Good Life with osteoArthritis in Denmark (GLA:D™) – Implementation of evidence-based care for knee and hip osteoarthritis into clinical practice

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Purpose

- To implement treatment guidelines for knee and hip osteoarthritis (OA) and evaluate the results at 3 and 12 months
Methods

G.L.A:D™

Godt Liv med Artrose i Danmark
1. A two-day course for physiotherapists (first course held in January 2013)
2. Standardized treatment

- Three 1.5-hour sessions of patient education
- 12 sessions of individualized, physiotherapist supervised neuromuscular exercise for patients in groups
- Additional treatments are allowed (weight control, PT, etc.)
3. Evaluation

- Evaluation by patient and physical therapist are entered into the GLA:D-registry:
  - Baseline
  - 3 months
  - 12 months

- Patient descriptives
- Self-reported outcomes
- Objective tests
Results

- Currently GLA:D is offered at 290 clinics nationwide
Results

- The registry holds data from more than 8,600 patients
Results

- The average GLA:D patient is an overweight 64 year old married woman with knee pain. Most patients have problems from more than one joint and medical comorbidities are common.
Results from the GLA:D registry
Dec 31, 2014

- Data from **137 GLA:D clinics** from all over Denmark
- **3,637 patients** (75 % women, mean age 63.9 år, 74 % knee OA) had started the program
- **2,290 patients** had completed the 3 mo follow-up
- **425 patients** had completed the 12 mo follow-up
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GLA:D Results 2014

- Sick leave ↓
  - Prior to GLA:D, 13% were on sick leave during the last year due to their hip/knee
  - During the year following GLA:D, only 8% had been on sick leave due to their hip/knee
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- **Use of pharmacological pain relief ↓**
  - Prior to GLA:D, 57% used paracetamol, NSAIDs or opioids due to their hip/knee.
  - After the GLA:D intervention (3 mo follow-up) only 36% used pharmacological pain relief due to their hip/knee.
GLA:D Results 2014

- Physical Activity level 🆆
  - 33% had improved their Physical Activity level at 3 mo, and 30% had improved their physical activity level at 12 mo compared to prior to GLA:D
GLA:D Results 2014

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- **Pain intensity **
  - Prior to GLA:D it was 48 (VAS 0-100) for hip OA and 47 for knee OA
  - Reduction with 23% and 30% for hip OA at 3 and 12 mo
  - Reduction with 31% and 36% for knee OA at 3 and 12 mo

- 94% of patients like GLA:D "much" or "very much" and use what they have learned at least weekly
Discussion
Implementation lags behind

Early treatment for osteoarthritis works!

Research evidence and Clinical results

Politics
Organization
Financing
Patient beliefs
Barriers to change in health care

- Professional hierarchies
- Financial incentives
- Health care organisation
- Patient beliefs:
  - I need an x-ray
  - I need MR
  - I need surgery
Barrier for implementation of education and exercise:
Not sexy, low tech, cheap with no industry involvement

-Used bikes for sale

300 USD
Gigtpatienter træner sig ud af medicin med stor succes

Et forsøg med fysisk træning til folk med gigt har fået en tredjedel til at kvitte medicinen.

BENTE KLARLUND PEDERSEN:
Slidgigt hedder også artrose, og egentlig er artrose et bedre navn. Selve ordet slidgigt kan nemlig virke misvisende. Det leder tankerne hen på, at kroppen er slidt og derfor har behov for hvile. Du har fuldstændig ret i, at det er godt for kroppen at bevæge sig – også når man har artrose.

Du behøver ikke at afstå fra vægtbærende aktiviteter som løb og fodbold, men det er på den anden side helst ikke en god idé, hvis disse aktivite-
Funding

- 20,000 USD in total from PT funds and Rheumatism Association in Denmark
  - Used to establish the electronic database/registry
- Enthusiasm, hard work & frustration
- Supportive university providing the setting for the courses and allowing me to spend time on this project
- Physiotherapists pay 450 USD out of pocket to take the certification course
- Patients pay 300 USD out of pocket for education & exercise
- PTs are reimbursed with 200 USD from health care/insurers
Conclusion

- The GLA:D concept is feasible in clinical practice.
- Data from the first two years of enrollment demonstrate reduced pain and increased quality of life with improvements persisting 9 months after the intervention ends.
- Teaching content of clinical guidelines to physiotherapists and providing a free of charge registry for data collection increase the quality of care provided for patients with knee and hip OA.
Thank you!
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