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Appraisal of Clinical Practice Guideline: 2018 update of the EULAR recommendations for the management of hand osteoarthritis

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Appraisal

Appraisal of Clinical Practice Guideline: 2018 update of the EULAR recommendations for the management of hand osteoarthritis

Date of latest update: August 2018. **Date of next update:** Not specified. **Patient group:** People with hand osteoarthritis (OA). **Intended audience:** Not specified. **Additional versions:** European League Against Rheumatism (EULAR) hand OA guideline published in 2007. **Expert working group:** The expert working group comprised one convenor, one methodologist, one fellow, and a further task force of 10 rheumatologists, one plastic surgeon, three healthcare professionals in the field of physiotherapy and occupational therapy, two patient research partners, and two Emerging Eular NETWORK (EMEUNET) members. **Funded by:** This clinical practice guideline was funded by EULAR. **Consultation with:** No consultations beyond the expert working group were specified. **Approved by:** The final manuscript was reviewed, revised and approved by all task force members, followed by a final review by the EULAR Executive Committee. **Location:** <https://doi.org/10.1136/annrheumdis-2018-213826>. **Description and key recommendations:** The 2018 EULAR guidelines were developed to update an existing guideline published in 2007 for the evidence-based management of hand OA. The level of evidence and grade of evidence were computed regarding each recommendation, according to the Oxford Centre for Evidence-Based Medicine standards. According to the results of this guideline, based on expert opinion and research evidence, five overarching principles were agreed upon. These overarching principles were related to goals of treatment, providing enough information to patients, individualising the treatment according to each patient, shared decision-making, and having a multidisciplinary approach to hand OA

treatment, incorporating non-pharmacological, pharmacological and surgical treatment options. In addition to these five overarching principles, 10 recommendations were also made by the task force, as summarised in Table 1 of the guideline. The first three recommendations are related to the non-pharmacological treatment options for hand OA management. The next five recommendations (recommendations 4 to 8) illustrate the role of pharmacological options for treating hand OA, including topical treatments, oral analgesics, chondroitin sulfate, and intra-articular glucocorticoids (not recommended). Recommendations 9 and 10 focus on surgical considerations and follow-up of the hand OA patients, respectively. A research agenda for hand OA is created and presented in Table 2 of the guideline. This agenda covers different themes, from pathophysiology to different treatment options for hand OA.

Provenance: Invited. Not peer reviewed.

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Appraisal of Clinical Practice Guideline: Physiotherapy for cystic fibrosis in Australia and New Zealand

Date of latest update: 2019. **Date of next update:** Not stated. **Patient group:** People with cystic fibrosis in Australia and New Zealand. **Intended audience:** Physiotherapists. **Additional versions:** This guideline builds on a previous consensus statement published in 2008¹ and an evaluation of its uptake and impact published in 2013.² The guideline can be accessed as a published journal article,³ as well as an Executive Summary and Comprehensive Version from the Thoracic Society of Australia and New Zealand website.⁴ **Expert working group:** All physiotherapists providing regular care for people with cystic fibrosis in paediatric or adult settings in Australia or New Zealand were invited to participate. The final expert working group included: one chairperson, one editor, 12 group leaders and another 25 members, who were all physiotherapists working with individuals with cystic fibrosis. **Funded by:** The guidelines were partially funded by a grant from Cystic Fibrosis Australia. The prior 2008 consensus statement was partially funded by Roche Pharmaceuticals and Solvay Pharmaceuticals. **Consultation with:** The draft document was reviewed by stakeholders, including: physicians caring for people with cystic fibrosis, people with cystic fibrosis, allied health professionals and expert physiotherapists who were not part of the writing group. **Approved by:** The original 2008 consensus statement was endorsed by the Thoracic Society of Australia and New Zealand. Chapters in the current clinical guidelines were drafted by a writing group and circulated to the whole expert group for comment and revision. The document was then compiled into one text by the editor and circulated to the group for review. **Location:** Journal article: <https://doi.org/10.1111/resp.12764>; Executive Summary and Comprehensive version: <https://www.thoracic.org.au/journal-publishing/area?command=record&id=37>. **Description and key recommendations:** The 2016 clinical practice guidelines were developed to update a 2008 consensus statement. The aim was to optimise physiotherapy management of infants, children and adults with cystic fibrosis in Australia and New Zealand by standardising physiotherapy care and providing a reference tool to support training of physiotherapists and isolated practitioners. Recommendations were drawn from a systematic review of published literature, relevant conference proceedings and stakeholder review. Recommendations were formulated based on the quality, quantity and level of the evidence according to National Health and Medical Research Council guidelines; the consistency of the body of evidence; the likely clinical impact; and generalisability and applicability to physiotherapy practice in Australia and New Zealand. Thirty recommendations were made across eight domains of physiotherapy practice for children and adults with cystic fibrosis, including: airway clearance therapy (recommendations 1 to 5); inhalation therapy as an adjunct to physiotherapy (recommendations 6 to 10); exercise assessment and training

(recommendations 11 to 15); musculoskeletal management (recommendations 16 to 18); management of urinary incontinence (recommendations 19 to 21); managing the newly diagnosed patient with cystic fibrosis (recommendations 22 to 23); delivery of non-invasive ventilation (recommendations 24 to 28); and physiotherapy management before and after lung transplantation (recommendations 29 to 30). These are summarised at the end of each chapter. Elements of clinical practice that were considered important but lacked research evidence were highlighted as 47 'Practice Points'. These provided additional information on the aforementioned practice areas, as well as the areas of: physiotherapy for pregnancy, labour and the post-natal period (5 points); the transition from paediatric to adult care (1 point); adherence to physiotherapy (3 points); infection control during physiotherapy (7 points); and delivery of physiotherapy to inpatients and outpatients (3 points). The guidelines conclude with 10 'Directions for future research', which encourage research on: effectiveness of individual respiratory techniques; combination of inhalation therapies with physiotherapy techniques; effectiveness of exercise and strength training; management of musculoskeletal complications; and optimal care for people with chronic respiratory failure.

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