the M-ABC, treatment indication and treatment planning. Finally, the guideline addresses the evidence underpinning treatment methods for children with DCD, including therapeutic approaches such as physiotherapy and occupational therapy. Two useful flowcharts providing a summary of the recommendations relating to assessment, treatment indication and planning, and evaluation are provided toward the end of the document.

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Osteoarthritis

Ottawa Panel Evidence-Based Clinical Practice Guidelines: Osteoarthritis in obese or overweight people

**Latest update:** 2011. **Next update:** Not indicated. **Patient group:** Adults aged over 18 years who have osteoarthritis (OA) and who are obese or overweight (body mass index ≥ 25kg/m²). **Intended audience:** Health care professionals who manage people with OA, including family physicians, physiotherapists, kinesiologists, dieticians and others. **Additional versions:** Nil. **Expert working group:** Twenty-six people from North American institutions comprised the Ottawa Panel. This included 13 experts from disciplines of exercise science, physiology, physiotherapy, medicine, education and representatives from the Arthritis Society (Canada), and 13 experts in constructing evidence-based clinical practice guidelines. **Funded by:** Arthritis Society (Canada); the Ontario Ministry of Health and Long-Term Care (Canada); the University of Ottawa, Faculty of Health Sciences; and the Ministry of Human Resources, Summer Students Program (Canada). **Consultation with:** A consumer with OA and obesity was consulted in the development of this guideline. **Approved by:** The Ottawa Panel. **Location:** Brosseau et al (2011) Ottawa Panel evidence-based clinical practice guidelines for aerobic fitness exercises in the management of osteoarthritis in adults who are overweight or obese. Phys Ther 91: 843–861. http://ptjournal.apta.org/content/suppl/2011/05/25/91.6.843.DC1.html

**Description:** These guidelines present evidence for the use of physical exercise, diet or both for the management of lower-extremity OA in adults who are obese or overweight. They included studies with a variety of outcomes, such as weight loss, pain relief, functional status, strength, self-efficacy, quality of life and disease activity or progression. The appendix at the end of the paper provides details of 35 recommendations and the levels of evidence underpinning these. These include evidence for interventions such as physical activity (eg, aerobic exercise, strength training, water exercise), diet (eg, calorie restriction, high protein, behaviour modification, education), electrotherapy, and acupuncture. Several combinations of interventions were compared, such as physical activity alone vs control, or diet vs physical activity and diet. The review found interventions combining physical activity and diet produced the most beneficial results in clinical outcomes such as pain relief, functional status, quality of life, and strength.

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